

5. Survey administration

This section provides a brief commentary on findings from the implementation of the trial. Whilst the primary focus of the evaluation was the evaluation of the draft survey tool, understanding broader survey administration issues was considered important in interpreting the psychometric analysis of the tool and in informing considerations for future implementation.

Post survey interviews were conducted by Ipsos and VMIAC with consumers who had completed the survey, and staff from participating sites, to understand their experience of the survey and its administration. In addition each consumer worker completed a brief report on their experience of the trial.

Method

Post survey interviews were conducted face-to-face on site by a senior member of the research team. One consumer interview was conducted by telephone. Generally, staff were interviewed in small groups (two to 10 people) and consumers were interviewed on their own or with a carer. Staff interviewed included receptionists, carer consultants, clinicians, case managers, psychiatrists, quality managers and unit managers.

In total, post survey interviews were conducted with 69 people (Table 25):

- Seven consumers from two sites
- 62 staff from six sites

Table 25: Number of interviews by site

Setting	Site	Consumers	Staff	Total
Community	1	5	12	17
	2		9	9
	3	2	11	13
Inpatient	4		13	13
	5		9	9
	6		8	8
		7	62	69

Consumer interviews were of 5 to 20 minute duration and staff interviews were of 15 to 45 minute for some of the group interviews.

Participation in the interview process was voluntary. All participants were explained the purpose of the interview and provided consent prior to their participation. The level of consent (verbal or written) varied depending on the local ethical requirements.

Promotional material

Promotional materials were provided to each site, including posters, brochures and a signed drop-box. The brochures were generally on display with the drop box (in reception for community sites and communal areas of inpatient sites), as well as on information stands and coffee tables. The posters

were on display in a range of areas including waiting rooms, notice boards, kitchen, toilets and other areas staff and consumers may visit.

There was not strong recall of the brochures and other marketing materials. In several cases, consumers actively looked for the posters in the waiting room while being interviewed and were still unable to locate them.

"I can't see a poster. Where is it?" Consumer, community site

Similarly, most staff were not aware of the posters and did not reference them when talking about sources of information for the survey. No consumers interviewed recalled seeing the posters for the survey before being offered a survey by the consumer worker. This suggests that awareness may be built over time.

"I didn't notice anything like the posters until I came back for the next visit to the centre [after completing the survey]." Consumer, community site

The drop box was more identifiable by staff and consumers with both groups aware of its location. When consumers and staff were aware of the promotional materials they universally praised their quality.

"It was nice that the box and the brochures looked professional...that added to the credibility. It looked slick and like we meant it." Staff, community site

Awareness of the survey process

While the research team briefed staff on site about the survey process prior to commencement of surveying and provided copies of the survey, brochure and a summary information sheet, staff had very different levels of awareness of the survey process. Particularly in community sites, many staff felt unaware of the survey content and had not considered how answering the questions may affect their consumers.

"I didn't really think about the effect on my clients, but they are in the community. It's a survey. I don't know that I need to really vet them that way. Not my clients, anyway." Staff, community site

"Instructions in writing about what it meant for staff would have been helpful". Staff, community site

Where consumer workers attended morning meetings and/or staff meetings, they provided an ongoing source of information to staff about the project.

"[Consumer worker] came to a few meetings to talk about the project. Also she came and did an in-service talk. It was clear enough. We knew what was going on." Staff, inpatient site

As a new project, consumers were not aware of the survey until briefed by the consumer worker. All consumers were very positive of the introduction provided by the consumer worker.

"It was a straightforward thing... [consumer worker] explained what I had to do. She gave me a good explanation." Staff, community site

Consumers understood the consent process, options for completion and how to return the survey.

"I have done some survey work myself and research. I thought they were good questions to ask. It was good to take it home and do it when I had the spare time. It was good to have that option of posting it back in my own time." Consumer, community site

Identifying consumers

In inpatient sites, the consumer workers generally attended morning meetings and/or handovers and were therefore aware of recent admissions and discharges, and able to ask the staff if any consumers should not be approached that day. Consumer workers in inpatient sites were also able to view unit documentation that showed planned admissions and discharges.

