Consumer Satisfaction with Mental Health Services


Measures of consumer satisfaction with mental health services have historically been used frequently, but inconsistently. The use of satisfaction as an outcome measure has been approached cautiously due to several factors, including: 1) consumers usually report high levels of satisfaction, with little variability, 2) the lack of comparison bases, statistical norms, and a standard measure, and 3) methodological problems with procedural format, sampling, and the timing of the assessment. This article reviewed a project (funded by the Child and Adolescent Service Program) designed to alleviate some of these difficulties by providing meaningful bases of comparison through individualized reports to multiple mental health sites within a state, while exploring the relationship of consumer satisfaction to other variables.

Twenty-two of the sixty-two statewide children’s mental health service provider agencies that receive funds from the Illinois Department of Mental Health agreed to participate. Consumers at these agencies were interviewed using either a child version (9-18 yrs old) or, for the caregivers of the children receiving services, an adult version of the Consumer Satisfaction Questionnaire-8 (Attkisson and Zwick (1996), The Client Satisfaction Questionnaire, Evaluation and Program Planning, 19(2),131-141). To reduce sampling bias a cross-sectional data collection procedure was employed, with all consumers who had appointments during a 2-week survey period being interviewed. The results included:

- Youths’ Global Satisfaction was significantly less than their parents;
- Parents’ satisfaction ratings were significantly related to their children’s satisfaction ratings in only 2 out of 12 specific services;
- The best predictor of Global Satisfaction for youths was whether or not that youth was attending an alternative school (youths in alternative schools were less satisfied);
- The second best predictor of youths’ Global Satisfaction was their parents’ rating of problem severity.

Agencies received individualized reports that allowed comparisons of the consumer satisfaction ratings of the agency with the average region and state ratings. A follow-up two years after the project showed that the report had been used to various degrees; many agencies had shared the report with their executive staff, used it for quality improvement, shared it with other members of their LAN, or used it as a basis to improve their own way of conducting satisfaction surveys.

By comparing each agency’s satisfaction ratings with the area and state mean, the data were much more meaningful and useful; however, establishing population norms would assist in the interpretation of satisfaction scores. An expanded examination of which variables are associated with satisfaction (as alternative school enrollment and rating of severity score are in this study) would also aid interpretation. Another area of future study that would help increase the usefulness of satisfaction data is the relationship between satisfaction and treatment outcome. Most importantly, the consumer movement demands that recipients of mental health services be provided with services that they feel are satisfactory. "The implication for practicing program evaluators is the need for continued development of ways to measure and present satisfaction data to maximize its usefulness for stakeholders."

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