

# Perceptions of Mental Health Services

**2002 – 2004 Adult Consumer Surveys**

**Perceptions of Adult Consumers of Publicly  
Funded Mental Health Services  
in Washington State**

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# **The Washington Institute**

The Washington Institute for Mental Illness Research and Training (Western Branch) is co-affiliated with the University of Washington and the Washington State Department of Social and Health Services, Mental Health Division. Our purpose is to improve collaboration between state government, colleges, and universities — and to conduct training, research, and clinical program development of direct benefit to persons with mental illness.

## **Data Sources**

This report was written using data collected by The Washington Institute. This comparative report provides an analysis of two surveys, the full findings for both of which are available by contacting us at 253/756-2741 and are located on our website [www.wimirt.washington.edu](http://www.wimirt.washington.edu).

This report compares the data collected in the 2002 Adult Consumer Survey Toolkit and the 2004 Adult Consumer Survey Toolkit. These reports contain information on the dataset, a discussion of data collection methods, and additional information on data analysis.

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# **I. Executive Summary**

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*The Washington Institute for Mental Illness Research & Training* has conducted two Computer Assisted Telephone Interview (CATI) surveys of adult consumers of publicly funded mental health services in Washington State. Those chosen to participate in the survey were selected randomly from a list of clients 18 years and older who received services during a five month period in 2001 or in 2003. The Adult Consumer Survey 2002 (ACS 2002) was conducted February through June 2002 and surveyed adult consumers who had received services between May 1, 2001 and October 31, 2001. 2,082 consumers participated in the survey yielding a completion rate of 33% of the sample. The Adult Consumer Survey 2004 (ACS 2004) was conducted from April through June, 2004 and surveyed adult consumers who had received services between June 1, 2003 and November 1, 2003. 1,932 adult consumers participated in the survey also yielding a 33% completion rate of the sample.

## **Survey Respondents**

Respondents for both survey years were similar along gender and ethnic make up. For the ACS 2002 the majority of survey respondents (47%) were between the ages of 40 and 60 years old. The second largest age group was between the ages of 21 and 40 years old (39%). Five percent were either under the age of 21 or over the age of 75 years. The majority of participants were female (64%) and most were White (76%). There was a fairly even distribution of Hispanics (6%), African Americans (6%), and Native Americans (5%). Asian or Pacific Islanders had the smallest representation (2%). About 6% of respondents identified their ethnicity as "other" than one of the above categories. For the ACS 2004 most survey participants (50%) were between the ages of 40 and 60 years old. The second largest age group was between the ages of 21 and 40 years old (36%). Six percent were either under the age of 21 or over the age of 75 years. The majority of participants were female (62%) and most were White (82%). There was a fairly even distribution of Hispanics (5%), African Americans (6%), and Native Americans (5%), Asian or Pacific Islanders had the smallest representation (2%).

## Comparing Consumer Satisfaction 2004 and 2002

Comparison of the Adult Consumer Survey 2002 and the Adult Consumer Survey 2004 provides early indicators of consistently high levels of satisfaction across survey years in general, with slight decreases in satisfaction in 2004. Satisfaction was measured on five scales of satisfaction including: General Satisfaction, Appropriateness and Quality of Services, Participation in Treatment Goals, Access to Services, and Perceived Outcomes of Services. A five-point Likert scale was used to measure satisfaction with 1 indicating Very Dissatisfied, 2 Mostly Satisfied, 3 Undecided, 4 Mostly Satisfied, and 5 indicating Very Satisfied.

There were no statistically significant<sup>1</sup> differences between survey years in scales overall. In the category of General Satisfaction 74% of respondents in 2002 and 75% in 2004 said they were either Mostly or Very Satisfied. In the category of Appropriateness and Quality of Services 79% in 2002 and 80% in 2004 said they were either Mostly or Very Satisfied. In the category of Participation in Treatment Goals 76% in 2002 and 77% in 2004 said they were either Mostly or Very Satisfied. In the category of Access to Services 70% in both 2002 and 2004 said they were either Mostly or Very Satisfied. In the category Perceived Outcomes of Services of 62% in 2002 and 59% in 2004 said they were either Mostly or Very Satisfied.

When examined by RSN, respondents at North Sound showed a statistically significant decrease in satisfaction in the domain of General Satisfaction between 2002 and 2004. At the Greater Columbia RSN respondents showed a statistically significant decrease in satisfaction in the domain of Access to Services between 2002 and 2004.

In Open Ended Questions most participants in **2002** said that what they like the *most* about their mental health services were the Counseling and Therapy. Participants said that what they liked the *least* were Access and Services including availability. In **2004** most participants also said they liked Counseling and Therapy the *most* and *least* liked Access and Counseling.

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<sup>1</sup> A finding is described as statistically significant when it can be demonstrated that the probability of obtaining such a difference by chance only, is relatively low — in this report, statistical significance testing was conducted by use of independent t-tests. Significance was established at  $p < 0.05$ , two tailed.

## II. INTRODUCTION

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This report compares the findings of the Adult Consumer Survey 2004 (ACS 2004) with the results of the Adult Consumer Survey conducted in 2002 (ACS 2002). Both surveys were conducted to fulfill a federal government requirement that each state undertake quality assurances to determine if there exists a coordinated system of in- and outpatient services for that state's adult mental health consumers.

For both investigations, the Institute used a satisfaction survey recommended by the Mental Health Statistical Improvement Project (MHSIP). Both survey instruments consist of 32 questions that inquire about the participants' satisfaction with services in the areas of: General Satisfaction, Appropriateness and Quality of Services, Participation in Treatment Goals, Perception of Access and Perceived Outcomes of Service. In 2004 respondents were also asked a series of questions in regards to their knowledge of consumer rights and whether they had knowledge of or utilized Ombuds Services or Grievance Procedures.

Those chosen to participate in the ACS **2002** were selected randomly from a list of those who received services from May 1, 2001 through October 31, 2001. Those chosen to participate in the ACS **2004** were selected randomly from a list of those who received services from June 1, 2003 through November 30, 2003. Each survey group represents a different sample of survey respondents. Both surveys utilized the Washington Institute's Computer Assisted Telephone Interviewing (CATI) laboratory. The ACS 2002 telephone surveys were administered from February through June 2002. The second survey, the ACS 2004 was conducted between April and June 2004.

