![mind — Supporting mental health recovery]

Mind Australia

The Prevention and Recovery Care Exit Survey

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- The PARC consumers who completed the Exit survey

Executive Summary

This report outlines the process and outcomes of conducting an exit survey over a three month trial by three participating Mind Australia Prevention and Recovery Care (PARC) services.

The Exit Survey was devised following participation of senior PARC staff in a program logic activity which recognised the importance of evaluating the recovery orientation of their service. An exit survey was identified as a good start in the evaluation because it was well suited to a short stay environment and further developed the current efforts at each of the three PARCs to get some satisfaction information from consumers on exit.

The Rethink Mental Illness UK satisfaction survey was identified as a very good tool that had been thoughtfully developed in collaboration with service users and it was agreed to adapt this tool for use as a PARC exit survey and trial it over a three month period.

The response rate, at 58 per cent was considered to be relatively good and the findings from the exit survey, which included ten choice based questions and three open questions, was very informative about the current recovery orientation of PARC services. Important findings included:

- endorsement of the quality of staff interactions with consumers at PARC

- very positive comments about the value of the service to consumers

- PARCs generally provide a safe and comfortable environment.

The findings included some challenges for PARCs in relation to:

- meeting the cultural and spiritual needs of consumers

- consumers having more opportunity to influence how the services are run

- having more meaningful and purposeful activities.

This report recommends that the PARCs continue to use the exit survey; design an online version using Survey Monkey and subsequently act on the findings in collaboration with the partner public mental health agencies. It also suggests that PARCs explore other evaluation opportunities, in particular through the use of suitable outcome measures with consideration to consistency of feedback from family/carers.

Introduction

The Prevention and Recovery Care (PARC) Exit Survey forms part of the current evaluation strategy being developed and implemented within Mind Australia's PARC services.

This report focuses on a three month trial using a standardised exit survey across three PARCs over three months. The exit surveys have enabled consumers to provide feedback and contribute to service development. It represents an important component in evaluation of the PARC services in relation to the level of satisfaction with the service provided and the degree to which the service is recovery orientated.

Prevention and Recovery Care

The aims of PARCs are:

- To improve mental health outcomes of people with a severe mental illness, who become acutely unwell, and
- To prevent avoidable admissions to acute units, and avoidable re-admissions following an acute episode.

PARCs are step-up or step-down ten bed short term residential services that are run in partnership with Area Mental Health Services. Mind currently has three adult PARCS with three difference clinical services. Mind now has a Youth PARC in Frankston and will be operating another four PARCs, with AMHS in 2013.

Mind has been providing PARC services since 2008 when the first Mind PARC opened in Bendigo and has now developed significant experience in providing the recovery focused support in this environment.

Rationale

Undertaking an evaluation strategy at PARC was considered an important opportunity in context of an active period of service development. It was acknowledged that current activities were locally developed and inconsistent but there was a lot of interest and enthusiasm. Anecdotally PARC staff believed that residents were benefiting from their stay but it was difficult to quantify or refer to evidence of this.

In response Mind PARC managers met to work through a logic model and developed a discussion paper where all relevant information relating to evaluation was retrieved and collated.

The logic model process included the following:

- Applying a logic model
    - Inputs/resources (what we put in)
    - Activities/Outputs (what we do)
    - Outcomes (what did we achieve?)
        - Person's recovery goals (ie. Individual Recovery Plan)
        - Change (ie. Outcome measure such as HoNOS)
        - **Recovery orientation of the service (ie. satisfaction or exit survey)**

- Environmental context (ie. Partnership, short stay..)

Some key questions from the program logic discussion were:

- Who comes to PARC?
- How did they come to us?
- Where do they go?
- How are they when they leave?
- What supports will they have?
- Did they change while at PARC?
- Did they work on recovery goals?
- Did we contribute to recovery indicators?
- **Was the service recovery orientated?**

Although it may be contested as an outcome measure, measures of consumer satisfaction lie somewhere between 'process' and 'outcome' measures. When the concern is with the extent to which consumers are satisfied with the context, processes, and perhaps the costs of a treatment service or network, the relevant measures of satisfaction can be viewed as process measures. However, when the concern is with the extent to which consumers view the programme as having been helpful in resolving their problems, consumer satisfaction becomes a proxy outcome measure. Therefore in this case it formed part of a process or formative evaluation with a particular focus on the degree to which the service was able to demonstrate its underlying purpose to provide a recovery orientated service.

As discussed above there was considerable enthusiasm to engage in an evaluation activity but minimal resources to do so. It seemed encouraging to firstly build on current practice in the hope that this would increase confidence in undertaking more evaluation activities. While some piloting of validated measures such as the Inspire tool and the RSA did take place, and the team also reviewed other possible tools, no consensus could be reached on a suitable tool. The problems with getting a good match appeared to be due to a number of factors including the short stay environment, having rostered staff and more than one service provider.

However, it became apparent that each PARC had independently developed an exit survey and was finding the results very useful. When these surveys were compared many of the questions were similar. They also held similarities to a satisfaction survey developed by Rethink Mental Illness in the UK[1]. Questions in the Rethink survey were similar to those included in validated recovery orientation of the service measures (such as the REE and RSA) and Rethink had done considerable work to consult with consumers to develop the survey. The survey was only slightly modified from the Rethink version and included ten questions with a five point likert scale and three open ended question. It was agreed to undertake a three month trial at the three Adult PARCs between September and December of 2011. It was a deliberate decision not to collect demographic information, unlike Rethink. This had not been included on current exit surveys and it was agreed that, on balance, the potential benefits of collecting demographic information were not great enough to justify the potential risks regarding privacy and

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[1] Larsen, J. and Weeks, C. (2011) 'My Experience of the Service' 2011 National satisfaction feedback from people using Rethink services. http://www.rethink.org/

response rate. However, other data sources provided general demographic information for the period of the service that could be used to assist in preparation and presentation of the findings.

Method

As discussed earlier each of the three Adult PARCs were already offering all consumers a satisfaction survey as part of the consumer exit process.

The PARC exit survey was offered to all consumers who were exiting the PARC as part of the routine exit process. In some cases consumers were offered the survey directly by staff or the survey was made available in communal areas. Completed surveys were deposited into a collection box (rather than being handed back to the worker). The survey deliberately did not ask for demographic data so this kept it very brief, simple and as non-identifying as possible. Surveys were not collected on a daily basis and with many exits from PARC each week it would be difficult to identify individual consumers.

During the three month period from 12/9/2011 to 16/12/2011, a total of 134 consumers exited the three PARCs. Seventy eight of these consumers completed the exit survey; this is a response rate of 58 per cent.

