

# Mental Health Consumer Perceptions and Experiences of Services (MH-CoPES)

A partnership between the NSW Consumer Advisory Group - Mental Health Inc. and NSW Health, Mental Health and Drug and Alcohol Office



better services

better outcomes

## MH-CoPES Stage 2 Project Update # 6, June 2008

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Welcome to the sixth update for the Mental Health Consumer Perceptions and Experiences of Services (MH-CoPES) Stage 2 Project. In this update you will hear about:

- The role of MH-CoPES
- Results from the 2008 Pilot of Data Collection
- Acceptability of the MH-CoPES Questionnaire for consumers
- The Psychometric properties of the Questionnaire
- NSW Health Awards

### The Role and Place of MH-CoPES

In the last quarter NSW CAG has been working towards clarifying the role and place of MH-CoPES in service provision. NSW CAG prepared an issues paper in response to this and distributed it to the MH-CoPES Reference Group and Steering Committee. This process assisted in identifying and clarifying the role of MH-CoPES as having two operational functions: primarily to ensure consumer participation in service evaluation and improvement, and secondly as a potential benchmarking tool to indicate performance under the domain of responsiveness. Responsiveness is a component of *Australia's National Health Performance Framework* which focuses on how well services are seeking feedback from consumers of mental health services.

### Outcomes of the MH-CoPES 2008 Pilot of Data Collection

NSW CAG has been working closely with services in Orange and Ryde to conduct a three month Pilot of *Data Collection* during the months of February to May 2008. The processes used during the Pilot were informed by the outcomes from the Trial conducted in 2007. The purpose of the Pilot was to test the revised MH-CoPES Questionnaire and further refine the protocols for each of the four steps of the MH-CoPES Framework. This allowed a "dry run" of the preliminary protocols for the MH-CoPES Framework in preparation for its full implementation throughout NSW. The Pilot was completed successfully and feedback provided by consumers has been presented in reports to consumers, individual services and Area Health Services involved in the Pilot.

The Pilot proved to be a big success, with consumer workers and service staff commenting on how much easier it was to implement the second time around. One Area Health Service staff member commented on how useful MH-CoPES was for facilitating communication and relationship building between consumers and service providers.

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## The 2008 MH-CoPES Pilot, continued from page 1

*“The MH-CoPES Framework has facilitated communication and relationship building between service providers and consumers.”*

### **Pilot 2008 - Response Rates**

Two hundred and forty nine (249) people provided feedback about inpatient services representing approximately 50.4% of the population of consumers who used the services involved in the Pilot.

One hundred and seventy seven (177) people provided feedback about community services, representing approximately 8.9% of the population of consumers who used the services involved.



*“It [the Pilot] was easier this time around” - (Consumer Worker)*

### **Acceptability of the MH-CoPES Questionnaire to Consumers**

Response rates to the MH-CoPES Questionnaire during the 2007 Trial and 2008 Pilot have provided evidence that the MH-CoPES Questionnaire is acceptable to consumers. This has also been supported through consultations with consumers and comments received through the evaluation survey of the MH-CoPES Questionnaire. One hundred and sixty (160) people completed the evaluation survey of the MH-CoPES Questionnaire during the 2007 Trial and 2008 Pilot.

We're on the web:  
[www.nswcag.org.au](http://www.nswcag.org.au) go to  
Projects then MH-CoPES

Overall, the results indicate that consumers find the

MH-CoPES Questionnaire a good way for providing feedback to services.

### **Long Term Rehabilitative Consumers of Mental Health Services**

It has been noted during the Trial and Pilot that further consideration is needed for best methods for long term rehabilitative consumers to provide their feedback about services. Consumer Project Workers (a person who identifies as having been a consumer of mental health services, who was employed and trained for the purposes of the MH-CoPES Pilot) noted that for this population, people would often find it hard to focus for the entirety of the Questionnaire. It has been suggested that further investigation of the use of the Questionnaire and its length be undertaken for consumers of long term rehabilitation services.

### **Changes to the NSW CAG MH-CoPES Project Team**

During March 2008 with the Executive Officer of NSW CAG, Gillian Malins going on maternity leave, a few staffing changes occurred for the MH-CoPES Project Team. Karen Oakley (then MH-CoPES Project Officer) moved into the role of Acting Executive Officer for NSW CAG, with Rebecca Doyle (then Research Assistant) stepping into the role of Acting MH-CoPES Project Officer. We also welcomed Sylvia Kozlowski and Katarina Kobor to the MH-CoPES Project Team as Research Assistants.