### Survey Participants

**For the ACS 2002** the majority of survey respondents (47%) were between the ages of 40 and 60 years old. The second largest age group was between the ages of 21 and 40 years old (39%). Five percent were either under the age of 21 or over the age of 75 years. The majority of participants were female (64%) and most were White (76%). There was a fairly even distribution of Hispanics (6%), African Americans (5%), and Native Americans (5%). Asian or Pacific Islanders had the smallest representation (2%). Twenty one percent of respondents said they were currently employed; of those working, 61% indicated they

worked less than 35 hours per week and 70% said they did not receive benefits from their employer. Nearly half of the survey respondents (48%) said that they lived independently in their own home or apartment, 15% lived in subsidized housing, and 6% lived in a group home or treatment facility. Most people surveyed received between 1 and 25 hours of mental health services (68%) — with 17% receiving one hour or less and 15% receiving more than 25 hours. Twenty percent of participants indicated they were not currently receiving Medicare or Medicaid benefits.

**For the ACS 2004** most survey participants (50%) were between the ages of 40 and 60 years old. The second largest age group was between the ages of 21 and 40 years old (36%). Six percent were either under the age of 21 or over the age of 75 years. The majority of participants were female (62%) and most were White (82%). There was a fairly even distribution of Hispanics (5%), African Americans (6%), and Native Americans (5%), Asian or Pacific Islanders had the smallest representation (2%). Of those who took the survey, more than two thirds (67%) said that they live in a private residence without in-home mental health care. One third of respondents said they lived alone, 25% said they lived with one other person and another third said they lived with three to 10 other persons, 8% of respondents said they lived with more than 10 other persons. Half of the survey respondents (47%) said they were single, 30% said they were divorced or separated and 18% said they were married or in a domestic partnership. Eighty percent said they were currently unemployed; of those working, 66% indicated they worked less than 35 hours per week. Most people surveyed (76%) received between 1 and 25 hours of mental health services — with 7% receiving one hour or less and 17% receiving more than 25 hours. Sixteen percent of participants indicated they were not currently receiving Medicare or Medicaid benefits, and 11% of respondents said that they had not been to a doctor or a nurse for a physical check-up in the past 6 months.

The primary goal of the surveys was to determine the consumers' perceived satisfaction with the services they received. This information was obtained through a 32 question satisfaction survey. Survey items provided a statement such as "I deal more effectively with daily problems." The consumer then chose among the following responses: Strongly Agree, Agree, Undecided, Disagree, or Strongly Disagree. Agreement statements correspond to degrees of satisfaction. These questions addressed various types (or domains) of satisfaction, including General Satisfaction, Appropriateness and Quality of Services,

Participation in Treatment Goals, Perception of Access and Perceived Outcomes of Service. Data collected by the survey also include demographic information such as race/ethnicity, gender, age, service hours, employment status, work and benefits information, and living situation. Differing from the 2002 Adult Consumer Survey, the 2004 survey asked participants about their knowledge of and experience with consumer rights advocacy services. A second series of questions asked respondents to answer in their own words the questions, “What do you like the most about the mental health services you received”, and “What do you like least about the mental health services you received?”

### **Summary of Findings**

In the category of **General Satisfaction** respondents in 2004 were less satisfied in 2004 than in 2002 at North Sound RSN; this difference was statistically significant. This difference may be explained by a smaller survey respondent sample in 2004 (177) than in 2002 (270). At eight of the remaining 13 RSNs respondents reported lower, but not significantly lower average scores on this scale. When examined by gender, lower levels of satisfaction were also evident, with males being less satisfied than females over both years. When examined by ethnicity, Asians and Hispanics reported higher levels of satisfaction in 2004 while satisfaction among African Americans, Caucasians, and Native Americans dropped. A higher level of satisfaction is reported among respondents who identified their ethnicity as “Other” however differences are likely attributed to the lower number of respondents in this ethnicity category due to more detailed ethnicity assignment in 2004 than in 2002.<sup>2</sup>

In the category of **Appropriateness and Quality of Services** eight out of the 14 RSNs indicated higher levels of satisfaction in 2002 than in 2004. There was no RSN that had a statistically significant difference in mean scores between 2002 and 2004. Analysis by gender shows that mean scores were higher for female respondents than male respondents in both survey years, but these differences were not statistically significant. Analysis by ethnicity shows African American, Caucasian, and Native American respondents had lower mean scores in 2004 than in 2002, these differences were not statistically significant.

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<sup>2</sup> Respondent who identified as “Other” in 2004 but for whom additional ethnicity data was available through the RSNs were assigned an ethnicity. In 2002 respondents who identified as Other were not assigned RSN-based ethnicity.

In the category of **Participation in Treatment Goals** there were no statistically significant changes in scores in this domain between 2002 and 2004 when examined by RSN. Half of the RSNs reported higher levels of satisfaction in 2004 than in 2002. There were no statistically significant changes between survey years on the Participation scale according to gender, but females were more satisfied in this domain for both survey years. When examined by ethnicity, Asians, Hispanics and Other ethnicities reported non-statistically significant higher levels of satisfaction in 2004 than in 2002.

In the category of **Perceived Access to Services** Greater Columbia RSN had a statistically significant lower average score in the domain of Access in 2004 than in 2002. Of the remaining 13 RSNs nine had lower satisfaction with Access scale scores in 2004 than in 2002, but these decreases were not statistically significant. Females and males were both less satisfied in 2004 than in 2002 but the differences between males and females were less substantial in 2002 than in 2004; these differences were not statistically significant. When examined by ethnicity, Asians, Hispanics and Other ethnicities reported non-statistically significant higher levels of satisfaction in 2004 than in 2002.

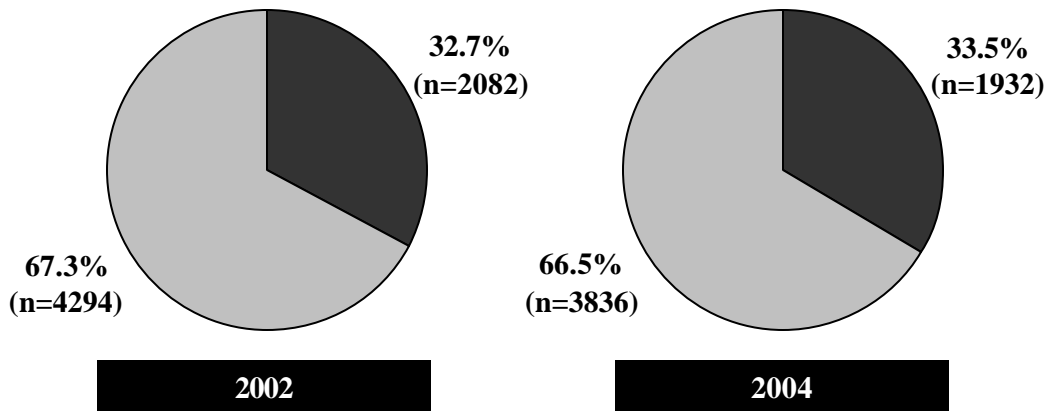
In the category of **Perceived Outcomes of Services**, 8 of the 14 RSNs had lower satisfaction scale scores in this domain in 2004 than in 2002; these differences were not statistically significant. When examined by gender, males reported non-statistically significant higher levels of satisfaction than females in 2002. In 2004 the level of male satisfaction decreased while female satisfaction remained constant resulting in no differences between males and females in this domain in 2004. Mean scores among ethnic groups largely remained constant between survey years with no statistically significant difference between 2002 and 2004.