Findings

Chart 1: Number of responses to the Consumer Exit survey by A-PARC (n=78)
(Period: September to December 2011)

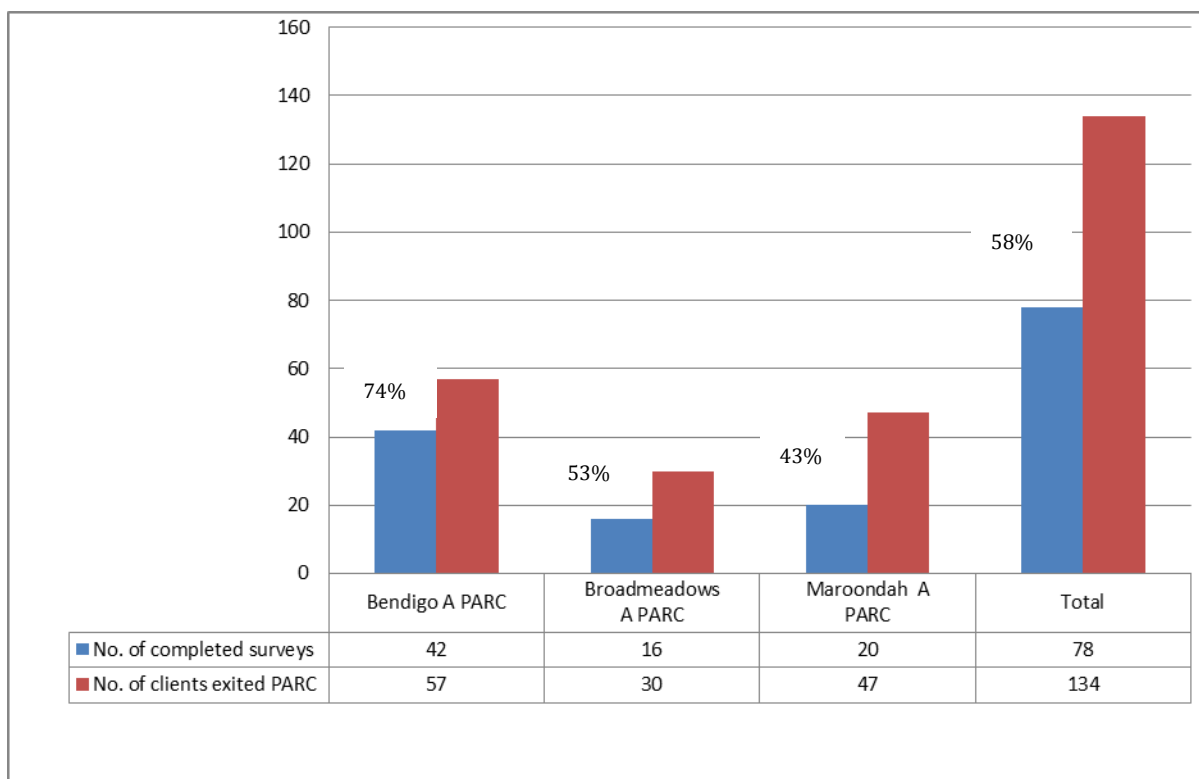|	Bendigo A PARC	Broadmeadows A PARC	Maroondah A PARC	Total
No. of completed surveys	42	16	20	78
No. of clients exited PARC	57	30	47	134

Chart 1 indicates that the overall response rate from all the three A-PARCs was 58 per cent, with the Bendigo A-PARC having the highest survey return of 74 per cent.

Question 1: I feel that staff in the service have respected me and treated me with dignity.

1. I feel that staff in the service have respected me and treated me with dignity.
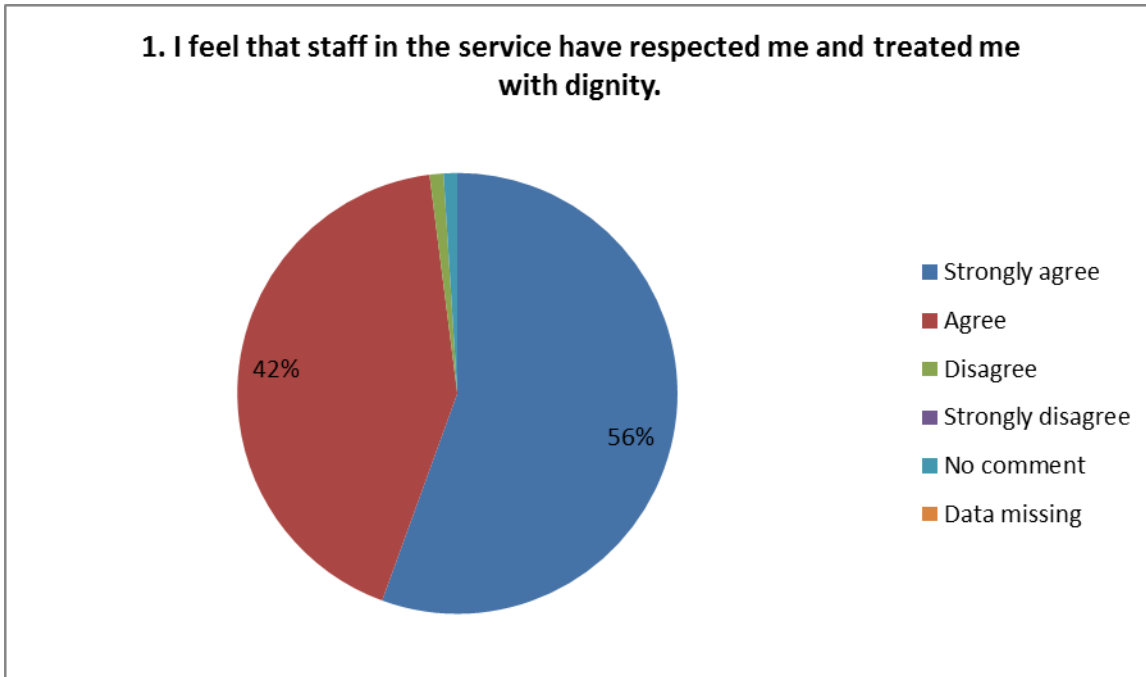
	Strongly agree	Agree	Disagree	Strongly disagree	No comment	Data missing
n	43	33	1	0	1	0
%	55%	42%	1%	0%	1%	0%