The approach to identifying consumers was different between community settings depending on the local management of consumer appointments. Where there was a centralised system, the consumer workers were able to access a list of appointments for each day they were on site. However, in other cases, where clinicians directly managed their own appointments, consumer workers were able to access a list of the entire patient population for the site. This provided little practical information.

“We do a list everyday anyway...it’s part of the normal process. [The consumer worker] could just take a copy and start.” Staff, community site

The best time to interview consumers, particularly for community settings was something that generally took a week or two to establish so that there were sufficient consumers likely to be available to warrant the attendance of the consumer worker. A relationship with the reception staff was often crucial in establishing the best times to offer the survey (that considered both the number of patients attending and likely waiting for appointments).

Identifying consumers too unwell to participate

The methods for identifying consumers too unwell to participate in the survey varied between sites and in part reflected the administrative structures of the service. Where consumer workers attended morning meetings or handovers, consumers too unwell to participate would be identified.

For community sites, the process was generally less structured than inpatient sites. In some cases there was an assumption that consumers would be well enough to participate (assuming they passed the capacity component of the consent process). In these cases, in the absence of formal processes to identify consumers who were unwell, staff appeared to become less engaged with the survey, and reported not considering the impact of participating in the survey on their consumers. In several cases these staff were not aware of the process to nominate a consumer as too unwell to participate. This group of staff reported having forgotten the content of the survey so were unlikely to be aware of any potential triggers for their consumers. While it is important to note that without exception these staff commented that they did not have concerns about their consumers participating in a survey, they did feel that they could have been better engaged with the process after the initial introduction by the research team.

“I don’t remember what was in the survey. I know I saw an early draft...but I would not know if filling it out would send off any of my guys. Didn’t even think about it until now. Now you’ve got me thinking.” Staff, community site

“We knew [consumer worker] had it in hand so we didn’t need to worry about it.” Staff, community site

“I like to think if I did have concerns about a client doing the survey I would have figured out what to do about it, but I don’t know off the top off my head.” Staff, community site

Consumer worker role

Consumers interviewed unanimously reported that the consumer offer made a big difference to their participation in the survey. The presence of the consumer worker was seen as encouraging and providing a ‘warm welcome’ to community sites.

“Just having a friendly face here [in the waiting room] to greet you. Such a difference!”
Consumer, community site

“I know [the consumer worker]. I trust her. She’s one of us! It’s nice to see consumers working for the centre. I might get a job too!” Consumer, Community site

Site staff also acknowledged the value of a consumer offer.

“It’s more relevant to other consumers to have another consumer offering it [the survey].”
Staff, community site

“[The consumer worker] was like the face of the organisation for that time. I think it was a great idea...I think she would have got more honest feedback.” Staff, community site

However, some staff expressed concern that the use of the consumer worker limited consumers’ opportunities to participate in the survey, as surveys were only available when the consumer worker was on site.

“Lots of missed opportunities.” Staff, community site

“[Consumer worker] is not here every day. People leave unexpectedly all the time.” Staff, inpatient site

“If people leave unexpectedly, and they do all the time, they don’t get a survey.” Staff, inpatient site

The way consumer workers were integrated into the site seemed to reflect the culture and previous experiences of the site in working with consumers. In most cases, the consumer worker was considered part of the staff team and participated in staff meetings, briefings and handovers. This was particularly the case where consumer workers had previous professional involvement with the site. In one case, staff wondered whether consumers would be aware that the consumer worker was actually a consumer, given how closely the staff team worked together and shared roles.

“[Consumer worker] is part of the team. No one on the floor would know how her role was any different to any other staff member.” Staff, inpatient site

However, there were other cases where the consumer worker was not seen as part of the staff team. This generally occurred where the role of a consumer worker was new to the site.

“[The consumer worker] couldn’t attend [staff] meeting where we talk about other patients, that wouldn’t be right...same with the offices. There is confidential material around.” Staff, community site

The selection and training of the consumer worker was seen as critical, particularly training on the separation of advocacy and research roles. There was one case where staff felt further training would have been beneficial for the consumer worker.

Impact of the approach on site

Staff generally felt that the approach worked well and had little or no impact on local resources.