### III. The Two Surveys

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Figure 1. Comparing Completion Rates

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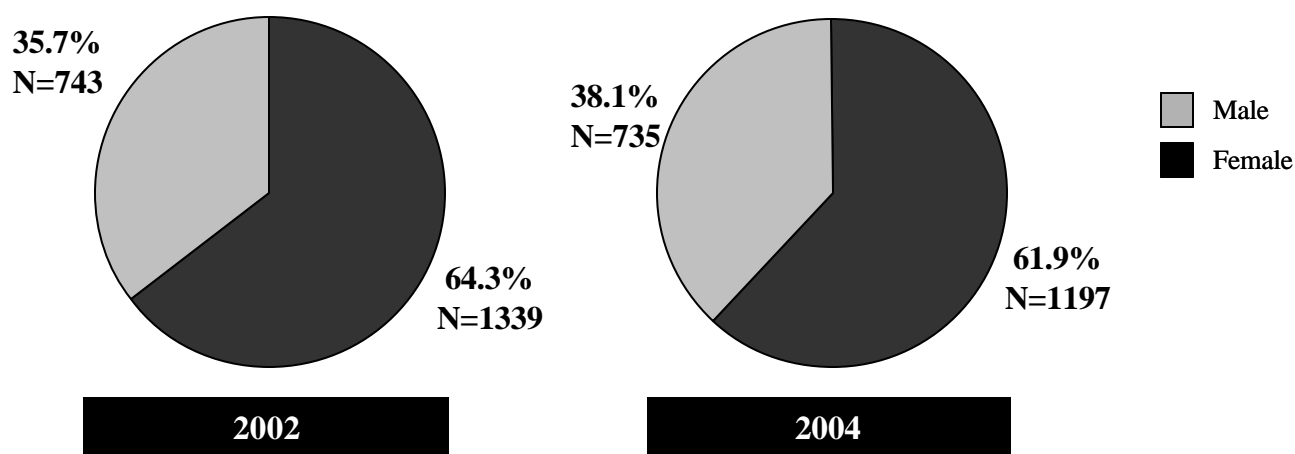
Completion rates for both the ACS02 and the ACS04 were 33% of those randomly chosen to participate.

As stated in the introduction, both Adult Surveys employed the same survey instrument and collected data using identical methods. Both surveys were initially analyzed separately, using identical data interpretation techniques. Each survey had a different survey group randomly drawn from a list of those who received mental health services in Washington State during two separate time periods. These analyses included an evaluation of each survey’s “Representativeness.” In evaluating representativeness, the researchers ensure that the participants’ characteristics match the characteristics of all the consumers who received publicly funded mental health services during the specified time frames. This process ensures that information from both surveys can be used to “generalize” the responses to all adult consumers of publicly funded mental health services in Washington State. To do so, a comparison must be made examining characteristics of the participants and determining if they match the characteristics of the overall sample — and, hence, the consumer population in general. Both surveys demonstrated a positive fit between the completed sample compared to those randomly chosen to participate (the drawn sample).<sup>3, 4</sup>

In comparing the two surveys, it is also important to show that the two survey groups are similar to each other. This section therefore demonstrates that the two groups are relatively similar, allowing for a meaningful comparison of the two groups.

**Figure 2** shows similar proportion of female and male participants in both survey years.

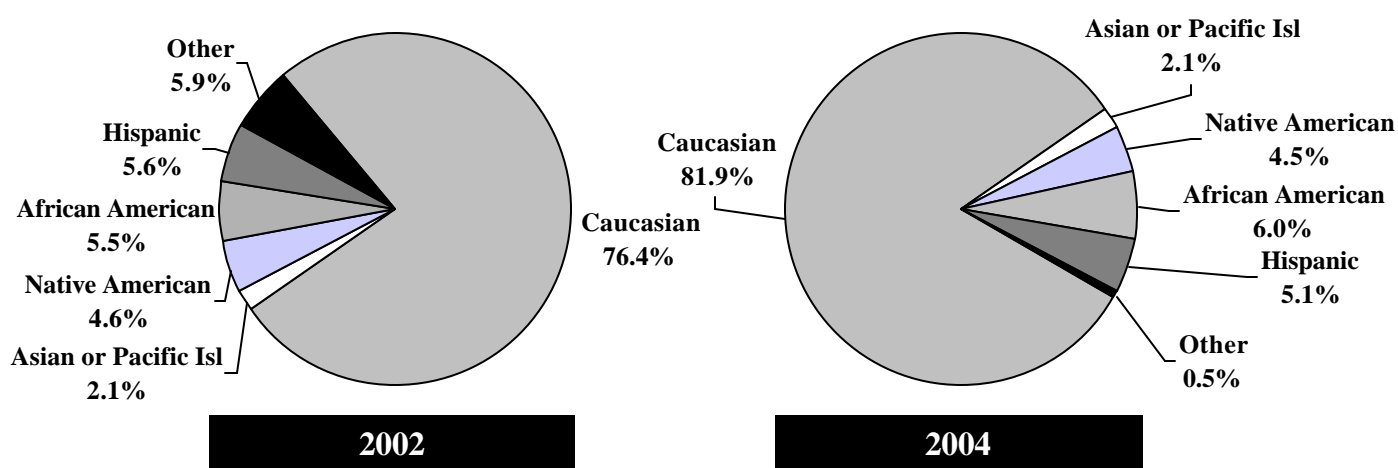
**Figure 2. Comparing Gender of Respondents**



<sup>3</sup> For a detailed representative analysis, please see *Adult Consumer Survey 2002 Toolkit* and the *Adult Consumer Survey 2004 Toolkit*. Both reports are available through the Washington Institute at 253/756-2741 or [www.wimirt.washington.edu](http://www.wimirt.washington.edu).

<sup>4</sup> To clarify, we are dealing with three groups: (i) the Sample Frame, (ii) the Drawn Sample; and (iii) the Participant Sample. We began with a listing of everyone over 20 years of age who received publicly funded mental health services during the selected time frames. This list of clients is referred to as the “Sample Frame.” A ten percent “random sample” was then drawn from the Sample Frame; this sample is referred to as the “Drawn Sample.” We attempted to survey everyone on the Drawn Sample, but were successful in actually surveying those referred to as the “Respondent Sample.”