Question 2: I feel that I have been listened to by staff in the service

2. I feel that I have been listened to by staff in the service
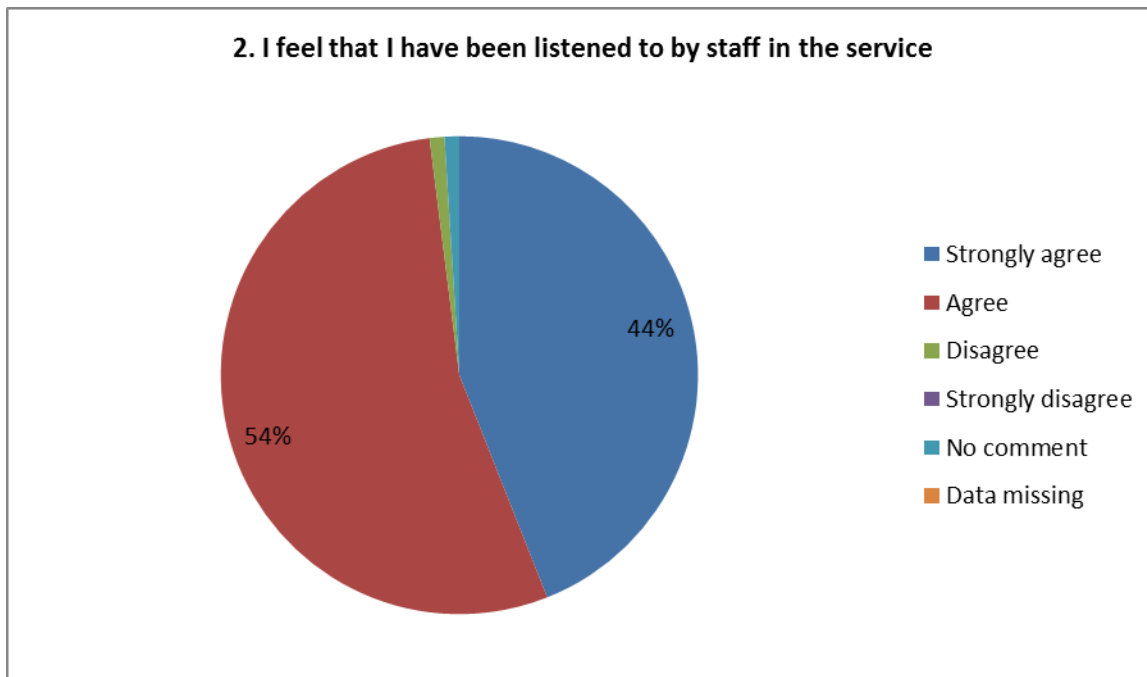
	Strongly agree	Agree	Disagree	Strongly disagree	No comment	Data missing
n	34	42	1	0	1	0
%	44%	54%	1%	0%	1%	0%

Question 3: My cultural and spiritual needs have been met.

3. My cultural and spiritual needs have been met
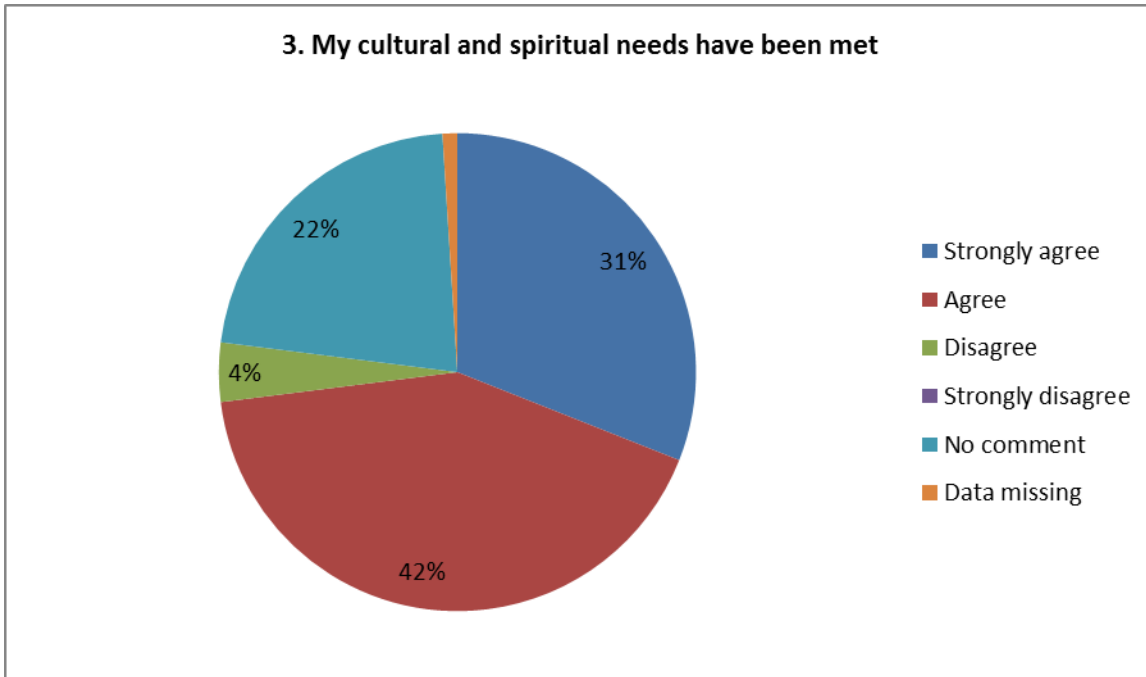
	Strongly agree	Agree	Disagree	Strongly disagree	No comment	Data missing
n	24	33	3	0	17	1
%	31%	42%	4%	0%	22%	1%

Question 4: I have been given relevant and sufficient information about the service.

4. I have been given relevant and sufficient information about the service
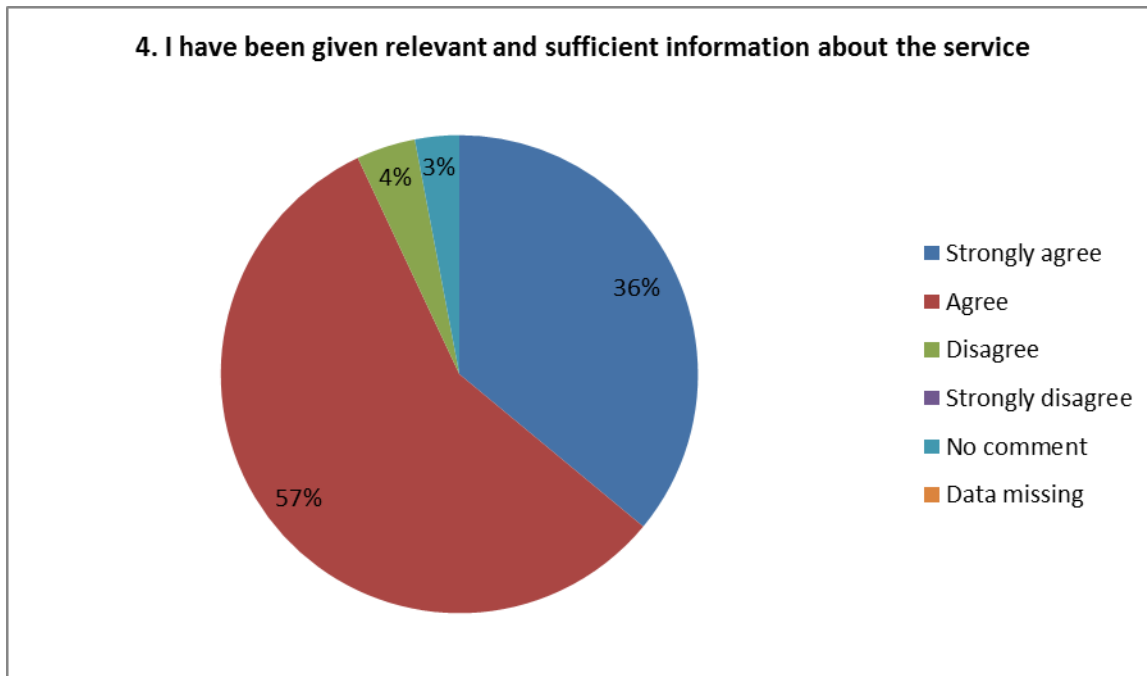
	Strongly agree	Agree	Disagree	Strongly disagree	No comment	Data missing
n	28	45	3	0	2	0
%	36%	57%	4%	0%	3%	0%

Question 5: I have been involved in deciding on the support that I have been given.