“Very positive process. Plenty of information...good support if there were any concerns.” Staff, community site

“I thought it was a great opportunity for consumers to have a say...I didn’t have any concerns about it.” Staff, community site

“To have it all go on and not be an extra burden on us was a really positive thing.” Staff, community site

Where staff had previously not worked closely with consumer workers, they reflected positively on the opportunity. Several staff commented that it showed a cultural maturity on behalf the organisation and hoped it reflected a continued commitment to active engagement with mental health consumers in positive roles.

"It really makes you see consumers in a different way." Staff, community site

"I had been here for nine months before I met a consumer consultant...." Staff, community site

"The consumer worker got on with staff really well....there was increased interaction with staff. Increased contact with consumers generally which seemed to be very positive." Staff, community site

Staff often mentioned the importance of having a consumer worker with 'the right personality' to fit the site and feel confident to approach consumers, particularly where they may not be familiar with the consumers of the site. Several staff expressed concern about consumer workers' well-being when there were no consumers to interview.

"[The consumer worker] sat in the waiting room for hours on end like a shag on a rock...it was embarrassing." Staff, community site

While staff generally reported that there was no extra workload as a result of the survey, the exception to this was around the use and storage of the iPads. Particularly where the consumer worker was new to the use of the iPad there was a need for some local support initially, in addition to the training provided by the project team. Some staff also reported that the secure storage of the iPads in staff offices did cause some difficulties, particularly when staff were not available to retrieve iPads when needed by the consumer worker.

"I was supporting [the consumer worker]... especially the IT [sic] stuff with the iPads, but the benefits outweighed the burden. She did really well." Staff, community site

"I can honestly say that I didn't hear anything bad about it [the research] and believe the staff would have been knocking on my door! None of the clinicians said anything about it in a negative way." Staff, community site

Organisational support for consumer workers

Some staff were unsure they could support the consumer worker's role in offering the survey. They did not want to influence their consumers to participate but felt they could have improved the response rate if they had reminded their consumers about the survey.

"Were we supposed to talk to our clients about the survey? I thought only the consumer worker was allowed to mention it but I'm not sure." Staff, inpatient site

Staff not used to working with consumer workers suggested that consumer workers should be supported through their mental health case worker, rather than the professional structure of the organisation.

"If [consumer worker] needed support I guess she would go to her case worker." Staff, community site

"If I had questions I would go to [consumer worker's case worker]." Staff, community site

This also raised the issue of the potential for a conflict of interest where consumer workers were current consumers of the mental health service and suggests a need for greater staff training.

Alternative approaches

Staff also suggested other approaches to the administration of the survey to improve efficiency or reach more of their consumers, once the research phase was over. These commonly involved allowing clinical staff to give the survey to their consumers, or allowing receptionists to hand out the survey in community settings.

“We are all interchangeable [consumer worker and other staff]. I don’t see why any staff member couldn’t have given out the survey.” Staff, inpatient site

“Why can’t the receptionist hand out the survey? Patients have to give them their Medicare card and check-in anyway.” Staff, community site

It was also suggested in discussions with one inpatient site that surveying during an admission may affect the quality of the data. However, most staff felt that consumers, including during an inpatient admission, were able to provide valuable and timely feedback about their experience.

“You get different information while people are in the unit compared to outside...you have to question the applicability of the data. Could be clouded. Some sort of consideration needs to be taken...mood can change.” Staff, inpatient site

“Consumer feedback is valuable...even when they’re unwell it’s about their perception of what happens. If it’s possible to do anything about it, we will.” Staff, inpatient site

Conclusion

Consumers found the survey was easy to complete and the questions were seen as meaningful and relevant to their experience. While the posters and brochures provided to sites were seen as professional and well produced, they did not appear to generate awareness of the survey largely due to the high volume of existing materials on display at sites. Consumer workers were seen as excellent advocates for the survey and congratulated by consumers and staff for providing an example of how consumers can be actively engaged in the mental health workforce and support consumer participation in service improvement. For some staff this was the first time they had worked with mental health consumer workers. The way consumer workers were supported and integrated into the workforce at each site reflected the broader culture and experience of the health service with consumer workers. While there were some differences between sites in administrative arrangements for consumer workers to access client lists and appointment details, the process seemed to work well. Staff generally reported that implementing the survey process at the site was straightforward and required few local resources.