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Research Article

Service User Perspectives of Family Involvement and Mental Health Care Outcomes in Queensland

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Family-focussed practice is an important component of mental health care. In Australia, service users' views about their experience of service are collected using instruments such as the Your Experience of Service (YES) survey. This study examined 10,579 Queensland (Australia) service users' experiences of mental health services during 2019–2021, with a particular focus on their perspectives of how family and carers are involved in their care. The study examined if family-focussed practice is welcomed by service users and if it is important in terms of predicting recovery-related outcomes (e.g., hopefulness, managing day-to-day life, well-being, and experience of care) and which demographics (e.g., age, gender, and Indigenous status) and service characteristics (e.g., time in service, duration, year of service, and setting type) are associated with these outcomes and with family member involvement. A substantial majority of service users reported a positive experience of care (very good or excellent), feeling they had opportunities for family involvement and that their opinions about family involvement were respected (usually or always). Chi-square tests and nonlinear regression models showed that family involvement predicts care outcomes. Specifically, where individuals felt that their perspectives were recognised, their outcomes were consistently rated as more positive. The results also revealed that setting, age group, time in service, and admission status were significantly correlated with all user experience outcome variables and family-oriented variables. Future research has the potential to further strengthen this understanding of service users' preferred opportunities and opinions about family involvement and how to improve family engagement and better meet the needs of service users and their families.

1. Introduction

It is widely acknowledged that family-focussed practice is an important component of mental health care. Foster and colleagues (2016) have summarised in depth and detail the multiple terms used to describe this model of practice, e.g., family-focussed, family-sensitive, family-centred, family-inclusive, and family involvement, and highlight the lack of consistency in definition and knowledge within mental health services. For the purposes of this study, the involvement of family and/or carers in a person's mental health care is referred to as family-focussed practice. This includes the engagement and response of mental health service staff with the families and carers of a service user [1] and includes, but is not limited to areas such as decision-making and/or participation in treatment type and planning [2]. Family-focussed practice refers to including families in routine treatment and care, rather than targeted family interventions [3]. We adopt this term, as opposed to *family involvement* (as a formal term), due to the latter commonly being associated with the engagement of adults, generally parents, with organisations supporting their children, such as schools or residential programs [1]. In this case, family-focussed practice offers a better representation of our data because it encompasses all aged service users and lends itself to the definition of family as being characterised by its members and may include biological relatives and other caregivers [4]. This study aims to understand service users' experiences of mental health services, focussing on their opinions about how family and carers are involved, and any associations with outcomes (e.g., hopefulness, managing day-to-day life, overall well-being, and experience of care), demographics (e.g., age, gender, and Indigenous status), and service characteristics (e.g., time in service, duration, year of service, and setting type).

It is increasingly acknowledged that a person's relationships, support, and social contexts are important for treatment outcomes and the care experience [5] including for the service user's personal recovery [6, 7]. Family and carers play vital roles [8] in not only supporting the service user but also contribute to mental health services when they are engaged by the service [9, 10]. In Australia, there are 2.65 million informal carers, or 1 in 10 Australians is a carer [11]. The average carer role consumes 40 hours a week and the cost of informal care is thought to be $ 15.3 billion annually [6].

Despite an increased emphasis on family- and carer-focussed research and training for practitioners, family-focussed practice is neither routinely implemented nor sustainable in its current form and it is argued that the onus is on healthcare services to improve this sustainability [12]. Family-focussed practice is currently inconsistent and lacks cohesion [1] and requires systematic efforts to encourage and promote uniform practice and service delivery [13]. Furthermore, within the term family-focussed practice lies vast conceptualisations and consequent practices highlighting the lack of and need for a consistent framework.

The inclusion of carers and family by services may take the form of communication, respecting and treating both service users and their families with respect in cases of addiction [14]; taking an active role on the assessment and treatment team to ensure rigorous and faithful evaluation where service users are on the autism spectrum [15]; equal partnerships between families and staff where services users have dementia [16]; and meeting carer and families' needs by way of psychoeducation and support [17]. Family and carer experience of involvement in service users' care has been extensively researched, with Maybery and colleagues (2021) recently summarising the core fundamental ways by which this population want to be engaged by services. Families and carers want services to acknowledge, communicate, and collaborate with them about service users' treatment and to support, assess, educate, and recommend referrals for family members at risk [18]. These examples are not exhaustive and while we use the term family-focussed practice for this study, it is recognised that what constitutes the nature of family/carer involvement (who, what, when, and how) is not well understood, in particular from service users' perspectives.

Quantitative studies in various settings describe mixed service user opinions about family-focussed practice [19–22], which may be influenced by the many forms of mental illness and a person's individual experience. Ninety-four percent of service users with early psychosis in community-based settings preferred family involvement; however, older service users with greater independence wanted less family involvement [23]. In addition, client preferences for family involvement were significantly associated with early discharge. Cohen and colleagues (2013) surveyed veteran service users with serious mental illness at outpatient health clinics and found a large majority (78%) wanting family involvement, however, there were concerns about how this involvement would impact both themselves and their families. The results found heterogeneity within the preferred mode of family involvement and a relationship between family involvement and the service users' perceived benefit. Another large study of veterans with schizophrenia receiving outpatient care reported that the majority (75%) did not want family involvement, with privacy emerging as a key concern. Of the minority wanting greater family involvement, cited barriers included poor relationships and time/travel limitations [24]. Despite the breadth of service users' opinions, it appears that carer and family relationships exist as a key connection point within the service setting. In recent decades, there has been an increased focus on the importance of personal recovery for mental health service users, and relationships [25] and connectedness as key elements of the recovery framework, e.g., the CHIME framework which incorporates connectedness, hope and optimism, identity, meaning, and empowerment [26].

In Australia, service users' views about their experience of service, including how their family and carer are involved, are routinely collected using instruments such as the Your Experience of Service survey (YES; The Secretary to the Department of Health) [27]. While these data are regularly reported in the grey literature, there has been no peer-reviewed reporting to the best of our knowledge. This study examines YES data to better understand service users' experiences of the inclusion of family and carers by mental health services in their care. A description of the YES survey is provided in Appendix A. The instrument is included in full in Figure 2.

The grey literature, including government reports, shows that there may be aspects of the service and service users that might impact outcomes for service users. In exploring family influence in recovery from severe mental illness, Aldersey and Whitely [28] found no discernible pattern between age, gender, and ethnocultural group and any of the family-related variables. Research has explored relationships between demographics and perceived patient involvement and empowerment and satisfaction with mental health care [29], as well as the level of patient or family activation in mental and primary healthcare settings, with varied results [30, 31]. In addition, the relationship between sociodemographic determinants of psychological health and burden has been investigated among families of service users with unipolar depression [32] and schizophrenia [33, 34]. Demographic information and service characteristics are captured by the YES survey to enable interpretation of the results within different subpopulations, such as age or gender, and analysis of the instrument in initial proof of concept trials suggested that there may be a relationship between demographics and some items, including perceptions of opportunity for family involvement [27]. However, to the authors' knowledge, there is no evidence of research exploring such relationships, for example, how demographics impact family involvement and related outcomes in mental health services, using this, or other relevant collected data.

The service setting has been found to be associated with YES survey Making a Difference or Impact domains (e.g., hopefulness and overall well-being, see survey items in Method), indicating service users in community settings rate these and family/carer-related items more positively than those in hospital settings [35]. Service users in the community setting also rate the Making a Difference domain more positively than inpatients [36]. Voluntary service users, those with longer lengths of contact with the service, and service users in community bed-based settings also report higher scores on these domains (State of Queensland) [37]. However, relationships between service user demographics and YES items are less often reported and to the best of our knowledge, relationships between Making a Difference domain, family carer items, and service/service user characteristics have not been systematically examined.

This study examines statewide YES data collected in Queensland (Australia) over a three-year period and explores service users' experiences of mental health services with a particular focus on their perspectives of family and carer involvement in their care. The study will explore the following research questions:

1. Is family/carer involvement important in terms of predicting the experiences of service users (e.g., hopefulness, managing day-to-day life, overall well-being, and experience of care)?
2. Which demographics (e.g., age, gender, and Indigenous status) are associated with these outcomes and with family member involvement?
3. Which service characteristics (e.g., time in service, duration, year of service, and setting type) are associated with these outcomes and with family member involvement?

The research questions and relationships between variables to be explored are illustrated in Figure 1.

2. Method

2.1. Design and Setting. This study uses secondary data obtained from the Australian state of Queensland Health Department, which provided individual-level anonymised data of 10,579 mental health service users who have completed the Your Experience of Service (YES) survey during 2019–2021 (The Secretary to the Department of Health) [27]. The YES survey comprises 34 items designed to improve mental health services and asks service users to rate their experiences over the previous three months. The questionnaire is available in 24 languages and can be completed in paper form or on tablet devices [38]. A four-phase framework, describing preparation, collection, analysis and reporting, and planning for action, was developed to guide survey administration, data collation, and outcomes [38].

As part of the Queensland Government's routine data collection, surveys are completed voluntarily and anonymously over a four to six-week period with 20 hospital and health services providing reply-paid envelopes to ensure confidentiality and return of surveys [38, 39].