5. I have been involved in deciding on the support that I have been given
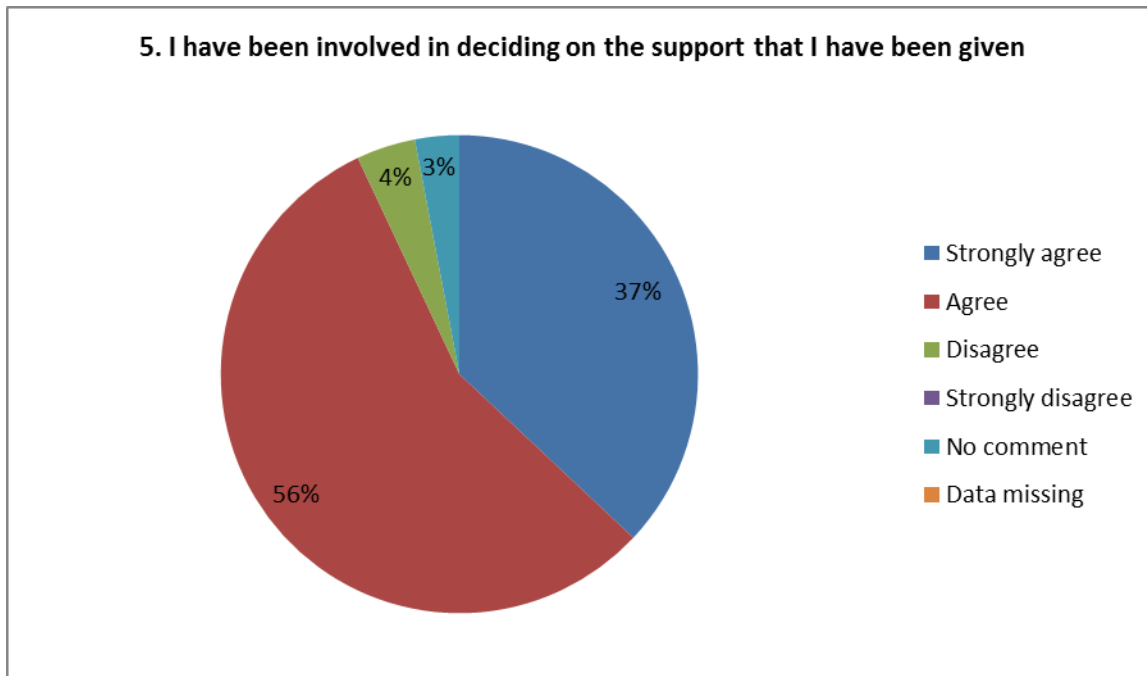
	Strongly agree	Agree	Disagree	Strongly disagree	No comment	Data missing
n	29	44	3	0	2	0
%	37%	56%	4%	0%	3%	0%

Question 6: I have been given the right kind of support from the service.
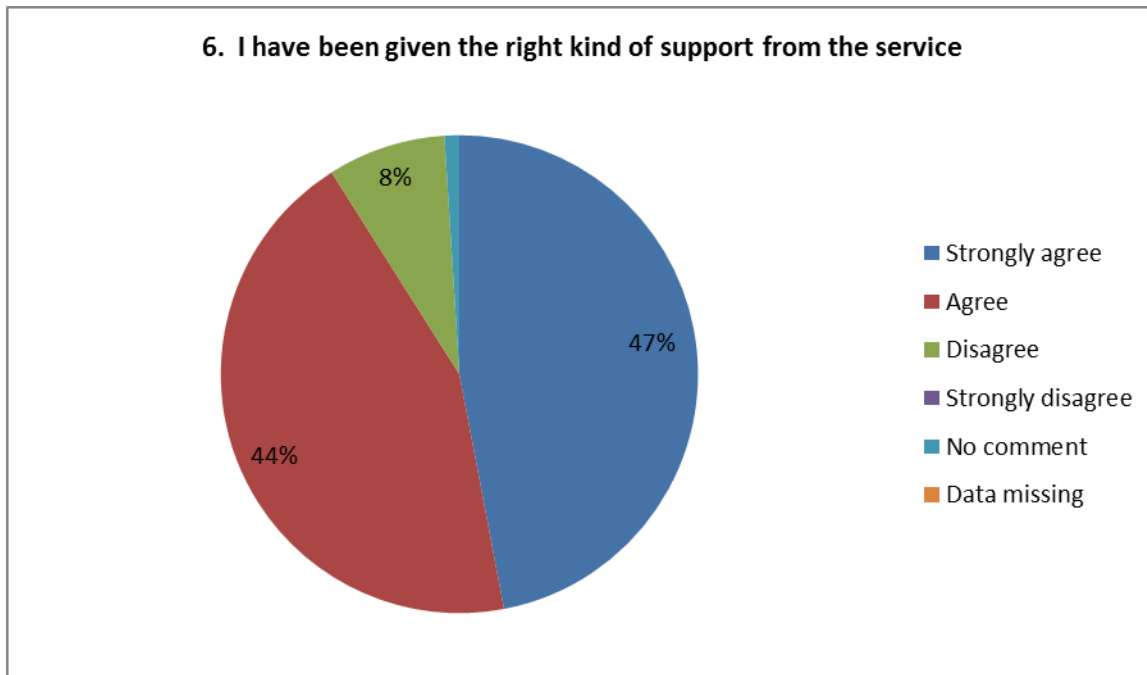
	Strongly agree	Agree	Disagree	Strongly disagree	No comment	Data missing
n	37	34	6	0	1	0
%	47%	34%	8%	0%	1%	0%