**Figure 3. Comparing Race/Ethnicity of Respondents**



**Figure 3** demonstrates an increase over time of Caucasians interviewed (from 76% to 81%). This difference is made up almost entirely by a decrease in those consumers with an ethnicity identified as ethnicity “Other”. In 2004, Other race/ethnicity was supplemented with ethnicity data from the RSN in order to more accurately assess the ethnicity of these respondents. In 2002 “Other” ethnicity was not supplemented with information by the RSN.

## **IV. The Five Satisfaction Scales**

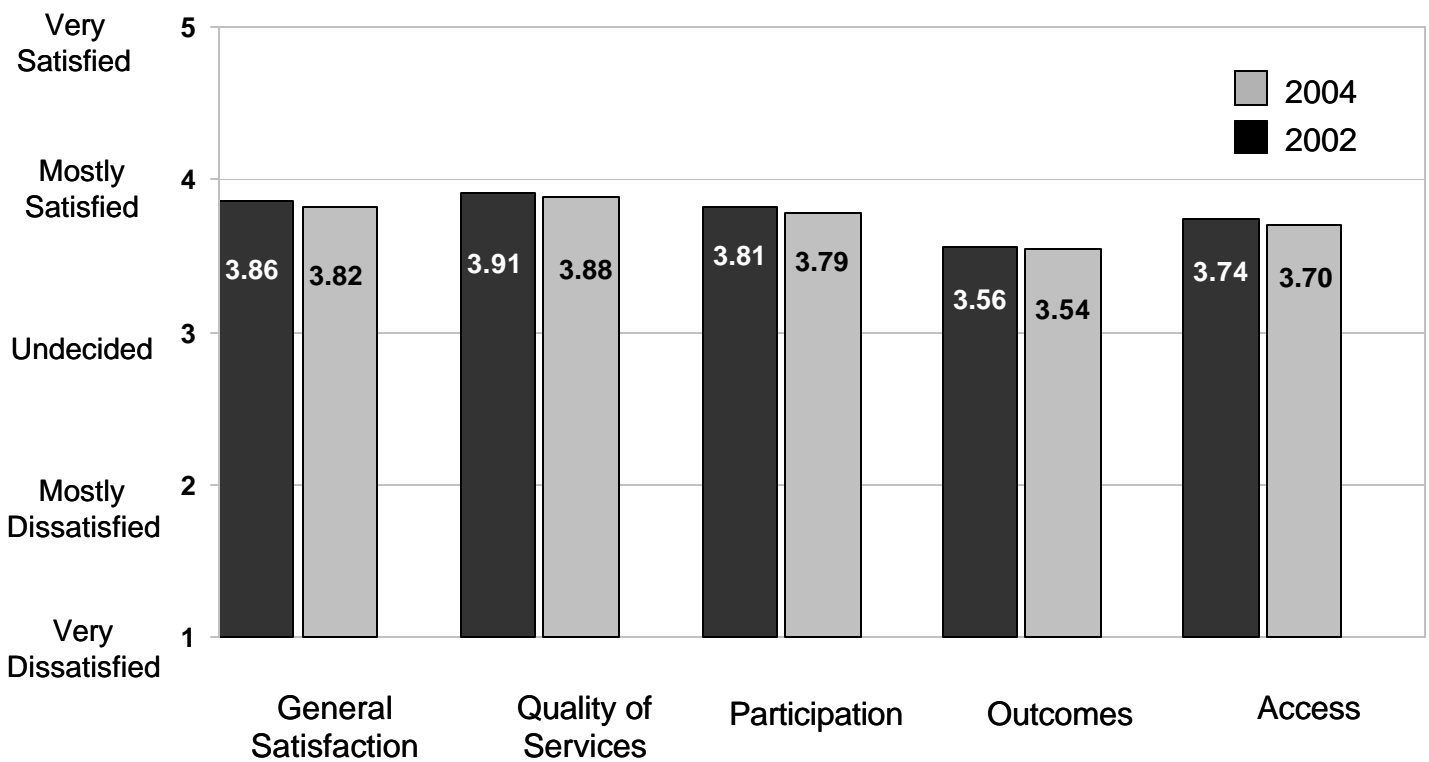
Both surveys asked each participant questions relating to satisfaction with their mental health services. For example, the survey contained such questions as “I deal better with crisis.” The person responding to this statement then chose among the following responses: I Strongly Agree, I Agree, I am Undecided, I Disagree, or I Strongly Disagree. Agreement statements correspond to degrees of satisfaction. Multiple questions were then combined into a “scale” that addressed five areas of satisfaction, including:

- General Satisfaction with Services,
- Appropriateness and Quality of Services,
- Participation in Treatment Goals,

- Access to Services, and
- Perceived Outcomes of Services.

