

C&C Project

Consumer and carer experiences of care Survey

Bulletin 6 April 2007



Welcome to the sixth e-bulletin of the *Consumer and carer experiences of care survey Project*. Building on the recommendations of the Review of the 2003-2004 Victorian Survey, the project, incorporates new ways of collecting information about experiences of care, feeding it back to staff and participants, and facilitating consumer and carer involvement in service quality improvement. Funded by the Department of Human Services, this project is a collaboration between Victorian Mental Illness Awareness Council, the Network for Carers of people with a mental illness, mental health services and the department. The 12-month pilot project is being conducted over 2006-2007. The four clinical and four PDRSS services participating in the project are listed below along with the key contacts representing each service on the statewide reference group. Please contact your representative if you have any queries.

List of pilot sites

Clinical	Key contact
Eastern Health	Kim Koop
Southern Health	Vrinda Edan
Ballarat Health	Tamara Irish
Bendigo Health	Lorraine Flynn
PDRS	Key contact
Prahran Mission	Mark Smith
Doutta Galla	Nev Piper
Centacare	Kelvin Wilson
Mallee Family Centre	Florence Davidson

April update

Discussion groups

The consumer and carer survey teams have now submitted their discussion group reports. The purpose of the groups was to determine the issues most important to include in a survey of consumers' and carers' experience of mental health services. The reports present the main themes emerging from the consultations which will inform the survey instrument development and design.

The most common themes were:

For consumers

Rights and respect: mutual respect between staff and consumers. Provision and promotion of security, self worth and non-judgmental environments.

Information provision: information on medication and side effects in plain language. Reduced use of jargon. Information required on what services are available.

Staff: more staff needed. Availability, compassion and professionalism of staff is important in supporting consumers

Medication and side effects: treatment options other than medication. Recognition that medication has side effects which are unpleasant for the consumer.

Peer support: peer support to help minimise isolation. More trained consumers to support other consumers.

Lifestyle needs: focus on recovery based issues including motivation, financial constraints, relationships and living skills. Links with support and social groups.

Consumer participation: consumers need to be heard and involved in decision making for treatment and individual service plans to provide flexibility options with treatment and medication. Possibility of being employed as staff and involved with consumer delivered services.



For carers

Accessing services: included issues such as early response, assessments, admission to inpatient units, accommodation waiting lists.

Valuing the carer: included the need to be listened to and respected by staff.

Communicating with carers about treatment and programs: including consumer and carer focused-discharge, easy and regular contact with carers, family-sensitive use of confidentiality, use of carer database.

Providing support for carers: such as planned and emergency respite, emotional support and support groups, access to Carer Support Fund, sibling support, family recreation programs.

Engaging the consumer: included issues such as focus on consumer recovery, healthy lifestyle, pro-active outreach, age-appropriate programs, improving community reintegration.

Providing information: this included information about mental illness, about mental health services generally and that particular service, and presented in a variety of ways including in person.

Detailed reports that include important issues that were unique to Adult, PDRSS, Aged and CAMHS sectors, have been provided to the Department of Human - Services Evaluation Support Unit for use in the development of survey questions. De-identified summaries of the reports have been sent to the reference group members for information and comment.

Planning survey methodology

The information gathered from the discussion groups is helping to shape the development of the survey methodology. Computer Assisted Telephone Interviews (CATI) will be the primary method for gathering quantitative data. This will incorporate 'Mail out and mail back' options and 'On-site' survey administration support. The qualitative data collection methods are still under consideration. This multi-layered survey methodology is being used to improve both the response rates and quality of data.

Site visiting

The survey teams will visit pilot sites again to strengthen the partnership approach of this project. The teams will attend local staff meetings to report on the processes and findings of consumer and carer discussion groups and to encourage staff at the pilot sites to promote the survey to their consumers and carers.

Ethics approval application

Project stakeholder consultations over the past month have informed the survey methodology which can now be documented in the ethics application. The ethics application for this project will be submitted for the consideration of the DHS Human Research Ethics Committee of the Mental Health Branch by the end of May 2007.

For further information, please contact the project managers:
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