7. The service has supported me towards achieving my goals.

7. The service has supported me towards achieving my goals

Legend:
- Strongly agree
- Agree
- Disagree
- Strongly disagree
- No comment
- Data missing
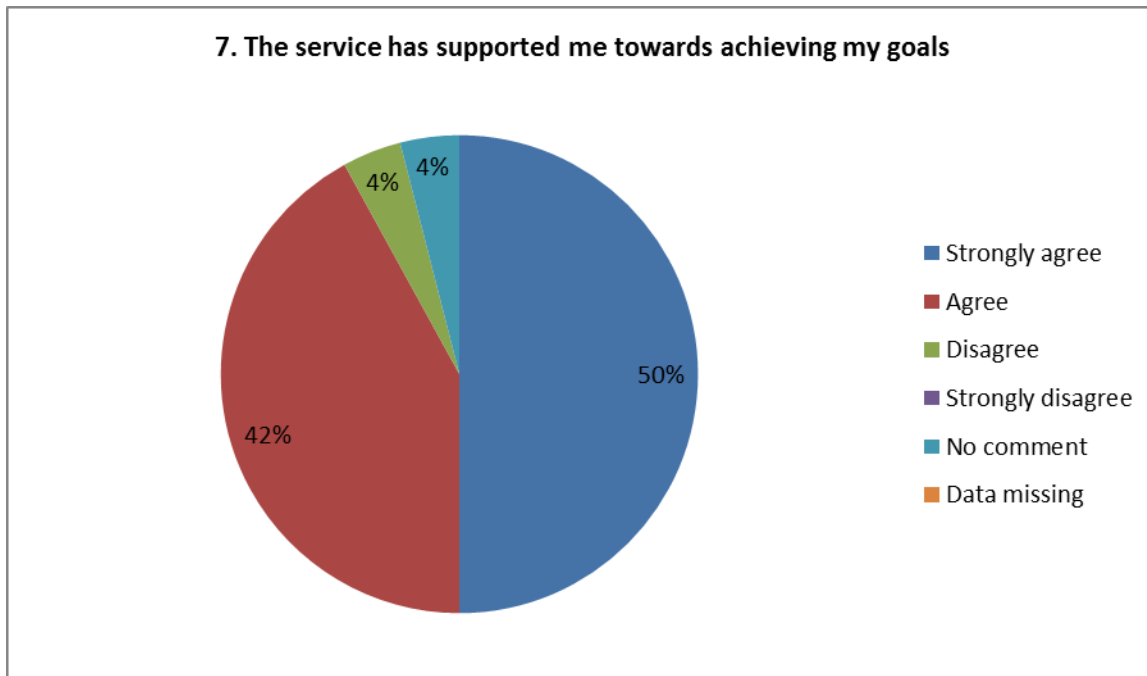
(50%, 42%, 4%, 4%)

	Strongly agree	Agree	Disagree	Strongly disagree	No comment	Data missing
n	39	33	3	0	3	0
%	50%	42%	4%	0%	4%	0%

8. I feel safe and comfortable in the physical environment of the service

8. I feel safe and comfortable in the physical environment of the service
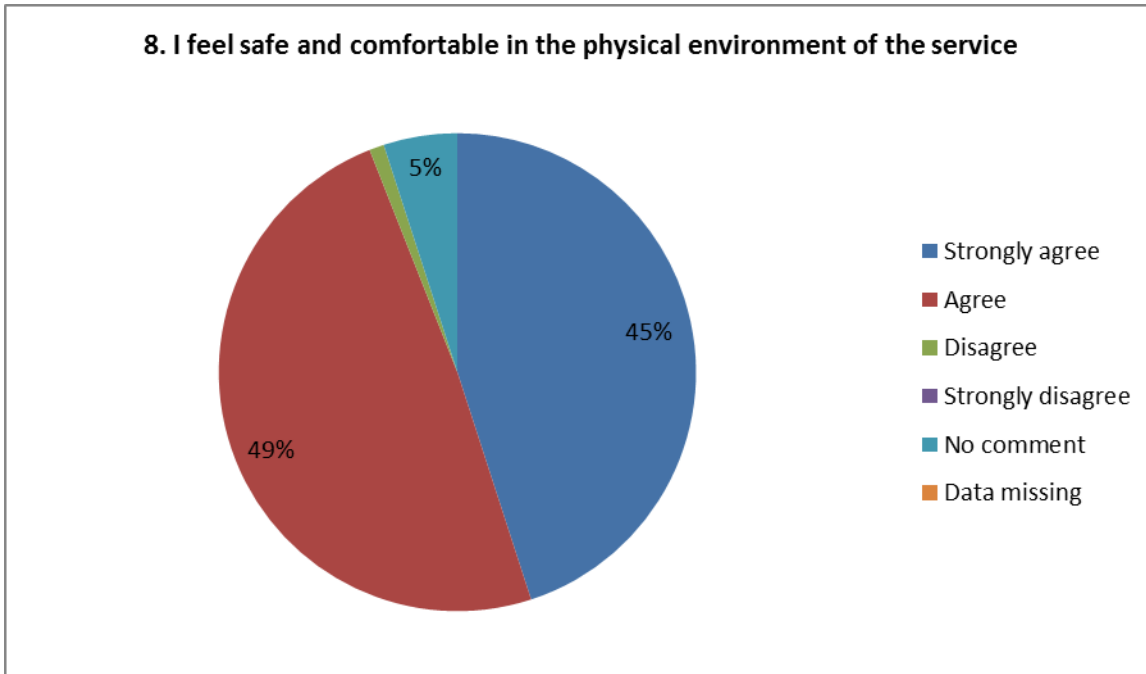
	Strongly agree	Agree	Disagree	Strongly disagree	No comment	Data missing
n	35	38	1	0	4	0
%	45%	49%	1%	0%	5%	0%

Question 9: I have taken an active role to influence how the service is run.

9. I have taken an active role to influence how the service is run
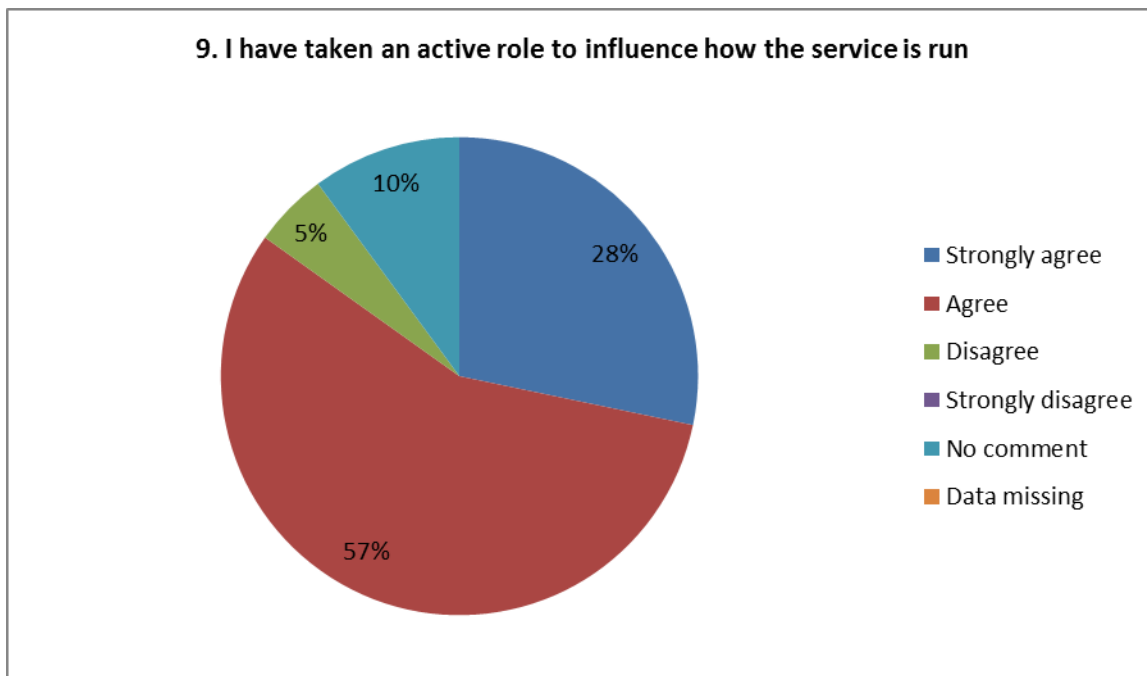
	Strongly agree	Agree	Disagree	Strongly disagree	No comment	Data missing
N	22	44	4	0	8	0
%	28%	56%	5%	0%	10%	0%

Question 10: If I had a similar need for support in the future, I would use the service again.