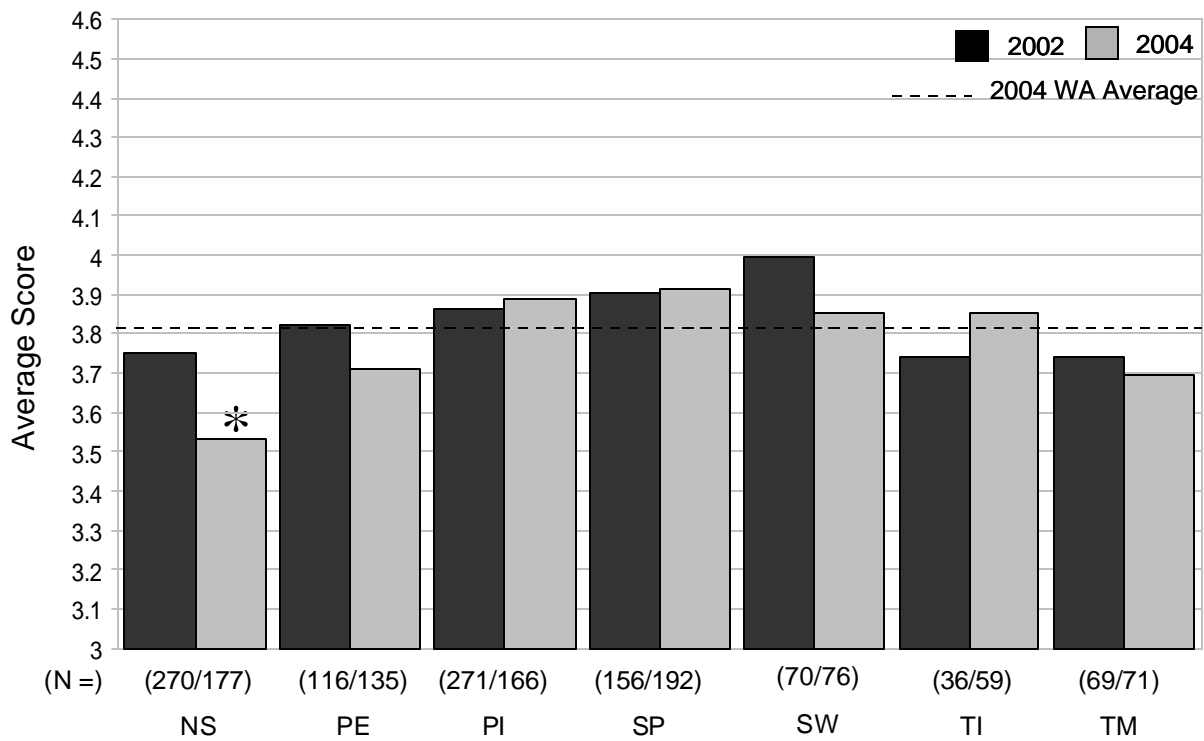
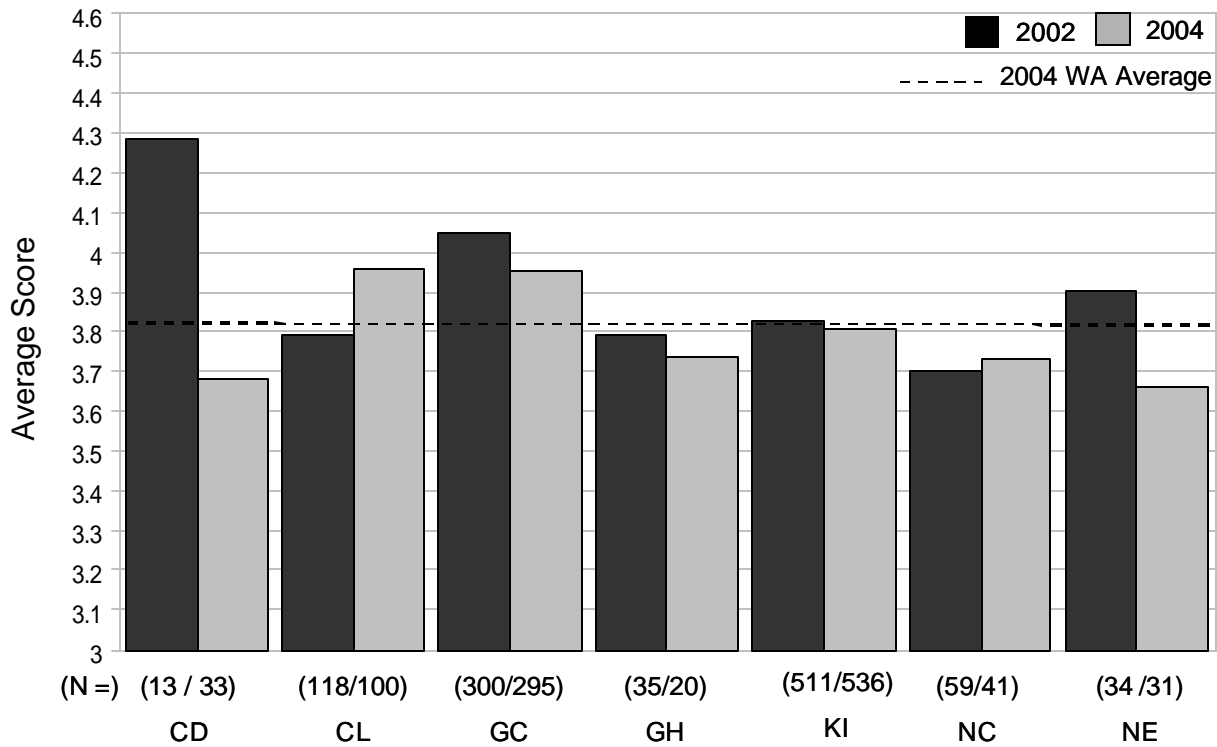
**Figure 4** below, demonstrates the differences between the five satisfaction scales over the course of the two survey years. There is no statistically significant difference between survey years when satisfaction scores overall are examined. The term “statistical significance” means that there is a sufficiently low likelihood that a difference could have appeared by chance. Statistical significance depends on: (i) the size of the sample, and (ii) the size of the difference. Therefore, there are times when a large difference appears in a small group, and the difference is not statistically significant. Alternatively, a small difference can be statistically significant if the group is large enough. Interestingly, although sample sizes varied from 2002 to 2004 depending on the scale, there was no significant difference found between survey years. This suggests a consistency in levels of satisfaction of services among the population surveyed.

**Figure 4. Satisfaction Scales by Survey Year**



# General Satisfaction

**Figure 5. General Satisfaction by Survey Year and RSN**



# General Satisfaction

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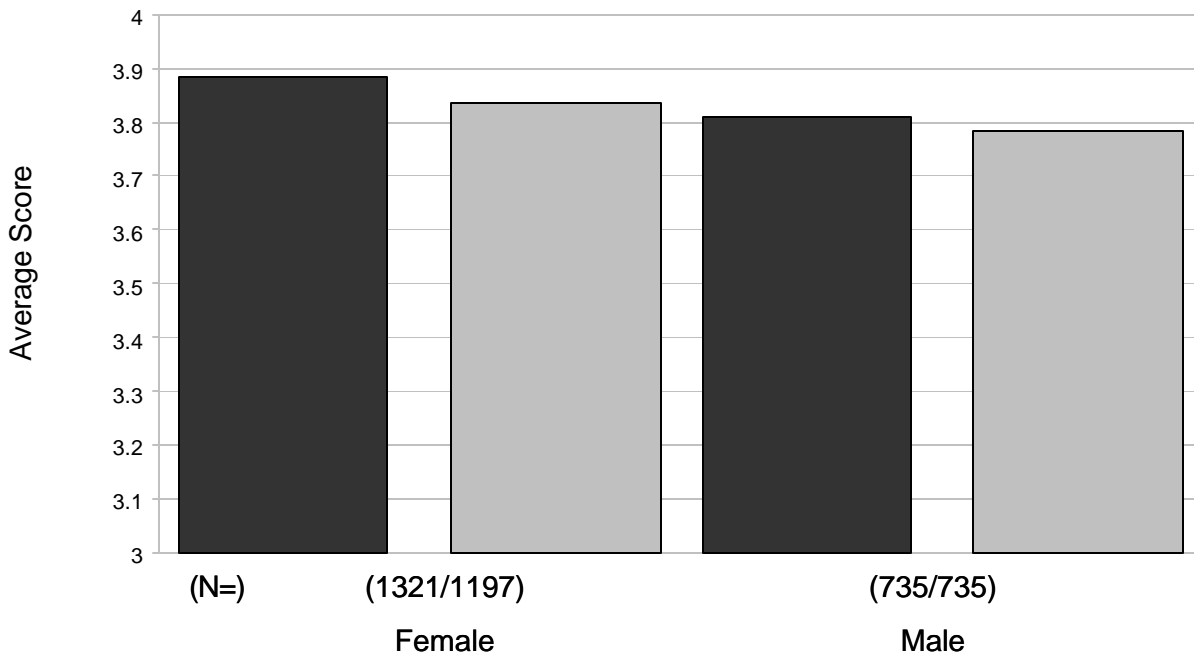
## General Satisfaction by RSN