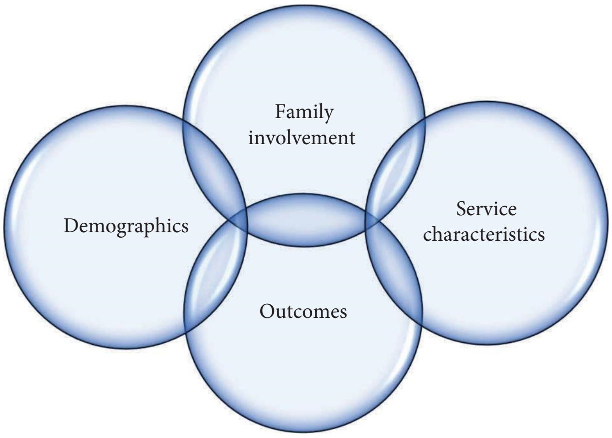


Figure 1: Diagram demonstrating the relationship between variables.

Ethical approval was provided by the Monash University's Human Research Ethics Committee (project ID: 32121).

2.2. Participants. Participant demographics are described in Table 1. Of the 10,579 respondents, 9,147 provided valid responses that were included in the analysis. Slightly more participants were female (50.8%), with a broad representation of age groups ranging from under 18 years (18.3%) to 55 years and over (19.2%). More than half of the respondents had engaged with the service for more than six months (50.2%) and the majority reported their admission status as voluntary (48.2%). Most reported that the service they attended was a community setting (68.4%).

A substantial majority of participants (ranging from 60.6 to 69.0%) rated their experience or the effect of the service as *very good* or *excellent*. Of the family-oriented participant-independent variables, a substantial majority (ranging from 85.0 to 88.2%) rated that their opinions were respected and there were opportunities for family involvement usually or always. Response results are outlined in further detail in Tables 2 and 3.

2.3. Survey Items. As the interest in this study was on family and carers' involvement and service user's outcomes, six survey items were focused upon. The two family and carer items were item 10 "your opinions about the involvement of family and friends in your care were respected" and item 17 "you had opportunities for your family and carers to be involved in your treatment and care if you wanted." These items were employed as independent variables (responses originally ranging from never to always on a five-point Likert-like scale).

The four Making a Difference domain or outcome variables were as follows: item 23 "the effect the service had on your hopefulness for the future," item 24 "the effect the service had on your ability to manage your day-to-day life," item 25 "the effect the service had on your overall well-being," and item 26 "overall, how would you rate your experience of care with this service in the last three months"

Table 1: Number and percentage of participants' demographic characteristics.

Demographic characteristics	Number (%) of valid responses
Gender[a]	9147 (100.0)
Female	4647 (50.8)
Male	4500 (49.2)
Age group[b]	9133 (100.0)
Under 18 years	1672 (18.3)
18–24 years	967 (10.6)
25–34 years	1584 (17.3)
35–44 years	1701 (18.6)
45–54 years	1456 (15.9)
55 years and over	1753 (19.2)
Indigenous status	9056 (100.0)
Non-Indigenous	7695 (85.0)
Indigenous	1361 (15.0)
Time in service	9302 (100.0)
Less than 24 hours	137 (1.5)
1 day–2 weeks	1520 (16.4)
3–4 weeks	672 (7.3)
1–3 months	1343 (14.5)
4–6 months	934 (10.1)
More than 6 months	4638 (50.2)
Admission status	9486 (100.0)
Voluntary patient	4568 (48.2)
Involuntary patient/community treatment order	3407 (35.9)
Not sure	1511 (15.9)
Setting[c]	10519 (100.0)
Admitted	2766 (26.3)
Community	7196 (68.4)
Community bed-based	557 (5.3)
Year	10519 (100.0)
2019	3740 (35.6)
2020	3293 (31.3)
2021	3486 (33.1)

[a]Participants who nominated their gender as "other" were removed due to insufficient numbers for analysis. [b]Participants aged 55–64 years and 65 years and over were collapsed into one category (55 years and over) due to insufficient numbers for analysis. [c]Mental health service settings include (i) admitted: inpatient hospital bed-based care and treatment, secure mental rehabilitation units, and extended care services; (ii) community treatment: assessment and treatment provided by specialist multidisciplinary teams in the community; (iii) community bed-based: short/medium/long-term recovery-oriented treatment delivered in the least restrictive environment, close to home and community (State of Queensland [37]); (d) information pertaining to response rate and specific services was not captured within the survey results.

(responses originally ranging from poor to excellent in a five-point Likert-like scale). These questions were designed to understand the impact the service had on service users [38]. Participant and setting information included gender, Indigenous status, age, time in service, setting, admission status, and year of completion. The YES instrument is further described in Appendix A. Figure 2 provides the survey in full.

2.4. Data Analysis. Data were analysed using IBM SPSS Statistics versions 26 and 27 [40] in two stages. The first stage examined the bivariate relationships between each of the family/carer involvement (i.e., items 10 and 17) and outcome variables (i.e., items 23–26) and participant demographic and setting characteristics. Chi-square tests were used to explore these associations.

The second stage explored conditional associations between each of the outcome variables, family involvement, and user characteristics using nonlinear regression models (consisting of ordinal logit models and multinomial logit models when the parallel lines' assumption was not met; [41, 42]). This analysis is appropriate for categorical response variables and aims to understand (a) if demographic characteristics play a role in users' experience, given family involvement and other characteristics and (b) if the initial bivariate relationships hold after accounting for both family involvement items and demographic characteristics.

The following categories were combined for analysis: poor with fair and very good with excellent for the outcome variables; never with rarely and usually with always for the family involvement variables; and 55–64 years with 65 years and over for the age variable. This decision was made because ordinal and multinomial regression models require sufficient cell sizes to be estimated. Small cell sizes led to unexpected singularities in the Hessian matrix during estimation, generating validity problems for the models examining the link between users' experience outcomes and family involvement. This is an acceptable practice in statistical analysis where unexpected singularities are encountered [43, 44]. Table 4 shows that, for example, only 1.2% of service users reported having a poor experience of care and always feeling their opinions were respected. Tables 4, 5, 6, and 7 show that there were no meaningful differences in user experience for users with different levels of family involvement in the categories that were combined.

3. Results

3.1. Bivariate Analysis

3.1.1. User Experience and Family/Carer Involvement Variables. Both the family/carer involvement items (i.e., 10 and 17) were shown to be strongly related to the four user experience variables (chi-square presented in Table 8, all $p < 0.001$, $\mathrm{df} = 4$). Responses indicating a very good or excellent user experience among the participants who stated that their opinions about family/carer involvement were usually or always respected ranged from 66.6 to 76.2% and 64.6 to 68.3% of those who stated that their opinions were never or rarely respected reported poor or fair experiences, as indicated in Table 6. Similarly, 67.9–76.9% of the participants who stated that they had opportunities for family/carer involvement usually or always indicated very good or excellent ratings in the outcome variables, and 54.2–59.5% of participants who stated that they never or rarely had opportunities for family involvement rated their experience as poor or fair, as indicated in Table 7.

The setting, age group, time in service, and admission status were all significantly correlated with all user experience outcome variables (see Table 9). Participants in community bed-based settings, in the age group of 55 years and

Table 2: Number and percentage of outcome variable responses.

Items and response	Number of valid responses (%)
(23) The effect the service had on your hopefulness for the future	9919 (100)
Poor or fair	1581 (15.9)
Good	2245 (22.6)
Very good or excellent	6093 (61.4)
(24) The effect the service had on your ability to manage your day-to-day life	9907 (100)
Poor or fair	1565 (15.9)
Good	2319 (23.5)
Very good or excellent	5965 (60.6)
(25) The effect the service had on your overall well-being	9915 (100)
Poor or fair	1479 (15.0)
Good	2250 (22.8)
Very good or excellent	6128 (62.2)
(26) Overall, how would you rate your experience of care with this service in the last three months?	9924 (100)
Poor or fair	1203 (12.2)
Good	1852 (18.8)
Very good or excellent	6811 (69.0)

Table 3: Number and percentage of family/carer-focussed variable responses.

Items and responses	Number (%) of valid responses
(10) Your opinions about the involvement of family or friends in your care were respected	9742 (100)
Never or rarely	472 (4.8)
Sometimes	678 (7.0)
Usually or always	8592 (88.2)
(17) You had opportunities for your family and carers to be involved in your treatment if you wanted	9186 (100)
Never or rarely	637 (6.9)
Sometimes	745 (8.1)
Usually or always	7804 (85.0)

over, who had spent four to six months in service, and who were admitted as voluntary patients indicated the highest percentage of very good or excellent ratings. Female participants indicated higher rates of a very good or excellent experience than males for items 25 and 26. The relationship between gender and items 23 and 24 was not significant. Overall, there were no statistically significant differences by year or Indigenous status.

Participants in community bed-based settings, under 18 years of age, who had spent four to six months in service, and who were admitted as voluntary patients, consistently indicated the highest percentage (or equal highest) of usually or always ratings for both the family involvement items. There was no statistically significant association between item 10 and gender and Indigenous status. Females and non-Indigenous participants indicated higher rates of usually or always having opportunities for their family and carers to be involved in their treatment if they wanted, as indicated in Table 10.

3.2. Multinomial Regression

3.2.1. Family/Carer Involvement Variables. Given that the other variables in the model are held constant (as indicated in Tables 11, 12, 13, and 14), service users who reported their opinions were never or rarely respected were less likely than those who believed their opinions were usually or always respected to rate the effect the service had on their hopefulness for the future (RRR = 0.108, $p < 0.001$), ability to manage day-to-day life (RRR = 0.131, $p < 0.001$), overall well-being (RRR = 0.109, $p < 0.001$), and their experience of care (RRR = 0.075, $p < 0.001$) very good or excellent over poor or fair.