10. If I had a similar need for support in the future, I would use the service again
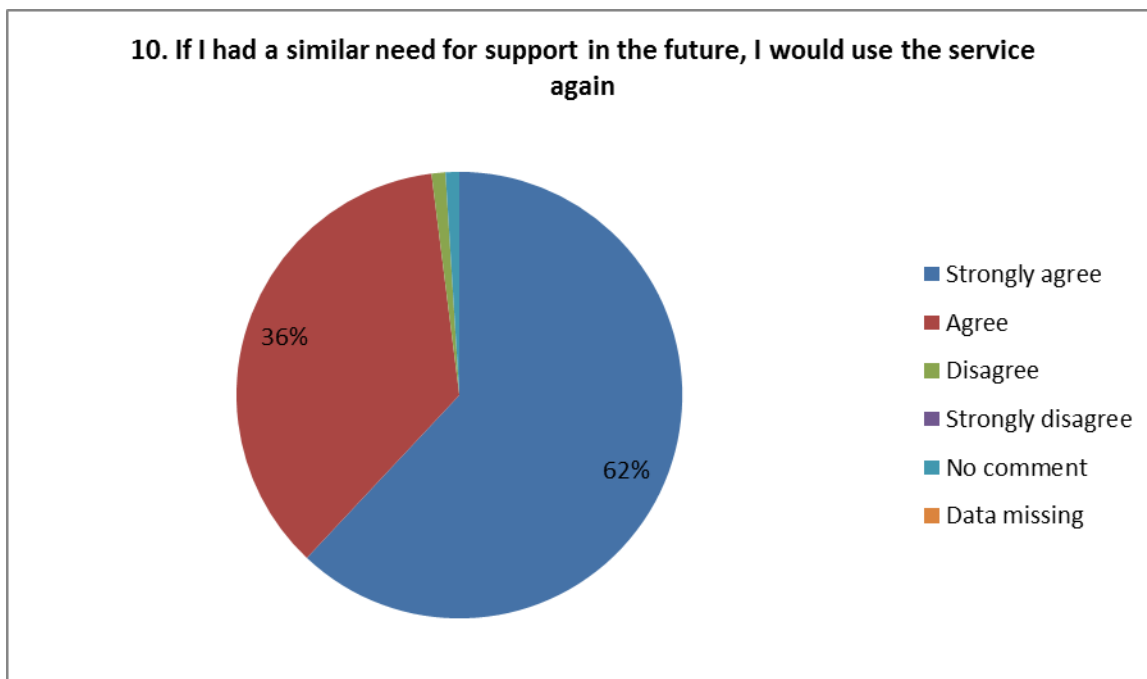
	Strongly agree	Agree	Disagree	Strongly disagree	No comment	Data missing
N	48	28	1	0	1	0
%	62%	36%	1%	0%	1%	0%

Opened Ended Questions

There were three opened ended questions in the survey. All the responses have been grouped into themes.

11.   Comments regarding the most helpful thing about consumer stay at PARC:

The most common feedback was around the support provided by the PARC staff (over 30 comments).

What was the most helpful thing about your stay at PARC?

- Having nice staff.
- Staff were excellent.
- Helpful staff.
- Relaxed and found staff friendly.
- The staff support.
- Enjoyed my stay and staff were supportive and lovely.

- To have people to talk to anytime; when you're feeling down and depressed and just need someone to talk to .
- Around the clock support.
- Having constant support and someone to talk to when i need to rant and organise my thoughts.
- The staff have been really encouraging, friendly and supportive.
- I'd like to thank the staff for their kindness, understanding, support etc.
- Staff care for the patients.
- The staff have done their job well and could do with more support.
- Art teacher was outstanding, she understood my needs; gave me extremely good advice.
- All the staff here do a fantastic job. I have found everyone to be very friendly and supportive also it's been a great place in time of need.
- Staff are a good help.
- Staff were supportive and nice.

The level and type of support was another common theme (over 22 comments):
- The stay at PARC was great. Better environment to be in than other places. Thanks to everyone involved in PARC program.
- My stay in PARC has been helpful. It has helped me to change my negative patterns and overcome some of fears due to support from staff.
- For respite eg. Having some respite; I think the break was the best; rest; Getting time out and privacy; probably the break away from everyone has helped me get my head a lot clearer.
- My recovery and mental health. My weight.
- The care that has been given e.g. everyone helped me a real lot; helped to deal with stress/voices.
- Listening – having a sounding board to get everything off my chest
- Doctor/Medical Care - Combination of 24 hour medical care and social support; doctor's help; getting my meds sorted.
- Friendships - making friends.
- Everything was great.
- Treatment/Recovery eg. to learn more and get treatment for my depression, stress, anxiety and panic attacks.
- Better and supportive ways of not having a relapse; I have discovered things about myself and made beneficial decisions for myself and my life
- Helped me to understand what life I should have. That life is more and death is once. To take things easy.
- Having time out of my life to be able to think, work out where I want my life to go. And also sometime to myself without being alone.
- Gave me the space I needed, along with counselling and support me needed when feeling out of control.
- Around the clock support.
- The support that is always on hand when needed.

The PARC environment (over 15 comments):
- The feeling of safety.
- Comfortable.
- Being free here as guest.
- Having own room and bathroom.
- Team work and living independently; cooking skills and cleanliness.
- Safety: feeling comfortable around people, comfortable; the peace of the place.
- Learning to distract myself from symptoms; felt understood by the art teacher; expressing myself with art and poetry. Given very good advice.
- Peaceful, friendly, someone to talk to. Food is good.
- Support to talk and help with coping skills.
- Gave me the space I needed, along with counselling and support me needed when feeling out of control.
- Socializing and great activities to get involved in.
- It's a good place to be.
- The relaxation I've been feeling.
- Trying to get comfortable speaking to and around people.
- Talking about my thoughts.
- No, oh I love the rooms. They feel safe.
- It would be great to have the consumer room open whilst I was here.
- Food was very good.

Meeting other consumers:
- The other residents, being able to talk to them.
- Some of the other consumers staying at PARC.
- Meeting new people.
- Made a lot of good friends.
-

12.   Comments about things consumers would like to change

Availability of PARC staff:
- The division between staff and consumers.
- Have the workers in communal area more.
- Night staff being on their phones, playing games on their phones.

Availability of medical staff:
- Medical staffing e.g. No psych doctors.
- Second opinion with medication with a different doctor.

Activities or having enough to do that is of interest (12 comments):

- Games night.
- Getting more activities and more going outs.
- Programs to keep active i.e. Trips to the gym or swimming pool; more activities - the ones they have are good.
- Programs to keep my mind active - education around bi-polar disorder.
- More interesting and structured programs like bushwalking, art therapy, vision boarding.
- Initiation of outreach service for consumers in community.
- More activities and things to do as a group and by yourself. More sessions with workers and getting goals/strategies worked on while still at PARC.
- I would like if there was more involvement in medication information and consultancy.
- More things to do throughout the day and not just sitting in your room. No silly colour in's; waste of time.
- More strategies put in place and more talking groups.
- Need to have daily groups, not just twice weekly.
- New DVDs!!