As seen in **Figure 5** on the preceding page mean scores of General Satisfaction for eight out of the 14 RSNs indicated higher levels of satisfaction in 2002 than in 2004. The highest mean scores were found at Chelan Douglas RSN in 2002 and Clark and Greater Columbia in 2004. The lowest mean score in this domain was found at North Central RSN in 2002 and North Sound RSN in 2004. However, only North Sound RSN had a statistically significant difference between the two survey years with significantly higher scores in 2002 than in 2004.

## General Satisfaction by Gender

**Figure 6** shows that there was no statistically significant difference in mean scores for General Satisfaction between the two survey years. Mean scores remained nearly constant between the two years for both men and women, indicating that men and women were mostly satisfied in the domain of General Satisfaction.

**Figure 6. General Satisfaction by Gender and Survey Year**



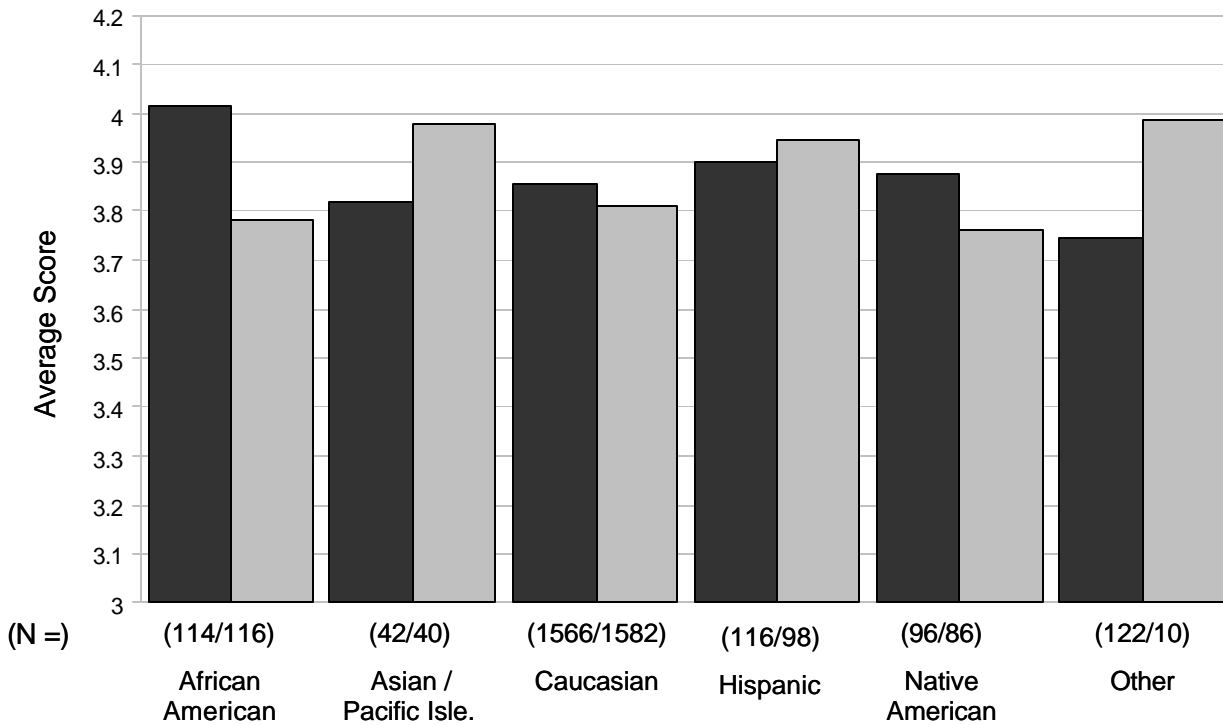
# General Satisfaction

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## General Satisfaction by Ethnicity