Similarly, after accounting for other variables in the model, those who believed they never or rarely had opportunities for family/carer involvement were less likely than those who believed they usually or always had these opportunities to describe the effect the service had on their hopefulness for the future (RRR = 0.115, $p < 0.001$), ability to manage day-to-day life (RRR = 0.109, $p < 0.001$), overall well-being (RRR = 0.112, $p < 0.001$), and their experience of care (RRR = 0.097, $p < 0.001$) as very good or excellent than as poor or fair (Tables 11, 12, 13, and 14).

3.3. User and Setting Characteristic Variables. Tables 11, 12, 13, and 14 also explore conditional relationships between user and setting characteristics and the four outcome

Queensland Government

Your Experience of Service

Treating Unit Name & ID:

Your feedback is important to us. This questionnaire was developed with mental health consumers, 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. More information about the questionnaire and how your responses will be used is available in the brochure provided.

Completion of the survey is voluntary. All information collected in this questionnaire is anonymous and none of the information gathered 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:

☐ ☐ ☐ ☒ ☐ ☐

Select surveyor type:

☐ Treating clinician
☐ Non-treating clinician
☐ Administrative officer
☐ Volunteer
☐ Consumer/carer worker

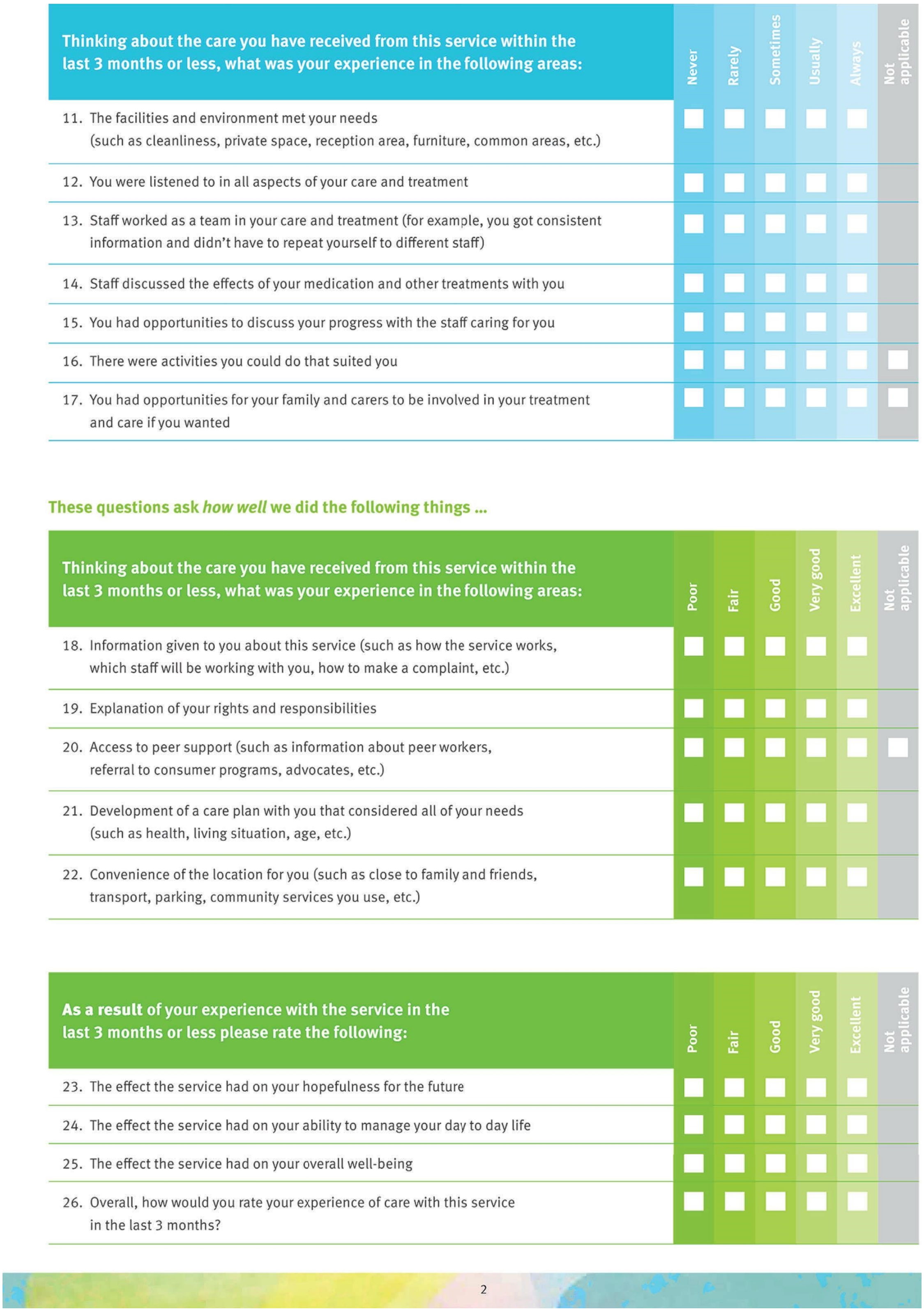
☐ **No thanks, I don't want to complete this questionnaire**

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	☐	☐	☐	☐	☐	
2. Staff showed respect for how you were feeling	☐	☐	☐	☐	☐	
3. You felt safe using this service	☐	☐	☐	☐	☐	
4. Your privacy was respected	☐	☐	☐	☐	☐	
5. Staff showed hopefulness for your future	☐	☐	☐	☐	☐	
6. Your individuality and values were respected (such as your culture, faith or gender identity, etc.)	☐	☐	☐	☐	☐	
7. Staff made an effort to see you when you wanted	☐	☐	☐	☐	☐	☐
8. You had access to your treating doctor or psychiatrist when you needed	☐	☐	☐	☐	☐	☐
9. You believe that you would receive fair treatment if you made a complaint	☐	☐	☐	☐	☐	☐
10. Your opinions about the involvement of family or friends in your care were respected	☐	☐	☐	☐	☐	☐

(a)

Figure 2: Continued.



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
11. The facilities and environment met your needs (such as cleanliness, private space, reception area, furniture, common areas, etc.)	☐	☐	☐	☐	☐	
12. You were listened to in all aspects of your care and treatment	☐	☐	☐	☐	☐	
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)	☐	☐	☐	☐	☐	
14. Staff discussed the effects of your medication and other treatments with you	☐	☐	☐	☐	☐	
15. You had opportunities to discuss your progress with the staff caring for you	☐	☐	☐	☐	☐	
16. There were activities you could do that suited you	☐	☐	☐	☐	☐	☐
17. You had opportunities for your family and carers to be involved in your treatment and care if you wanted	☐	☐	☐	☐	☐	☐

These questions ask *how well* we did the following things ...

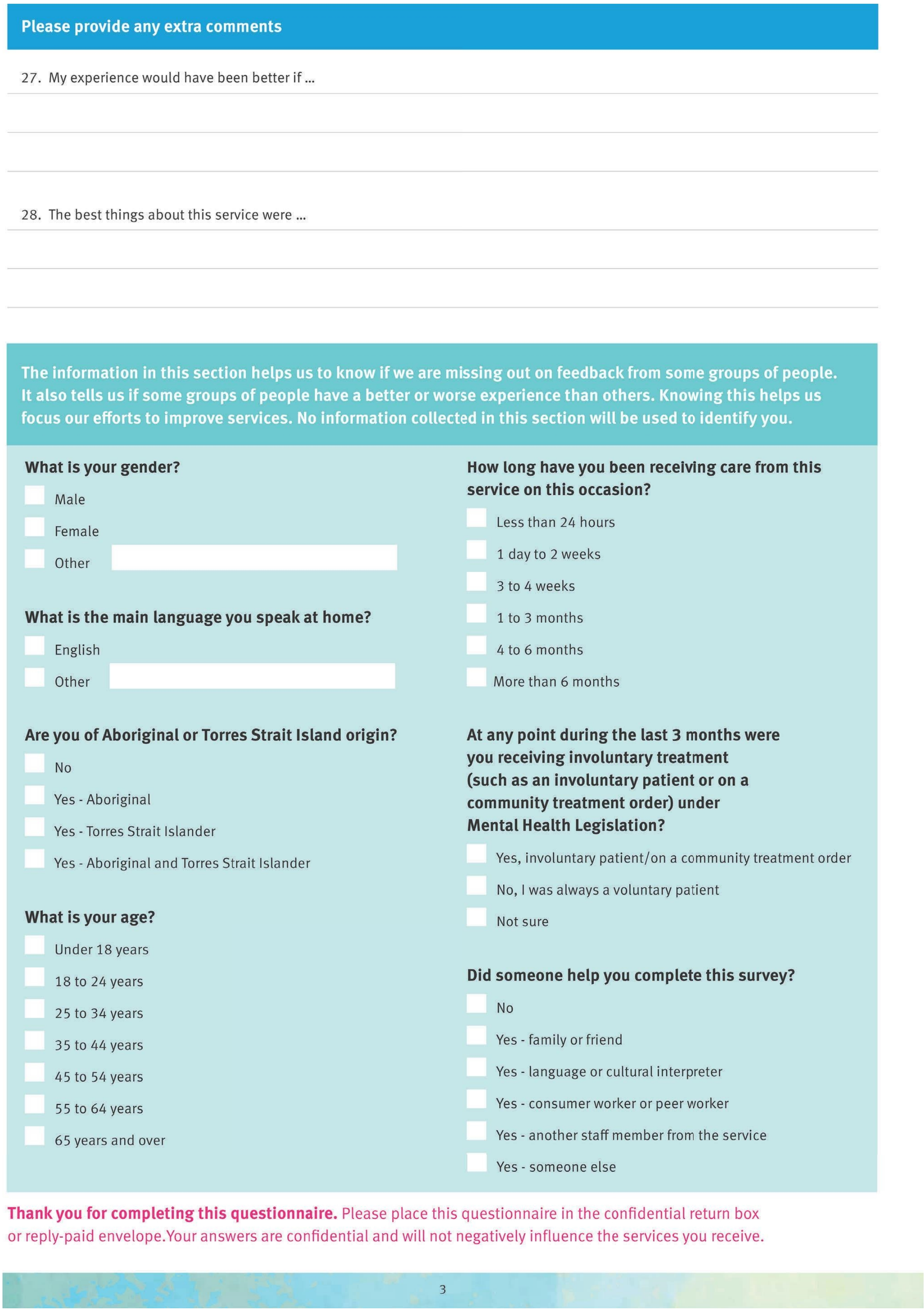
Thinking about the care you have received from this service within the last 3 months or less, what was your experience in the following areas:	Poor	Fair	Good	Very good	Excellent	Not applicable
18. Information given to you about this service (such as how the service works, which staff will be working with you, how to make a complaint, etc.)	☐	☐	☐	☐	☐	
19. Explanation of your rights and responsibilities	☐	☐	☐	☐	☐	
20. Access to peer support (such as information about peer workers, referral to consumer programs, advocates, etc.)	☐	☐	☐	☐	☐	☐
21. Development of a care plan with you that considered all of your needs (such as health, living situation, age, etc.)	☐	☐	☐	☐	☐	
22. Convenience of the location for you (such as close to family and friends, transport, parking, community services you use, etc.)	☐	☐	☐	☐	☐	