# The MH-CoPES Questionnaire - Understanding its properties

## The MH-CoPES Questionnaire Properties

Through the research being undertaken by NSW CAG, we have come to learn about the MH-CoPES Questionnaire. Here are some of our findings from the 2008 Pilot:

### Internal Reliability

The internal reliability of the MH-CoPES Questionnaire for people using inpatient services was analysed using questions 1 to 23. This analysis showed that both the MH-CoPES Questionnaire for people using inpatient and community services have strong internal reliability: Questions 1 – 23 coefficient alpha of 0.961 for inpatient services and coefficient alpha of 0.967 for community services. This shows all questions are measuring perceptions of care.

### Convergent Validity

Convergent validity has been achieved when a “measure correlates well with other measures that are believed to measure the same construct” (Issac, Rajendran & Anantharaman, 2006, p. 298). Measures are assessed according to the ‘degree’ to which they similarly represent the same construct (Issac, et al., 2006, p.298).

Convergent validity of the MH-CoPES’ questions was measured against people’s responses to the question from the NSW Health Survey, which asks “Overall, what do you think of the care you received at this hospital?”. For inpatient services a strong correlation between the total score for questions 1 to 24 and question 25 (overall care) was found (*Spearman’s*  $r = 0.320$   $p < 0.001$ ,  $n = 238$ ) for community services. A strong correlation between the total score for questions 1 to 23 and question 24 (overall care) was also found (*Spearman’s*  $r = 0.313$ ,  $p < 0.001$ ,  $n = 172$ ) indicating that the Questionnaire has good convergent validity.

This demonstrates that the MH-CoPES’ questions 1 to 24 on the MH-CoPES Questionnaire for people using inpatient services and questions 1 to 23 for people using community services *are* measuring people’s perceptions of care experienced at the service.

### Factor Analysis

A factor analysis was undertaken on questions 1 to 23 and 1 to 24 of the MH-CoPES Questionnaires. This revealed that the MH-CoPES Questionnaire for people using community or inpatient services is uni-dimensional, indicating that **all** questions contribute to the measurement of perceptions of care at the service.

*The MH-CoPES Questionnaire has strong internal reliability, good validity and overall is found to be measuring consumers’ perceptions of care at services.*

Based on your experiences with THIS community mental health service in the last THREE MONTHS indicate how much improvement is needed for the following items:



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## Other News

### The Third MH-CoPES Reference Group

The third MH-CoPES Reference Group was held on the 8th April 2008. The group is made up of both service and consumer representatives from each of the eight Area Health Services. This meeting was very informative with information being obtained around:

- best practices for Step 4 of the MH-CoPES Framework - *Action and Change*
- ideas for addressing cultural and change issues related to the implementation of MH-CoPES
- exploring alternative methods for consumers to provide their feedback and
- looking at Area Health Service existing structures that can be drawn on for ensuring the successful implementation of MH-CoPES.



### NSW Health Awards

Greater Western Area Health Service (GWAHS) were shortlisted for the GWAHS Health Awards for their involvement in MH-CoPES. Meg Simpson, Area Coordinator Health Promotion Early Intervention, Mental Health Drug and Alcohol Services, provided a presentation on MH-CoPES to the awards committee in July 2008. Although an award was not received for the GWAHS Health Awards, the Project has been put forward by Claire Blizzard the GWAHS Chief Executive for entry and consideration in NSW Health Awards. The NSW Health Awards is established to “recognise the outstanding contributions of NSW Health Professionals and showcase commitment to quality improvement to quality, innovation and excellence” (For more information on the awards visit:

<http://www.archi.net.au/events/current/awards-expo>). We will keep you posted!

### What is happening next?

Now that the 2008 Pilot is complete, NSW CAG is working towards providing a final report on the recommended protocols for the MH-CoPES Framework and Questionnaire. Pending a decision on whether the project will receive a three month extension to explore issues surrounding cultural and change management, the report should be due at the end of 2008.

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References: Issac, G., Rajendran, C. & Anantharaman, R. N. (2006). An instrument for the measurement of customer perceptions of quality management in the software industry: An empirical study in India. *Software Qual Journal*, 14, 291-308