PARC physical environment and practical issues (14 comments):
- Have a pool table in the shed.
- To leave shed opened later on weekends.
- Privacy.
- Austar - Pay TV.
- To have solar panels on the roof to conserve energy for PARC
- More open space.
- Equipment eg. Treadmill.
- I would like more towel rails/hooks in the bathroom.
- Tissues in bedroom.
- More vegetarian meals.
- The organisation of kitchen duties and rules makes it difficult for some to understand. Maybe more signs up about what is to be done would be helpful.
- Upstairs air-conditioner.
- The doors slamming.
- Smoking area should be downstairs in the lower area.

13.   Other general comments and feedback?

- Nothing (about what to change)
- It's a pretty good place as to be so hospital is not an option.
- Very good service and all the best!"
- That I could live here forever!
- No need to change, just more focus on independence.
- Very appreciative of services provided.
- Very positive feedback. Enjoyed my stay.

- The PARC is awesome
- Maybe a few extra days
- Enjoyed my stay.
- Thanks for letting me stay, supporting me in my need and taking care of me.
- It's been good.
- This is an excellent service and I have found it helped me a lot.
- Good service/program.
- Excellent in many ways. This place is priceless!
- Thank you!

Discussion

At 58 per cent, the response rate is generally considered to be a good one. As indicated PARC A had the highest response rate. These findings appear to reflect the following factors:

(a) PARC A had the longest history of doing an exit survey,
(b) The staff and the service overall had been getting regular feedback, and
(c) Offering the exit survey had become a routine part of the regular exit process.

Issues that may have also contributed to the response rate included barriers for people from culturally and linguistically diverse backgrounds completing a paper based survey in English. PARC B has the most consumers from CALD but PARC C has the lowest response rate suggesting that other factors were also relevant.

There are remaining questions about the 42 per cent of people not completing the survey and without demographic data it is difficult to determine any patterns regarding who is more likely to complete the survey other than which PARC they are in. However, it does appear that completion of the survey may be more dependent on the degree to which the service embeds the survey into the exit process and makes use of the findings rather than the characteristics of the particular consumers. Looking for options to improve the response rate may be located in providing an on line version and also versions in community languages. There are opportunities for the PARCs to learn from each other about how to collect data and compare results.

The findings suggest that PARCs are achieving high levels of consumer satisfaction, especially in relation to the attitudes and behaviour of the staff. Questions regarding staff suggested that in over 90 per cent of cases staff were doing very well in demonstrating respect and building good relationships with consumers. This was also represented in the qualitative comments:

I feel that staff in the service have respected me and treated me with dignity

If I had a similar need for support in the future, I would use this service again

However, some weaknesses were also apparent. Challenges emerged in relation to the questions about whether consumer's cultural and spiritual needs have been met and also '*I have taken an active role to influence how the service is run'.* When this data was first looked at, there were various local interpretations about these weaknesses. For example cultural and spiritual needs were speculated to be less relevant with a short stay environment and consumers are less able to influence the service due to different approaches between partner agencies. Partnership agencies may need to implement more power/control due to a more clinical approach. However, these local explanations were challenged when looking at other findings. For example an overall comparison with Rethink findings suggests significant similarities (Chart Two and Table One). This was a much larger national survey with a total of 2044 responses received from people who were using Rethink services in the Spring of 2011[2].

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[2] Larsen, J. and Weeks, C. (2011) op sit

Responses were received from 122 Rethink services covering 20 self-reported different service types. The very similar pattern of responses is represented in the highest strongly agreed responses being to Q1, Q2 and Q10 and the lowest strongly agreed questions are Q3 and Q9

Chart 2: Overview of response for the Rethink service satisfaction questionnaire
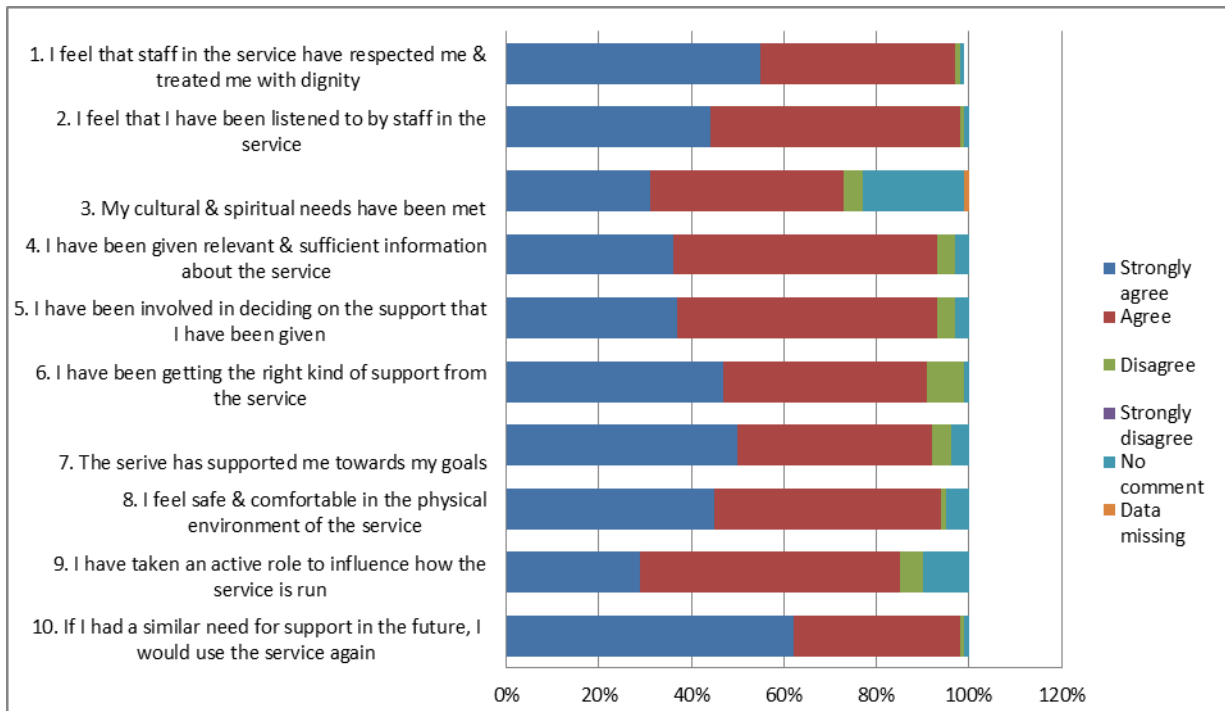
Table 1: Overview of responses for the Rethink service satisfaction questionnaire (n=78)