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	Not applicable
23. The effect the service had on your hopefulness for the future	☐	☐	☐	☐	☐	
24. The effect the service had on your ability to manage your day to day life	☐	☐	☐	☐	☐	
25. The effect the service had on your overall well-being	☐	☐	☐	☐	☐	
26. Overall, how would you rate your experience of care with this service in the last 3 months?	☐	☐	☐	☐	☐	

2

(b)

Figure 2: Continued.



Please provide any extra comments

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

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

The information in this section helps us to know if we are missing out on feedback from some groups of people. It also tells us if some groups of people have a better or worse experience than others. Knowing this helps us focus our efforts to improve 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

Thank you for completing this questionnaire. Please place this questionnaire in the confidential return box or reply-paid envelope.Your answers are confidential and will not negatively influence the services you receive.

3

(c)

Figure 2: Your experience of service survey (The Secretary to the Department of Health) [27].

Table 4: Chi-square test associations between opinions about family involvement and outcome variables, without collapsed categories.

		Number (%) of poor responses	Number (%) of fair responses	Number (%) of good responses	Number (%) of very good responses	Number (%) of excellent responses	Total number (%) of responses
(10) Your opinions about the involvement of family or friends in your care were respected		(23) The effect the service had on your hopefulness for the future					
	Never	126 (57.8)	32 (14.7)	31 (14.2)	12 (5.5)	17 (7.8)	218 (100.0)
	Rarely	78 (35.5)	63 (28.6)	48 (21.8)	17 (7.7)	14 (6.4)	220 (100.0)
	Sometimes	97 (15.3)	163 (25.6)	238 (37.4)	90 (14.2)	48 (7.5)	636 (100.0)
	Usually	102 (6.0)	277 (16.4)	593 (35.2)	530 (31.4)	185 (11.0)	1687 (100.0)
	Always	134 (2.1)	364 (5.6)	1155 (17.7)	1666 (25.6)	3195 (49.0)	6514 (100.0)
	Total number (%)	537 (5.8)	899 (9.7)	2065 (22.3)	2315 (25.0)	3459 (37.3)	9275 (100.0)
		(24) The effect the service had on your ability to manage your day-to-day life					
	Never	119 (55.6)	35 (16.4)	31 (14.5)	10 (4.7)	19 (8.9)	214 (100.0)
	Rarely	71 (32.6)	54 (24.8)	57 (26.1)	21 (9.6)	15 (6.9)	218 (100.0)
	Sometimes	71 (11.2)	181 (28.5)	238 (37.5)	100 (15.8)	44 (6.9)	634 (100.0)
	Usually	87 (5.2)	296 (17.6)	633 (37.7)	488 (29.0)	177 (10.5)	1681 (100.0)
	Always	102 (1.6)	389 (6.0)	1215 (18.8)	1716 (26.5)	3056 (47.2)	6478 (100.0)
	Total number (%)	450 (4.9)	955 (10.4)	2174 (23.6)	2335 (25.3)	3311 (35.9)	9225 (100.0)
		(25) The effect the service had on your overall well-being					
		126 (58.6)	30 (14.0)	24 (11.2)	12 (5.6)	23 (10.7)	215 (100.0)
		79 (36.2)	55 (25.2)	55 (25.2)	20 (9.2)	9 (4.1)	218 (100.0)
		93 (14.7)	159 (25.2)	244 (38.6)	99 (15.7)	37 (5.9)	632 (100.0)
		79 (4.7)	291 (17.3)	616 (36.6)	493 (29.3)	205 (12.2)	1684 (100.0)
		101 (1.6)	319 (4.9)	1142 (17.6)	1661 (25.6)	3256 (50.3)	6479 (100.0)
	Total number (%)	478 (5.2)	854 (9.3)	2081 (22.6)	2285 (24.8)	3530 (38.3)	9228 (100.0)
		(26) Overall, how would you rate your experience of care with this service in the last three months?					
	Never	124 (56.9)	29 (13.3)	32 (14.7)	16 (7.3)	17 (7.8)	218 (100.0)
	Rarely	76 (34.1)	67 (30.0)	44 (19.7)	22 (9.9)	14 (6.3)	223 (100.0)
	Sometimes	67 (10.6)	155 (24.5)	245 (38.8)	103 (16.3)	62 (9.8)	632 (100.0)
	Usually	59 (3.5)	223 (13.3)	553 (32.9)	574 (34.2)	271 (16.1)	1680 (100.0)
	Always	78 (1.2)	201 (3.1)	829 (12.8)	1568 (24.2)	3801 (58.7)	6477 (100.0)
	Total number (%)	404 (4.4)	675 (7.3)	1703 (18.5)	2283 (24.7)	4165 (45.1)	9230 (100.0)

Table 5: Chi-square test associations between opportunities for family involvement and outcome variables, without collapsed categories.

		Number (%) of poor responses	Number (%) of fair responses	Number (%) of good responses	Number (%) of very good responses	Number (%) of excellent responses	Total number (%) of responses
(17) You had opportunities for your family and carers to be involved in your treatment if you wanted		(23) The effect the service had on your hopefulness for the future					
	Never	150 (45.3)	60 (18.1)	51 (15.4)	36 (10.9)	34 (10.3)	331 (100.0)
	Rarely	80 (27.9)	76 (26.5)	75 (26.1)	39 (13.6)	17 (5.9)	287 (100.0)
	Sometimes	85 (11.7)	163 (22.4)	295 (40.5)	118 (16.2)	68 (9.3)	729 (100.0)
	Usually	82 (4.6)	264 (14.9)	631 (35.7)	560 (31.7)	229 (13.0)	1766 (100.0)
	Always	123 (2.1)	319 (5.4)	969 (16.5)	1462 (24.8)	3012 (51.2)	5885 (100.0)
	Total number (%)	520 (5.8)	882 (9.8)	2021 (22.5)	2215 (24.6)	3360 (37.3)	8998 (100.0)
		(24) The effect the service had on your ability to manage your day-to-day life					
	Never	141 (42.6)	68 (20.5)	54 (16.3)	32 (9.7)	36 (10.9)	331 (100.0)
	Rarely	67 (23.8)	74 (26.2)	88 (31.2)	41 (14.5)	12 (4.3)	282 (100.0)
	Sometimes	65 (9.0)	179 (24.7)	308 (42.5)	127 (17.5)	46 (6.3)	725 (100.0)
	Usually	66 (3.8)	271 (15.4)	657 (37.4)	553 (31.4)	212 (12.1)	1759 (100.0)
	Always	103 (1.8)	346 (5.9)	998 (17.0)	1491 (25.5)	2917 (49.8)	5855 (100.0)
	Total number (%)	442 (4.9)	938 (10.5)	2105 (23.5)	2244 (25.1)	3223 (36.0)	8952 (100.0)
		(25) The effect the service had on your overall well-being					
		140 (42.4)	68 (20.6)	58 (17.6)	25 (7.6)	39 (11.8)	330 (100.0)
		74 (26.0)	74 (26.0)	86 (30.2)	38 (13.3)	13 (4.6)	285 (100.0)
		78 (10.8)	159 (22.1)	305 (42.3)	124 (17.2)	55 (7.6)	721 (100.0)
		68 (3.9)	256 (14.6)	619 (35.2)	574 (32.6)	242 (13.8)	1759 (100.0)
		103 (1.8)	291 (5.0)	958 (16.4)	1432 (24.5)	3071 (52.5)	5855 (100.0)
	Total number (%)	463 (5.2)	848 (9.5)	2026 (22.6)	2193 (24.5)	3420 (38.2)	8950 (100.0)
		(26) Overall, how would you rate your experience of care with this service in the last three months?					
	Never	137 (41.5)	55 (16.7)	60 (18.2)	38 (11.5)	40 (12.1)	330 (100.0)
	Rarely	81 (28.5)	59 (20.8)	80 (28.2)	39 (13.7)	25 (8.8)	284 (100.0)
	Sometimes	67 (9.2)	149 (20.5)	287 (39.4)	134 (18.4)	91 (12.5)	728 (100.0)
	Usually	51 (2.9)	205 (11.7)	545 (31.0)	642 (36.5)	316 (18.0)	1759 (100.0)
	Always	70 (1.2)	200 (3.4)	689 (11.8)	1349 (23.0)	3547 (60.6)	5855 (100.0)
	Total number (%)	406 (4.5)	668 (7.5)	1661 (18.5)	2202 (24.6)	4019 (44.9)	8956 (100.0)

Table 6: Chi-square test associations between opinions about family involvement and outcome variables, with collapsed categories.

