

Your Experience of Service (YES) Questionnaire Translations

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Functional Sub group Clinical/ Patient Services - Mental Health

Summary This Information Bulletin advises that the Your Experience of Service (YES) Questionnaire is routinely offered to consumers of Mental Health Services to gather information about their experiences of care and is now available in 21 community languages.

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Applies to Local Health Districts, Community Health Centres

Audience LHD/SN Directors of Mental Health, mental health clinical staff, administration staff

Distributed to Public Health System, Ministry of Health

Review date 13-Jul-2021

Policy Manual Not applicable

File No. H16/53713

Status Active

YOUR EXPERIENCE OF SERVICE (YES) QUESTIONNAIRE TRANSLATIONS

PURPOSE

The Your Experience of Service (YES) Questionnaire has been translated into 21 community languages.

KEY INFORMATION

- The Your Experience of Service (YES) Questionnaire is designed to gather information from consumers about their experiences of care.
- It is offered to consumers in NSW Mental Health Services.
- The YES Questionnaire is now available in *Arabic, Assyrian, Chinese – Simplified, Chinese – Traditional, Croatian, Dari, Dinka, Greek, Hindi, Indonesian, Italian, Korean, Macedonian, Nepali, Persian, Russian, Spanish, Tamil, Turkish, Thai and Vietnamese.*
- To accompany the YES Questionnaire the YES Brochure has also been translated into the 21 languages listed above
- Translated YES Questionnaires and Brochures are available as a self-print documents from STREAM Solutions (NSW Health endorsed Print and Warehouse Vendor).

ATTACHMENTS

1. Your Experience of Service Questionnaire
2. Your Experience of Service Brochure.

Your Experience of Service

This information helps to show whether some groups of people are missing out on giving their feedback. It also shows if some groups of people have a better or worse experience than others. Knowing this helps to focus efforts to build better services. No information collected in this section will be used to identify you.

What is your gender? Male Female Other

What is the main language you speak at home? English Other

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 years and over

How long have you been receiving care from this service on this occasion?
 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

At any point during the last 3 months were you receiving involuntary treatment (such as an involuntary patient or on a community treatment order) under Mental Health Legislation?
 Yes, involuntary patient/on a community treatment order
 No, I was always a voluntary patient
 Not Sure

Did someone help you complete this survey?
 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

Service:

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 consumers to work together to build better services. If you would like to know more about the survey 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 welcome at this service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Staff showed respect for how you were feeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. You felt safe using this service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Your privacy was respected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Staff showed hopefulness for your future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Your individuality and values were respected (such as your culture, faith or gender identity, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Staff made an effort to see you when you wanted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. You had access to your treating doctor or psychiatrist when you needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. You believe that you would receive fair treatment if you made a complaint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Your opinions about the involvement of family or friends in your care were respected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. The facilities and environment met your needs (such as cleanliness, private space, reception area, furniture, common areas, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

InforMH
 Reply Paid 3975
 Sydney NSW 2001

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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
12. You were listened to in all aspects of your care and treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Staff worked as a team in your care and treatment (for example, you got consistent information and didn't have to repeat yourself to different staff)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Staff discussed the effects of your medication and other treatments with you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. You had opportunities to discuss your progress with the staff caring for you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. There were activities you could do that suited you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. You had opportunities for your family and carers to be involved in your treatment and care if you wanted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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
18. Information given to you about this service (such as how the service works, which staff will be working with you, how to make a complaint, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Explanation of your rights and responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Access to peer support (such as information about peer workers, referral to consumer programs, advocates, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Development of a care plan with you that considered all of your needs (such as health, living situation, age, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Convenience of the location for you (such as close to family and friends, transport, parking, community services you use, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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
23. The effect the service had on your hopefulness for the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. The effect the service had on your ability to manage your day to day life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. The effect the service had on your overall well-being	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Overall, how would you rate your experience of care with this service in the last 3 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

These questions ask **if** we did the following things ...

In the last 3 months, has the service advised you about the following:	Yes	No	Not sure	Not Applicable
27. Healthy eating and diet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Alcohol and drug use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Sexual health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Exercise and physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Possible physical side effects of some medications (such as weight gain, diabetes or heart disease)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

33. My experience would have been better if ...

.....

.....

.....

34. The best things about this service were ...

.....

.....

.....



Your Experience of Service

 Your Experience of Service

Service:

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Please add a cross to all the boxes for each question, like this:

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2. Staff showed respect for how you were feeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. You felt safe using this service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Your privacy was respected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Staff showed hopefulness for your future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Your individuality and values were respected (such as your culture, faith or gender identity, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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8. You had access to your treating doctor or psychiatrist when you needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. You believe that you would receive fair treatment if you made a complaint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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11. The facilities and environment met your needs (such as cleanliness, private space, reception area, furniture, common areas, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Mental Health & Wellbeing Consumer Advisory Group

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Your Experience of Service

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Your Experience of Service (YES) Questionnaire

1. WHAT IS THE YOUR EXPERIENCE OF SERVICE QUESTIONNAIRE?

The Your Experience of Service (YES) questionnaire is designed to gather information from consumers about their experiences of care. It aims to help mental health services and consumers to work together to build better services.

The YES questionnaire was developed with mental health consumers. It is based on the recovery principles of the 2010 National Standards for Mental Health Services. The project to develop YES was funded by the Commonwealth Department of Health, and was led by the Victorian Department of Health. Consumers and carers throughout Australia were consulted, and a national trial of the questionnaire occurred in 2012 and 2013.

More information about the development of the YES questionnaire tool can be found at www.health.gov.au, searching for "experience of care".

2. ARE MY ANSWERS CONFIDENTIAL?

The Your Experience of Service (YES) questionnaire does not record your name, date of birth or any other personal identifiers such as your medical record number. Your answers will not be used to identify you. Services will receive combined feedback based on groups of people. They will also receive a list of all comments made. However other details such as your age, sex or cultural background will not be attached to those comments.

3. WHERE CAN I GET HELP TO COMPLETE THE QUESTIONNAIRE?

Feel free to ask a friend, family member, carer or staff including a Consumer Worker to help you complete the YES questionnaire.

4. WHAT DO I DO WITH MY YES QUESTIONNAIRE WHEN I HAVE FINISHED?

Put it in the reply paid envelope, then

- Post it, or
- Put it in a Your Experiences of Service Survey return box.

5. WHAT WILL HAPPEN TO MY FEEDBACK?

Your feedback will be combined with other consumers' feedback in a report that helps services to identify what it is they do well and what they could do better. Services will then use these reports to identify areas where they can improve their service.

6. ARE THERE OTHER WAYS I CAN PROVIDE MY FEEDBACK ABOUT SERVICES?

The YES questionnaire provides anonymous feedback to services. If you need to lodge a complaint or raise a specific allegation you should consider discussing these with:

- A Consumer Worker
- Staff or managers of the service
- The NSW Official Visitors programme <http://www.ovmh.nsw.gov.au/>

You can also go to the feedback page on the NSW Health website.

This page describes how to make an official complaint, including how to lodge a complaint with the NSW Health Care Complaints Commission (HCCC).

<http://www.health.nsw.gov.au/patientconcerns/Pages/complaint.aspx>