	Strongly agree		Agree		Disagree		Strongly Disagree		No comment		Data missing	
	n	%	n	%	n	%	n	%	N	%	n	%
1. I feel that staff in the service have respected me and treated me with dignity	43	55%	33	42%	1	1%	0	0%	1	1%	0	0%
2. I feel that I have been listened to by staff in the service	34	44%	42	54%	1	1%	0	0%	1	1%	0	0%
3. My cultural and spiritual needs have been met	24	31%	33	42%	3	4%	0	0%	17	22%	1	1%
4. I have been given relevant and sufficient information about the service	28	36%	45	57%	3	4%	0	0%	2	3%	0	0%
5. I have been involved in deciding on the support that I have been given	29	37%	44	56%	3	4%	0	0%	2	3%	0	0%
6. I have been getting the right kind of support from the service	37	47%	34	44%	6	8%	0	0%	1	1%	0	0%
7. The service has supported me towards achieving my goals	39	50%	33	42%	3	4%	0	0%	3	4%	0	0%
8. I feel safe and comfortable in the physical environment of the service	35	45%	38	49%	1	1%	0	0%	4	5%	0	0%
9. I have taken an active role to influence how the service is run	22	28%	44	56%	4	5%	0	0%	8	10%	0	0%
10. If I had a similar need for support in the future, I would use the service again	48	62%	28	36%	1	1%	0	0%	1	1%	0	0%

These findings can also be compared to the pilot of the Recovery Enhancing Environment Measure (REE) that was trialled in Mind in 2008. This was a significant project involving the training of consumer researchers and involved 72 participants in the study. Again, it is apparent that there are some common themes about spirituality and influence or empowerment:

- Spirituality: 72 per cent of respondents indicated that spirituality is important to their recovery, but responses about how well they are supported in this area was ~30 per cent
- Influence and Empowerment: a substantial difference between how important consumers felt it was to have a sense of control and empowerment in their life, and how well programs support and encourage this.

The REE Pilot project report stated as follows:

'In relation to Spirituality there is a question about the relevance of this in the program context, and whether it is something that staff should be concerned with. One question, however, related to

whether staff would help them connect with groups if they wanted to, and the answer was still very low. So even if the programs aren't providing this in-house, it is important to support people if they seek it directly. This may not occur often given the lack of attention given to spirituality by the program, so it may need to be something staff become more accustomed to enquiring about' (REE report).

The findings from the PARC Exit Survey were also relevant to the evaluation of the New Initiatives programs in Mind and St Vincent's in 2011. The purpose of this evaluation was to develop and improve the service being provided. The New Initiatives evaluation team utilised two service user-rated *recovery-orientation-of-the-service* measures: the Recovery Enhancing Environment measure (REE) and the Recovery Self-Assessment (RSA) (service user version). The experience of the service users in completing the measures was also investigated by inviting them to rate the relevance of the tools and their preference to determine the more appropriate recovery measure for future program evaluation.

The RSA results again provide very positive responses from consumers about staff and the support they are getting to work on their recovery goals. But there was (again slightly) less favourable findings in relation to items that related to choice, involvement, influence and empowerment. The REE reported very positive comments about the attitudes and behaviour of staff but spirituality was again represented in areas that the REE identified could be improved on.

The findings of the open ended question tended to confirm the findings from the other questions. They are particularly positive about interactions with staff, for example:

   The staff have been really encouraging, friendly and supportive

   Better and supportive ways of not having a relapse; I have discovered things about myself and made beneficial decisions for myself and my life

But there were many comments about wanting to have opportunities to influence the physical environment, often about practical issues such as:

   I would like more towel rails/hooks in the bathroom

These comments could be related to the issue of people having more opportunity to influence how the service is run and how consumers could be more empowered when at PARC. It appears that many consumers have ideas about how the service could make positive changes.

Conclusion

The three Mind PARCs that participated in this trial can be very proud of the feedback they received from consumers via the exit survey. The responses expressed very strong support from these respondents about PARC being a positive alternative to inpatient units that provide a safe and supportive recovery orientated environment. The exit survey has provided a valuable endorsement of the quality of staff interactions with consumers.

The results of the survey suggest areas for improvement. There is now potential to share the planning for how to respond to the findings with the public mental health service provider partners.

Exit or satisfaction surveys tend to get lots of positive findings and for this they are often criticised. However, the ability of consumers to provide useful information about the quality of service delivery

has also been defended. In this activity there appeared to be some useful feedback that will be relatively easy to communicate to all stakeholders. The feedback has also proved to be meaningful, informative and consistent with other feedback Mind has received about service improvement.

There have been limitations to this study. First it is important to recognise that evidence of positive consumer satisfaction is not, in itself, sufficient to establish the effectiveness or accessibility of treatment. Consumers with no base for comparison may be satisfied with services that are 'ineffective' as determined by more objective outcome evaluations. Therefore the survey findings leave other evaluation questions unanswered. Especially those the commonwealth and state government s have recently identified as what community managed services need to demonstrate: Mental and emotional health, employment and training, housing and social inclusion. Even so, the Exit survey has proved to be a relatively easy method to get involved in evaluation, receive timely feedback and see the benefits. It also has the potential to inform a more comprehensive outcome evaluation.

The findings from the exit survey have set some service improvement challenges. Careful consideration needs to be given to increasing responsiveness to cultural and spiritual issues in PARCs. Spirituality seems to be a particularly challenging issue in other evaluation efforts and there may be two things to consider. First, are we asking the correct question? Do we need to more carefully define what is meant by spirituality? Would it be better to ask about *hope*, *meaning* or *purpose*? And second, if Mind and other similar services are getting comparable findings on these questions then appropriate response requires consideration and perhaps specific consultation with consumers, carers and staff, a literature review and the identification of 'best practice' models. We may choose in future to separate out culture and spirituality but, again, considering the consultation Rethink undertook to develop these questions then further consultation with Mind consumers is suggested.

Improving the degree to which consumers can influence services and achieve greater empowerment could be more readily addressed and would certainly be consistent with Mind's recovery framework. In order to effect change in this area we would need to consider the short stay nature of PARCs and the partnership roles. There is potentially an important role here for peer support.

The survey findings have raised the question of whether demographic questions should be included. Demographic questions were avoided in order to reduce the burden on the consumers in completing the survey and to encourage their confidence in its anonymity. Demographic data is also available elsewhere. But this does not mean that the survey cannot be linked with demographic data in future. However, at this stage it is recommended that the survey be kept simple to encourage a high response rate and consideration be given to on line availability in order to improve access and response rates.

A future challenge for PARCs is the development and implementation of a similar survey for families and carers. Currently their important perspective is missing or ad hoc. But there is significant potential for the trial of a family/carer exit survey.

Next steps
- Continue to use the exit survey and expand to other PARCs with a regular summary being provided to staff, consumers and family/carers (6 monthly).
- Provide feedback to staff and PARC consumers on the survey, potentially through having a poster representation of findings in communal areas where they can encourage further feedback and discussion.
- Development of a Family/Carer exit survey.

- Development of the survey on line and making this available as an alternative option to a paper based survey.
- Collaboration with public mental health service partners via a workshop to feedback findings, further develop recommendations and develop a joint action plan.
- Explore opportunities for extending evaluation activities, particularly in relation to using outcome measures focused on the overall aims of PARC.

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