		Number (%) of poor or fair responses	Number (%) of good responses	Number (%) of very good or excellent responses	Total number (%) of responses
(10) Your opinions about the involvement of family or friends in your care were respected		(23) The effect the service had on your hopefulness for the future			
	Never or rarely	299 (68.3)	79 (18.0)	60 (13.7)	438 (100.0)
	Sometimes	260 (40.9)	238 (37.4)	138 (21.7)	636 (100.0)
	Usually or always	877 (10.7)	1748 (21.3)	5576 (68.0)	8201 (100.0)
	Total number (%)	1436 (15.5)	2065 (22.3)	5774 (62.3)	9275 (100.0)
		(24) The effect the service had on your ability to manage your day-to-day life			
	Never or rarely	279 (64.6)	88 (20.4)	65 (15.0)	432 (100.0)
	Sometimes	252 (39.7)	238 (37.5)	144 (22.7)	634 (100.0)
	Usually or always	874 (10.7)	1848 (22.6)	5437 (66.6)	8159 (100.0)
	Total number (%)	1405 (15.2)	2174 (23.6)	5646 (61.2)	9225 (100.0)
		(25) The effect the service had on your overall well-being			
	Never or rarely	290 (67.0)	79 (18.2)	64 (14.8)	433 (100.0)
	Sometimes	252 (39.9)	244 (38.6)	136 (21.5)	632 (100.0)
	Usually or always	790 (9.7)	1758 (21.5)	5615 (68.8)	8163 (100.0)
	Total number (%)	1332 (14.4)	2081 (22.6)	5815 (63.0)	9228 (100.0)
		(26) Overall, how would you rate your experience of care with this service in the last three months?			
	Never or rarely	296 (67.1)	76 (17.2)	69 (15.6)	441 (100.0)
	Sometimes	222 (35.1)	245 (38.8)	165 (26.1)	632 (100.0)
	Usually or always	561 (6.9)	1382 (16.9)	6214 (76.2)	8157 (100.0)
	Total number (%)	1079 (11.7)	1703 (18.5)	6448 (69.9)	9230 (100.0)

Table 7: Chi-square test associations between opportunities for family involvement and outcome variables, with collapsed categories.

		Number (%) of poor or fair responses	Number (%) of good responses	Number (%) of very good or excellent responses	Total umber (%) of responses
(17) You had opportunities for your family and carers to be involved in your treatment if you wanted	(23) The effect the service had on your hopefulness for the future				
	Never or rarely	370 (59.5)	126 (20.3)	126 (20.3)	622 (100.0)
	Sometimes	252 (34.2)	297 (40.4)	187 (25.4)	736 (100.0)
	Usually or always	795 (10.3)	1611 (20.9)	5288 (68.7)	7694 (100.0)
	Total number (%)	1417 (15.7)	2034 (22.5)	5601 (61.9)	9052 (100.0)
	(24) The effect the service had on your ability to manage your day-to-day life				
	Never or rarely	354 (57.4)	142 (23.0)	121 (19.6)	617 (100.0)
	Sometimes	246 (33.7)	311 (42.5)	174 (23.8)	731 (100.0)
	Usually or always	794 (10.4)	1664 (21.7)	5198 (67.9)	7656 (100.0)
	Total number (%)	1394 (15.5)	2117 (23.5)	5493 (61.0)	9004 (100.0)
	(25) The effect the service had on your overall well-being				
	Never or rarely	360 (58.2)	144 (23.3)	115 (18.6)	619 (100.0)
	Sometimes	239 (32.9)	308 (42.4)	180 (24.8)	727 (100.0)
	Usually or always	725 (9.5)	1588 (20.7)	5343 (69.8)	7656 (100.0)
	Total number (%)	1324 (14.7)	2040 (22.7)	5638 (62.6)	9002 (100.0)
	(26) Overall, how would you rate your experience of care with this service in the last three months?				
	Never or rarely	335 (54.2)	141 (22.8)	142 (23.0)	618 (100.0)
	Sometimes	217 (29.6)	291 (39.6)	226 (30.8)	734 (100.0)
	Usually or always	528 (6.9)	1242 (16.2)	5886 (76.9)	7656 (100.0)
	Total number (%)	1080 (12.0)	1674 (18.6)	6254 (69.4)	9008 (100.0)

Table 8: Chi-squared tests for associations between user experience outcome variables and family involvement.

	Value	df	Asymptotic significance (2-sided)
(10) Your opinions about the involvement of family or friends in your care were respected	(23) The effect the service had on your hopefulness for the future		
	1624.35	4	<0.001
	(24) The effect the service had on your ability to manage your day-to-day life		
	1450.99	4	<0.001
	(25) The effect the service had on your overall well-being		
	1694.63	4	<0.001
	(26) Overall, how would you rate your experience of care with this service in the last three months?		
	2174.76	4	<0.001
(17) You had opportunities for your family and carers to be involved in your treatment if you wanted	(23) The effect the service had on your hopefulness for the future		
	1552.30	4	<0.001
	(24) The effect the service had on your ability to manage your day-to-day life		
	1491.26	4	<0.001
	(25) The effect the service had on your overall well-being		
	1642.68	4	<0.001
	(26) Overall, how would you rate your experience of care with this service in the last three months?		
	1865.93	4	<0.001

df, degrees of freedom.

Table 9: Chi-squared tests for associations between user experience outcome variables and demographics.

	Value	df	Asymptotic significance (2-sided)
Setting	(23) The effect the service had on your hopefulness for the future		
	466.088	4	<0.001
	(24) The effect the service had on your ability to manage your day-to-day life		
	460.631	4	<0.001
	(25) The effect the service had on your overall well-being		
	453.451	4	<0.001
	(26) Overall, how would you rate your experience of care with this service in the last three months?		
	702.992	4	<0.001
Gender	(23) The effect the service had on your hopefulness for the future		
	5.050	2	0.080
	(24) The effect the service had on your ability to manage your day-to-day life		
	2.257	2	0.324
	(25) The effect the service had on your overall well-being		
	8.678	2	0.013
	(26) Overall, how would you rate your experience of care with this service in the last three months?		
	10.922	2	0.004
Indigenous status	(23) The effect the service had on your hopefulness for the future		
	1.350	2	0.509
	(24) The effect the service had on your ability to manage your day-to-day life		
	4.038	2	0.133
	(25) The effect the service had on your overall well-being		
	5.701	2	0.058
	(26) Overall, how would you rate your experience of care with this service in the last three months?		
	3.996	2	0.136

Table 9: Continued.

	Value	df	Asymptotic significance (2-sided)
Age group	(23) The effect the service had on your hopefulness for the future		
	34.452	10	<0.001
	(24) The effect the service had on your ability to manage your day-to-day life		
	30.730	10	<0.001
	(25) The effect the service had on your overall well-being		
	20.704	10	0.023
	(26) Overall, how would you rate your experience of care with this service in the last three months?		
	29.625	10	<0.001
Time in service	(23) The effect the service had on your hopefulness for the future		
	161.431	10	<0.001
	(24) The effect the service had on your ability to manage your day-to-day life		
	179.470	10	<0.001
	(25) The effect the service had on your overall well-being		
	156.116	10	<0.001
	(26) Overall, how would you rate your experience of care with this service in the last three months?		
	203.938	10	<0.001
Admission status	(23) The effect the service had on your hopefulness for the future		
	208.095	4	<0.001
	(24) The effect the service had on your ability to manage your day-to-day life		
	148.856	4	<0.001
	(25) The effect the service had on your overall well-being		
	201.354	4	<0.001
	(26) Overall, how would you rate your experience of care with this service in the last three months?		
	347.149	4	<0.001
Year	(23) The effect the service had on your hopefulness for the future		
	5.998	4	0.199
	(24) The effect the service had on your ability to manage your day-to-day life		
	12.189	4	0.016
	(25) The effect the service had on your overall well-being		
	7.567	4	0.109
	(26) Overall, how would you rate your experience of care with this service in the last three months?		
	4.469	4	0.346

Table 10: Chi-squared tests for associations between family involvement and demographic predictor variables.