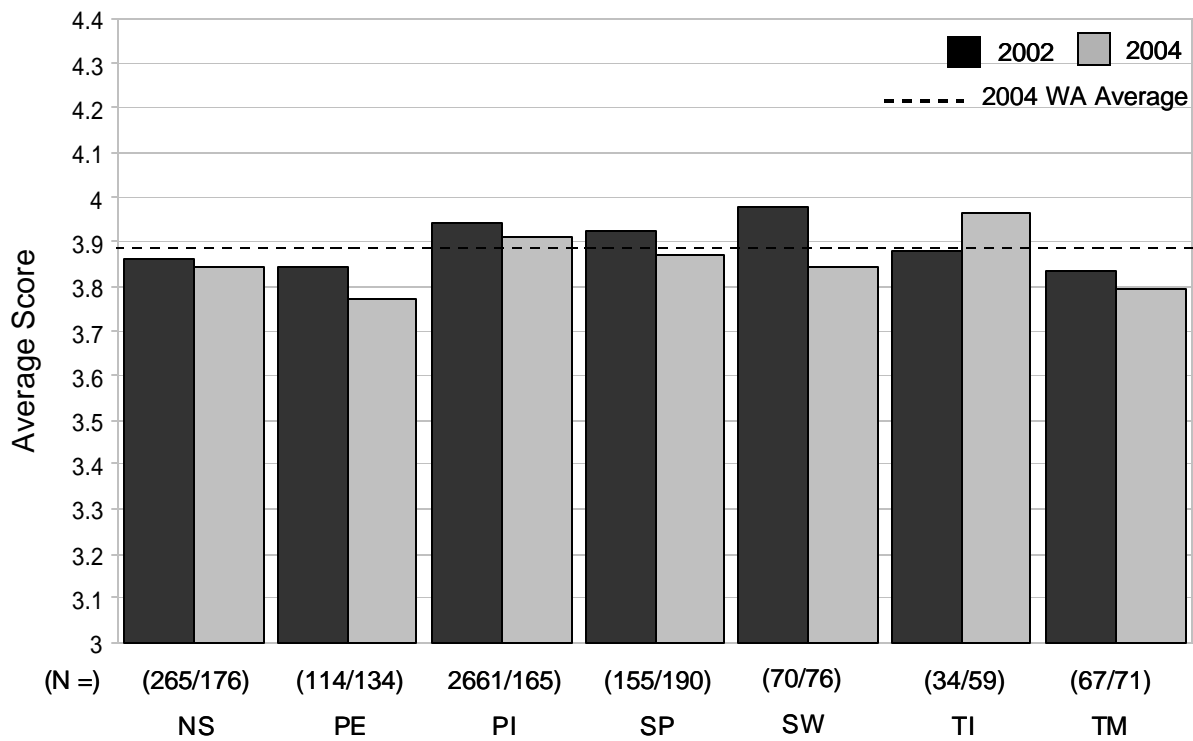
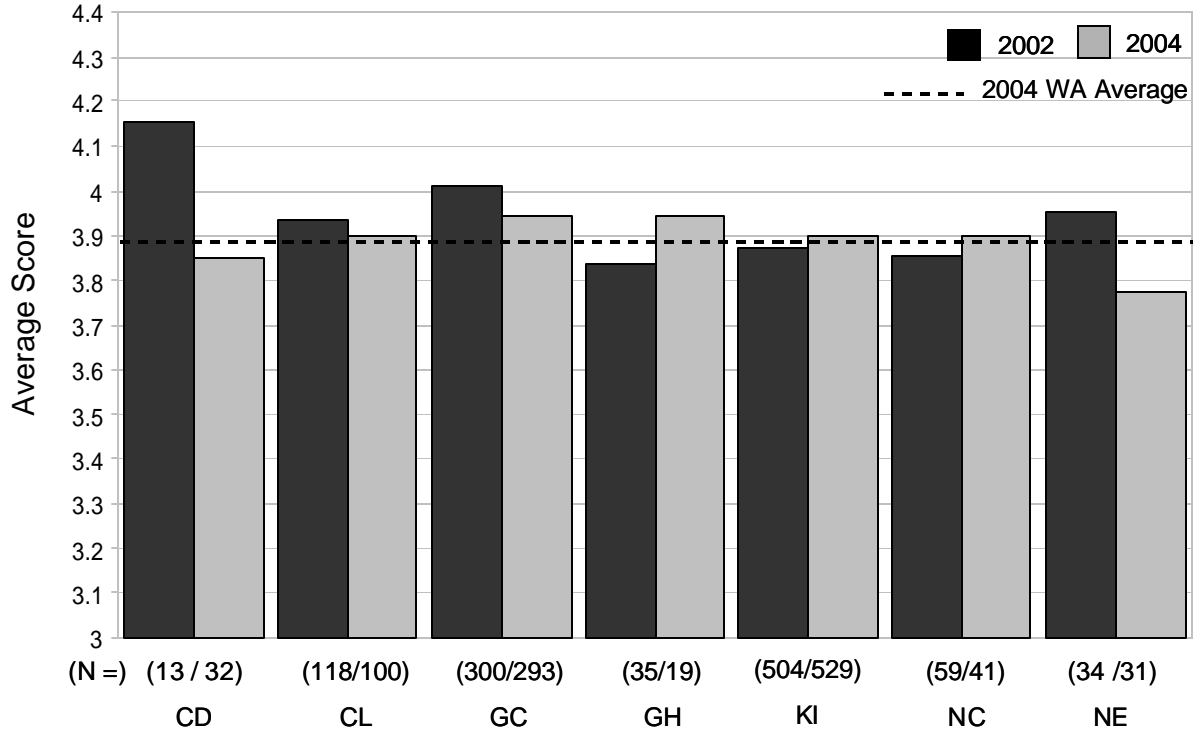
As seen in **Figure 7** the highest mean scores were among African Americans in 2002. In 2004 participants who were Other ethnicities followed closely by Asians in had the highest mean scores on this scale. The lowest mean scores were among Native Americans in 2004 and Other ethnicities in 2002.

**Figure 7. General Satisfaction by Ethnicity and Survey Year**



# Appropriateness & Quality of Services

**Figure 8. Appropriateness and Quality of Services by RSN and Survey Year**



# Appropriateness & Quality of Services

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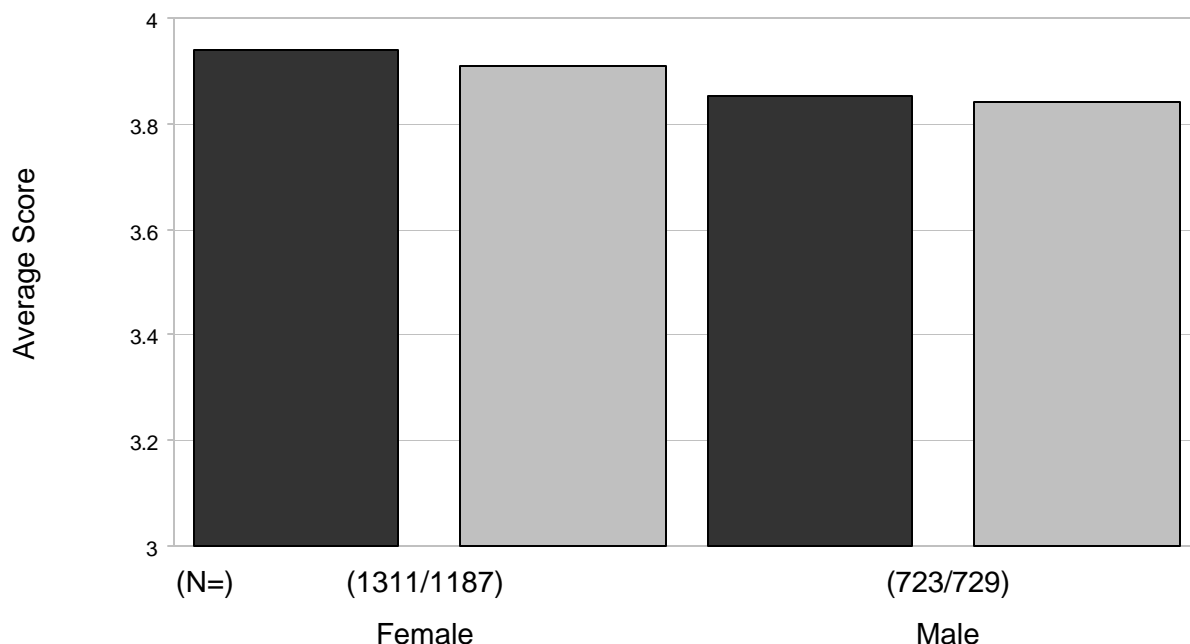
## Quality of Service by RSN

As seen in **Figure 8** on the preceding page mean scores of Appropriateness and Quality of Services for eight out of the 14 RSNs indicated higher levels of satisfaction in 2002 than in 2004. There was no RSN that had a statistically significant difference in mean scores between 2002 and 2004. Chelan Douglas had the highest mean score on the Quality of Service scale in 2002 whereas in 2004 Timberlands RSN respondents had the highest mean scores in this domain. Clark RSN had a lower mean score on the Quality of Services scale in 2002 and North East had a lower mean score in 2004. However mean scores in 2004 were all above 3.7 indicating that respondents were mostly satisfied

## Quality of Service by Gender

**Figure 9** shows that mean scores were higher for female respondents than male respondents in both survey years. When broken out by gender, respondents were slightly less satisfied in this domain in 2004 than in 2002. There were no statistically significant differences between survey years when examined by gender in this domain.