	Value	df	Asymptotic significance (2-sided)
Setting	(10) Your opinions about the involvement of family or friends in your care were respected		
	466.663	4	<0.001
	(17) You had opportunities for your family and carers to be involved in your treatment if you wanted		
	455.999	4	<0.001
Gender	(10) Your opinions about the involvement of family or friends in your care were respected		
	3.059	2	0.217
	(17) You had opportunities for your family and carers to be involved in your treatment if you wanted		
	27.988	2	<0.001
Indigenous status	(10) Your opinions about the involvement of family or friends in your care were respected		
	5.418	2	0.067
	(17) You had opportunities for your family and carers to be involved in your treatment if you wanted		
	25.096	2	<0.001

Table 10: Continued.

	Value	df	Asymptotic significance (2-sided)
Age group	(10) Your opinions about the involvement of family or friends in your care were respected		
	61.308	10	<0.001
	(17) You had opportunities for your family and carers to be involved in your treatment if you wanted		
	109.954	10	<0.001
Time in service	(10) Your opinions about the involvement of family or friends in your care were respected		
	108.454	10	<0.001
	(17) You had opportunities for your family and carers to be involved in your treatment if you wanted		
	113.671	10	<0.001
Admission status	(10) Your opinions about the involvement of family or friends in your care were respected		
	286.494	4	<0.001
	(17) You had opportunities for your family and carers to be involved in your treatment if you wanted		
	153.999	4	<0.001
Year	(10) Your opinions about the involvement of family or friends in your care were respected		
	2.536	4	0.638
	(17) You had opportunities for your family and carers to be involved in your treatment if you wanted		
	4.569	4	0.334

Table 11: Multinomial model estimation results for outcome variable item 23.

Variable		Good responses RRR exp (B)	*P* value sig	Very good or excellent responses RRR exp (B)	*P* value sig
Setting	Admitted	0.290	0.003	0.245	<0.001
	Community	0.339	0.009	0.441	0.042
	Community bed-based				
Gender	Male	1.274	0.006	1.141	0.105
	Female				
Indigenous status	Non-Indigenous	0.789	0.051	0.800	0.052
	Indigenous				
Age group	Under 18 years	0.449	<0.001	0.361	<0.001
	18–24 years	0.710	0.047	0.776	0.107
	25–34 years	0.925	0.606	0.973	0.846
	35–44 years	1.026	0.867	1.063	0.667
	45–54 years	1.062	0.699	0.980	0.891
	55 years and over				
Time in service	Less than 24 hours	0.963	0.929	1.601	0.218
	1 day–2 weeks	0.730	0.029	0.693	0.007
	3–4 weeks	0.953	0.772	0.845	0.280
	1–3 months	1.018	0.892	0.961	0.737
	4–6 months	0.812	0.183	0.981	0.891
	More than 6 months				
Admission status	Voluntary patient	0.976	0.848	1.100	0.404
	Involuntary patient	0.709	0.007	0.676	0.001
	Not sure				
Year	2019	1.204	0.074	1.041	0.674
	2020	1.077	0.483	0.979	0.826
	2021				
Item 10	Never or rarely	0.280	<0.001	0.108	<0.001
	Sometimes	0.636	<0.001	0.164	<0.001
	Usually or always				
Item 17	Never or rarely	0.240	<0.001	0.115	<0.001
	Sometimes	0.662	<0.001	0.184	<0.001
	Usually or always				

Table 11: Continued.

Variable		Good responses RRR exp (B)	*P* value sig	Very good or excellent responses RRR exp (B)	*P* value sig
AIC	6122.271				
BIC	6437.913				
Deviance	6030.271		<0.001		
McFadden pseudo-R-square	0.127				
Cox and Snell pseudo-R-square	0.205				
Percent correct	68.4%				
Observations		1520		4475	
Total observations	7057				

RRR, relative risk ratio.

Table 12: Multinomial model estimation results for outcome item 24.

Variable		Good responses RRR exp (B)	*P* value sig	Very good or excellent responses RRR exp (B)	*P* value sig
Setting	Admitted	0.184	<0.001	0.185	<0.001
	Community	0.221	<0.001	0.333	0.014
	Community bed-based				
Gender	Male	1.121	0.188	1.150	0.085
	Female				
Indigenous status	Non-Indigenous	0.823	0.101	0.885	0.278
	Indigenous				
Age group	Under 18 years	0.529	<0.001	0.412	<0.001
	18–24 years	0.910	0.572	0.803	0.161
	25–34 years	0.887	0.418	0.940	0.654
	35–44 years	0.990	0.946	1.090	0.534
	45–54 years	1.279	0.114	1.103	0.507
	55 years and over				
Time in service	Less than 24 hours	1.037	0.930	1.438	0.348
	1 day–2 weeks	0.689	0.009	0.617	<0.001
	3–4 weeks	0.802	0.172	0.687	0.015
	1–3 months	0.686	0.003	0.717	0.004
	4–6 months	0.773	0.086	0.807	0.112
	More than 6 months				
Admission status	Voluntary patient	0.886	0.321	0.985	0.892
	Involuntary patient	0.749	0.023	0.741	0.012
	Not sure				
Year	2019	1.316	0.008	1.045	0.646
	2020	1.206	0.071	1.007	0.939
	2021				
Item 10	Never or rarely	0.295	<0.001	0.131	<0.001
	Sometimes	0.560	<0.001	0.184	<0.001
	Usually or always				
Item 17	Never or rarely	0.315	<0.001	0.109	<0.001
	Sometimes	0.756	0.021	0.180	<0.001
	Usually or always				
AIC	6247.113				
BIC	6562.552				
Deviance	6155.113		<0.001		
McFadden pseudo R-square	0.118				
Cox and Snell pseudo-R-square	0.195				
Percent correct	66.9				
Observations		1607		4370	
Total observations	7026				

RRR, relative risk ratio.

Table 13: Multinomial regression model for outcome item 25.

Variable		Good responses RRR exp (B)	*P* value sig	Very good or excellent responses RRR exp (B)	*P* value sig
Setting	Admitted	0.199	<0.001	0.202	<0.001
	Community	0.238	0.002	0.357	0.024
	Community bed-based				
Gender	Male	1.279	0.006	1.235	0.011
	Female				
Indigenous status	Non-Indigenous	0.712	0.006	0.766	0.024
	Indigenous				
Age group	Under 18 years	0.523	<0.001	0.471	<0.001
	18–24 years	0.848	0.341	0.903	0.524
	25–34 years	1.018	0.906	1.076	0.608
	35–44 years	0.918	0.572	1.039	0.786
	45–54 years	0.968	0.835	0.998	0.990
	55 years and over				
Time in service	Less than 24 hours	1.082	0.858	1.720	0.186
	1 day–2 weeks	0.779	0.089	0.695	0.009
	3–4 weeks	0.820	0.238	0.776	0.107
	1–3 months	0.791	0.072	0.830	0.117
	4–6 months	0.748	0.063	0.842	0.215
	More than 6 months				
Admission status	Voluntary patient	0.892	0.366	1.087	0.481
	Involuntary patient	0.676	0.003	0.687	0.002
	Not sure				
Year	2019	1.323	0.008	1.117	0.256
	2020	1.164	0.155	1.086	0.399
	2021				
Item 10	Never or rarely	0.216	<0.001	0.109	<0.001
	Sometimes	0.538	<0.001	0.155	<0.001
	Usually or always				
Item 17	Never or rarely	0.321	<0.001	0.112	<0.001
	Sometimes	0.777	0.041	0.186	<0.001
	Usually or always				
AIC	6093.276				
BIC	6408.708				
Deviance	6001.276		<0.001		
McFadden pseudo-R-square	0.128				
Cox and Snell pseudo-R-square	0.205				
Percent correct	68.6				
Observations		1530		4484	
Total observations	7025				

RRR, relative risk ratio.

variables: ratings of the effect that the service had on the users' hopefulness for the future, ability to manage day-to-day life, overall well-being, and the overall experience of care.

Consistent with the bivariate analysis, after accounting for other variables in the model, service users who were in community bed-based settings, over 55 years, and in service for more than six months were more likely to describe all the outcome variables as very good or excellent as opposed to poor or fair. In turn, service users who were under 18 years old, in admitted service settings, of involuntary admission status and in service between one day and two weeks were less likely to describe all the outcome variables as very good or excellent as opposed to poor or fair. In consideration of the potential for different family/carer dynamics for those under and over 18 years, the models were also estimated excluding participants under 18. The relationship between outcomes and having opportunities for family involvement and having opinions about family involvement respected are fairly consistent for these two broad age groups (see Tables 15, 16, 17, and 18). Furthermore, examples in the grey literature suggest that while there is an option to endorse the

Table 14: Multinomial model estimation results for outcome item 26.

Variable		Good responses RRR exp (B)	*P* value sig	Very good or excellent responses RRR exp (B)	*P* value sig
Setting	Admitted	0.769	0.572	0.244	<0.001
	Community	0.889	0.802	0.595	0.217
	Community bed-based				
Gender	Male	1.321	0.006	1.237	0.026
	Female				
Indigenous status	Non-Indigenous	0.849	0.231	0.895	0.389
	Indigenous				
Age group	Under 18 years	0.598	0.004	0.493	<0.001
	18–24 years	0.781	0.212	0.798	0.223
	25–34 years	0.808	0.218	0.835	0.268
	35–44 years	0.737	0.075	0.834	0.261
	45–54 years	0.942	0.739	0.931	0.675
	55 years and over				
Time in service	Less than 24 hours	0.964	0.937	1.145	0.755
	1 day–2 weeks	0.722	0.043	0.728	0.038
	3–4 weeks	0.932	0.713	0.961	0.828
	1–3 months	0.867	0.342	0.908	0.490
	4–6 months	0.625	0.011	0.812	0.201
	More than 6 months				
Admission status	Voluntary patient	1.004	0.979	1.468	0.004
	Involuntary patient	0.696	0.011	0.739	0.025
	Not sure				
Year	2019	1.167	0.195	1.079	0.491
	2020	1.203	0.127	1.146	0.228
	2021				
Item 10	Never or rarely	0.148	<0.001	0.075	<0.001
	Sometimes	0.513	<0.001	0.142	<0.001
	Usually or always				
Item 17	Never or rarely	0.300	<0.001	0.097	<0.001
	Sometimes	0.755	0.036	0.186	<0.001
	Usually or always				
AIC	5557.275				
BIC	5872.695				
Deviance	5465.275		<0.001		
McFadden pseudo-R-square	0.171				
Cox and Snell pseudo-R-square	0.240				
Percent correct	74.8				
Observations		1266		4954	
Total observations	7023				

RRR, relative risk ratio.

under 18 years tick box in the YES survey, the instrument is intended to provide a "snap-shot" of service user experience among those aged 16–64 years [45], p.2, rather than paediatric cases.

The year in which the survey was taken was not statistically associated with any of the outcome variables.

After accounting for other variables, gender was only correlated with service users' rating of the effect that the service had on their overall well-being and their experience of care, with males being more likely to rate these as very good or excellent as opposed to poor or fair than females.

Non-Indigenous service users were less likely than Indigenous service users to describe the effect the service had on their overall well-being as very good or excellent than as poor or fair, holding all other variables in the model constant. This finding is different to what was initially indicated by the bivariate analysis (i.e., that there was no relationship between Indigenous status and the effect the service had on the overall experience). This is because the model allows us to examine this relationship after accounting for other variables. For example, Indigenous service users tend to report having less opportunities for family involvement in

Table 15: Multinomial model estimation results for outcome variable item 23, excluding participants aged under 18.

Variable		Good responses RRR exp (B)	*P* value sig	Very good or excellent responses RRR exp (B)	*P* value sig
Setting	Admitted	0.257	0.003	0.246	0.002
	Community	0.303	0.010	0.447	0.074
	Community bed-based				
Gender	Male	1.318	0.006	1.091	0.346
	Female				
Indigenous status	Non-Indigenous	0.820	0.135	0.874	0.284
	Indigenous				
Age group	18–24 years	0.716	0.054	0.788	0.133
	25–34 years	0.931	0.638	0.991	0.947
	35–44 years	1.033	0.829	1.080	0.587
	45–54 years	1.073	0.655	0.997	0.984
	55 years and over				
Time in service	Less than 24 hours	0.920	0.852	1.341	0.474
	1 day–2 weeks	0.730	0.044	0.701	0.017
	3–4 weeks	1.051	0.795	0.979	0.909
	1–3 months	0.989	0.944	0.984	0.912
	4–6 months	0.882	0.538	0.997	0.987
	More than 6 months				
Admission status	Voluntary patient	1.007	0.968	1.143	0.388
	Involuntary patient	0.680	0.014	0.666	0.006
	Not sure				
Year	2019	1.137	0.282	0.957	0.692
	2020	1.042	0.732	0.926	0.494
	2021				
Item 10	Never or rarely	0.228	<0.001	0.110	<0.001
	Sometimes	0.629	<0.001	0.176	<0.001
	Usually or always				
Item 17	Never or rarely	0.276	<0.001	0.126	<0.001
	Sometimes	0.692	0.011	0.195	<0.001
	Usually or always				
AIC	5130.990				
BIC	5423.264				
Deviance	5042.990		<0.001		
McFadden pseudo-R-square	0.138				
Cox and Snell pseudo-R-square	0.219				
Percent correct	69.0%				
Observations		1236		3628	
Total observations	5668				

RRR, relative risk ratio.

their treatment, which is controlled for in the model. Nonetheless, as reported in the bivariate analysis, no association was found between Indigenous status and the other outcome variables.

4. Discussion

This study examined mental health service users' experiences of mental health services in relation to family and carer involvement in their care. To the best of our knowledge, this is the first peer-reviewed reporting of regularly collected Australian statewide YES data. In keeping with previous research [7, 9, 10], this study found an association between family/carer involvement and key outcomes related to service user experience and recovery, including hopefulness, managing day-to-day life, overall well-being, and experience of care. These findings support previous recommendations for the "systematic involvement of caregivers" in psychiatric hospital care and emphasise the importance of establishing and executing key aspects of family/carer involvement for all service users [46], p. 8.

A substantial majority of service users reported both a positive experience of care (very good or excellent) and feeling that they had opportunities for family involvement

Table 16: Multinomial model estimation results for outcome variable item 24, excluding participants aged under 18.

Variable		Good responses RRR exp (B)	*P* value sig	Very good or excellent responses RRR exp (B)	*P* value sig
Setting	Admitted	0.194	<0.001	0.200	<0.001
	Community	0.239	0.004	0.354	0.031
	Community bed-based				
Gender	Male	1.176	0.097	1.117	0.230
	Female				
Indigenous status	Non-Indigenous	0.855	0.227	0.957	0.724
	Indigenous				
Age group	18–24 years	0.916	0.604	0.803	0.164
	25–34 years	0.891	0.441	0.950	0.710
	35–44 years	0.999	0.993	1.108	0.465
	45–54 years	1.280	0.114	1.115	0.462
	55 years and over				
Time in service	Less than 24 hours	0.748	0.507	1.164	0.705
	1 day–2 weeks	0.693	0.018	0.625	0.002
	3–4 weeks	0.722	0.075	0.656	0.016
	1–3 months	0.624	0.002	0.740	0.029
	4–6 months	0.922	0.686	0.960	0.827
	More than 6 months				
Admission status	Voluntary patient	0.749	0.080	0.819	0.207
	Involuntary patient	0.627	0.003	0.605	0.001
	Not sure				
Year	2019	1.277	0.038	1.005	0.962
	2020	1.128	0.310	0.947	0.625
	2021				
Item 10	Never or rarely	0.291	<0.001	0.144	<0.001
	Sometimes	0.578	<0.001	0.205	<0.001
	Usually or always				
Item 17	Never or rarely	0.308	<0.001	0.104	<0.001
	Sometimes	0.738	0.027	0.175	<0.001
	Usually or always				
AIC	5206.147				
BIC	5498.180				
Deviance	5118.147		<0.001		
McFadden pseudo-R-square	0.131				
Cox and Snell pseudo-R-square	0.211				
Percent correct	67.6				
Observations		1236		3628	
Total observations	5668				

RRR, relative risk ratio.

and that their opinions were usually or always respected. Where individuals felt that their perspectives were recognised, their outcomes and experiences (e.g., hopefulness and well-being) were consistently rated as more positive. Service users who believed their opinions were sometimes, never, or rarely respected and that they sometimes, never, or rarely had opportunities for family/carer involvement were less likely to describe the effect the service had on their hopefulness for the future, day-to-day life, overall well-being, and experience of care as very good or excellent. These findings align with the CHIME framework of recovery [26] particularly reinforcing the importance of individuals feeling a sense of connectedness, described in CHIME as including relationships and support from others [26], as illustrated in the associations between family-related variables and outcomes. Jaiswal and colleagues' (2020) recent scoping review described relationships as one of the three major elements of recovery, alongside a sense of meaning and participation. The important role of supportive relationships in aiding recovery was further delineated into subthemes of relationships with significant others, therapeutic relationships and relationships with the broader community, a further reinforcement of the importance of multiple stakeholder involvement in treatment, care, and recovery [25]. This has

Table 17: Multinomial regression model for outcome variable item 25, excluding participants aged under 18.

Variable		Good responses RRR exp (B)	*P* value sig	Very good or excellent responses RRR exp (B)	*P* value sig
Setting	Admitted	0.209	0.002	0.223	0.002
	Community	0.243	0.004	0.385	0.050
	Community bed-based				
Gender	Male	1.272	0.016	1.187	0.067
	Female				
Indigenous status	Non-Indigenous	0.718	0.014	0.823	0.132
	Indigenous				
Age group	18–24 years	0.848	0.345	0.905	0.535
	25–34 years	1.018	0.907	1.086	0.564
	35–44 years	0.922	0.589	1.053	0.716
	45–54 years	0.972	0.855	1.009	0.952
	55 years and over				
Time in service	Less than 24 hours	0.765	0.571	1.418	0.412
	1 day–2 weeks	0.792	0.141	0.714	0.026
	3–4 weeks	0.829	0.326	0.851	0.376
	1–3 months	0.747	0.058	0.824	0.174
	4–6 months	0.809	0.296	0.931	0.699
	More than 6 months				
Admission status	Voluntary patient	0.881	0.448	1.014	0.932
	Involuntary patient	0.640	0.005	0.610	0.001
	Not sure				
Year	2019	1.232	0.084	1.051	0.663
	2020	1.016	0.894	0.909	0.399
	2021				
Item 10	Never or rarely	0.216	<0.001	0.134	<0.001
	Sometimes	0.615	<0.001	0.187	<0.001
	Usually or always				
Item 17	Never or rarely	0.298	<0.001	0.105	<0.001
	Sometimes	0.689	0.007	0.167	<0.001
	Usually or always				
AIC	5097.834				
BIC	5389.906				
Deviance	5009.834		<0.001		
McFadden pseudo-R-square	0.139				
Cox and Snell pseudo-R-square	0.220				
Percent correct	68.8				
Observations		1236		3628	
Total observations	5668				

RRR, relative risk ratio.

also been shown in a review of both service users [47] and family and carers [18]. These findings are correlational in nature and cannot be concluded as causal. While the results indicate that family involvement facilitates more positive care outcomes, it must also be acknowledged that other complex factors may be at play, for example, that those who are progressing well in their care might be more inclined to involve a family member or carer. Service users who were in an admitted or community service setting, under 18, in service between one day and two weeks or between three and four weeks, and of involuntary admission status were less likely to describe the impact the service had on their hopefulness for the future, ability to manage day-to-day life, overall well-being, and experience of care as very good or excellent. These results suggest a relationship between some demographic and service characteristics with family involvement and outcome measures and contrast previous research indicating no relationship between demographics, such as age and gender, and family-related variables [28] or demographics and service user satisfaction or empowerment [29, 48]. Our findings indicated that setting, age group, time in service, and admission status were all significantly correlated with all user experience outcome variables and family-oriented variables. There were, however, some

Table 18: Multinomial model estimation results for outcome variable item 26, excluding participants aged under 18.

Variable		Good responses RRR exp (B)	*P* value sig	Very good or excellent responses RRR exp (B)	*P* value sig
Setting	Admitted	0.766	0.582	0.276	0.003
	Community	0.915	0.855	0.692	0.402
	Community bed-based				
Gender	Male	1.386	0.004	1.203	0.078
	Female				
Indigenous status	Non-Indigenous	0.873	0.351	0.948	0.702
	Indigenous				
Age group	18–24 years	0.795	0.250	0.817	0.275
	25–34 years	0.820	0.253	0.852	0.324
	35–44 years	0.753	0.099	0.854	0.327
	45–54 years	0.949	0.774	0.944	0.734
	55 years and over				
Time in service	Less than 24 hours	0.770	0.584	0.935	0.881
	1 day–2 weeks	0.711	0.045	0.703	0.030
	3–4 weeks	0.901	0.619	0.927	0.708
	1–3 months	0.832	0.292	0.891	0.478
	4–6 months	0.760	0.248	0.910	0.661
	More than 6 months				
Admission status	Voluntary patient	1.069	0.715	1.476	0.024
	Involuntary patient	0.690	0.028	0.708	0.032
	Not sure				
Year	2019	1.121	0.396	0.977	0.851
	2020	1.062	0.655	0.976	0.845
	2021				
Item 10	Never or rarely	0.158	<0.001	0.090	<0.001
	Sometimes	0.512	<0.001	0.165	<0.001
	Usually or always				
Item 17	Never or rarely	0.289	<0.001	0.098	<0.001
	Sometimes	0.728	0.033	0.177	<0.001
	Usually or always				
AIC	4687.964				
BIC	4979.981				
Deviance	4599.964		0.000		
McFadden pseudo-R-square	0.183				
Cox and Snell pseudo-R-square	0.257				
Percent correct	74.4				
Observations		1026		3948	
Total observations	5635				

RRR, relative risk ratio.

variations among other demographics and items, for example, gender inconsistently indicated a significant relationship with some family-oriented and outcome variables, a finding also noted in previous research reporting some demographics, such as age, being significantly correlated with satisfaction of psychiatric services, yet gender and duration showed no relationship [49].

The current study's results support the initial YES proof of concept trials which suggested that there may be a relationship between demographics and some items, including perceptions of opportunity for family involvement [50]. To the authors' knowledge, our findings serve as the first in-depth exploration of these relationships of YES survey items beyond the preliminary investigations of a decade ago.

The results also reflect other states' observations of an association between setting and positive ratings for family-oriented variables [35] and setting and outcome variables [36]. Our findings also support data reporting in Queensland, indicating a relationship between admission status (voluntary, involuntary, and unsure), length of contact with service, and outcome variables (State of Queensland [38]).

The year in which the survey was completed was not statistically associated with any of the outcome variables. Despite the arrival of the COVID-19 pandemic and its associated impact on mental health services, e.g., social distancing and limitations to hospital visitation, during the period in which the data were collected, it does not appear to have impacted user experience. The current study's findings do not illustrate differences in outcomes, opportunities, or opinions based on the year of survey completion. There is evidence for similar results of research investigating mental health care services during the pandemic period in areas including satisfaction with teleconsultation [51, 52] and the transition of mental health service delivery to telepsychiatry [53].

Family-focussed practice is not systematically implemented in mental health settings [1, 13] and a positive finding of this study was the substantial majority of service users who reported having opportunities for the involvement of family/carers in their treatment. Eighty-five percent of participants reported that they usually or always had these opportunities when desired and 88% felt that their opinions were respected. These findings both support [19, 21–23, 54] and contrast [20, 24] the previous research pertaining to both opportunities and desires for greater family/carer involvement. This heterogeneity among service users is not unique, with evidence from qualitative studies also identifying barriers such as the variability of engaging family/carers and challenges with communication, collaboration, and confidentiality [47] that might preclude opportunity or discourage a preference for family/carer involvement. Despite this, connectedness with others is identified as a key aspect of personal recovery (e.g., the CHIME framework) [26] and thereby an important aspect of the user experience to continue exploring.

A significant strength of this study is the use of a large three-year statewide dataset from service users, representing all service users completing the YES survey from public mental health services in Queensland, Australia. Such volume augments the generalisability of the results to wider psychological care. However, the findings would be improved further if data could be obtained from other Australian states. These results invite access to a deeper understanding of the relationships between family-focussed practice and stakeholders' experiences of care and important outcomes; however, further investigation is necessary. Minimal individual participant details were collected for this research such that a large-scale quantitative study necessitates. This limitation precluded nuance that could contribute greater understanding of service user perspectives. For example, diagnostic information, the type of family/carer relationships (e.g., spouse, parent, sibling, and friend), and narrative description could all provide important insights. The use of questionnaires in research can also present limitations such as incomplete or missing data [55] and reliance on participants' insight and honesty which can be impacted by the method of administration [56–58]. Further qualitative research has the potential to more precisely investigate the nature of users' experience with a view to informing not only how to improve this engagement but also to encourage broader participation in service.

5. Conclusion

This study reinforces the widely acknowledged premise that family-focussed practice is an important component of mental health care and has key links to positive service user outcomes. The current study contributes to important advancements in understanding service users' views about their experience of service in Australia, including how their families and carers are involved. The current findings also enhance the grey literature reported from Australian state departments e.g., [35, 36]; State of Queensland [38]. Instruments such as the YES survey (The Secretary to the Department of Health [27]) are beneficial as they provide valuable data at scale and from regular reporting. Further research will elucidate more precise details of the current findings; for example, what is the scope of the opportunities that service users want for family involvement? and what is the nature of the opinions about family involvement that service users want to be respected? Such findings have the potential to deduce greater detail pertaining to the heterogeneity among service users' experiences and reiterate the need for a strong framework that includes not only a clear structure but also flexibility that can accommodate the bespoke care that a mental health population requires.

Appendix

A. Your Experience of Service Survey

The YES survey was developed by the Australian Mental Health Outcomes and Classification Network with the stated aim of sharing information to improve outcomes [59]. The survey collects data pertaining to service users' experience within public mental health services. Released in 2015, the YES survey was created to collate specific areas in need of improvement, as well as to serve as a collaborative tool between service users and providers. The YES survey was designed to enact the commitments of the Fourth National Mental Health Plan to have a "strong recovery orientation" [60], p. 49, and is based upon the recovery principles and standards included in the National Standards for Mental Health Service [61]. Of importance here is that the YES survey features items relevant to family-focussed practice and the involvement of carers and families in service users' care. Participants rate the following statements: "your opinions about the involvement of family and friends in your care were respected" and "you had opportunities for your family and carers to be involved in your treatment and care if you wanted." In addition, the YES scale asks service users to also rate recovery-related outcomes including their "hopefulness," "ability to manage day-to-day life," "overall well-being," and "experience of care" (The Secretary to the Department of Health [27]). The inclusion of carer and family items and outcomes avails to the present study the opportunity to examine carer and family involvement with important outcomes for service users.

Data Availability

The original publicly available survey data used to support the findings of this study are available at https://www.data.qld.gov.au/dataset/your-experience-of-service-queensland-health-mental-health-services/resource/20aaae34-e107-4c1e-a2f0-45e85a1269f0?inner_span=True. Further demographic and setting characteristic data were provided by Queensland Health and the Queensland Government and may be released on application. Requests for access to these data should be made to Kristen Breed and Stephanie Perrin from the Analysis and Accountability and Consumer Engagement teams, Mental Health Alcohol and Other Drugs Branch, Queensland Health (Australia).

Additional Points

What is known about this topic and what this paper adds? (1) Family-focussed practice is an important component of mental health care; however, the opinions of service users about the involvement of family/carers in their care are not well understood. (2) This study showed that a substantial majority of service users reported both a positive experience of care (very good or excellent) and feeling that they had opportunities for family involvement and that their opinions were respected (usually or always). Where individuals felt that their perspectives were recognised, their outcomes were consistently rated as more positive. (3) The results revealed service setting, age group, time in service, and admission status were significantly correlated with all user experience outcome variables and family-oriented variables.

Conflicts of Interest

The authors declare that they have no conflicts of interest.

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