**Figure 9. Appropriateness and Quality of Services by Gender and Survey Year**

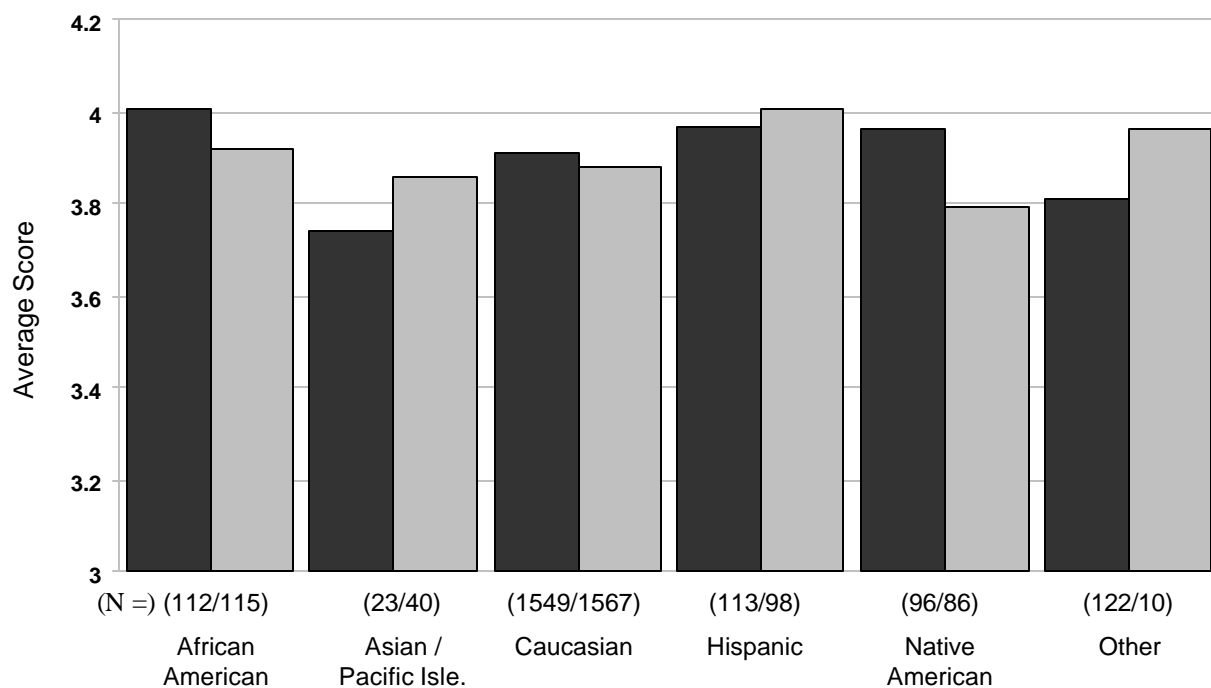


# Appropriateness & Quality of Services

## Quality of Service by Ethnicity

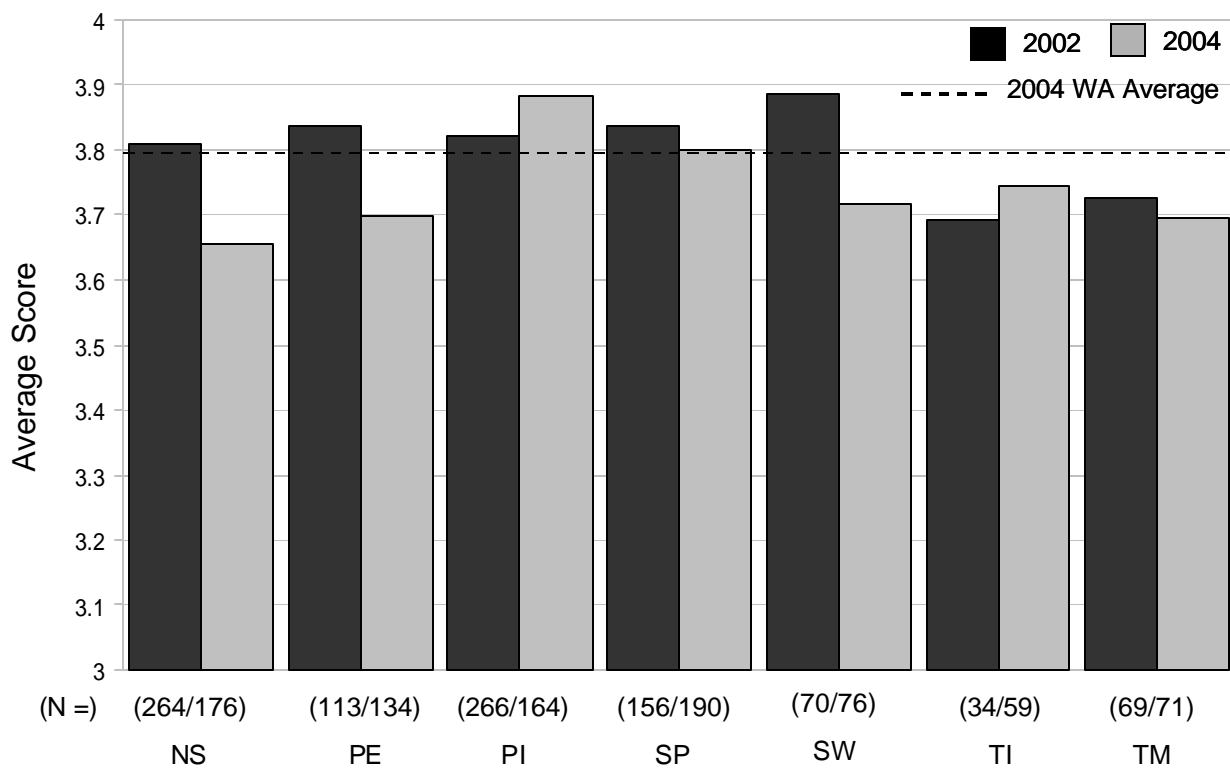
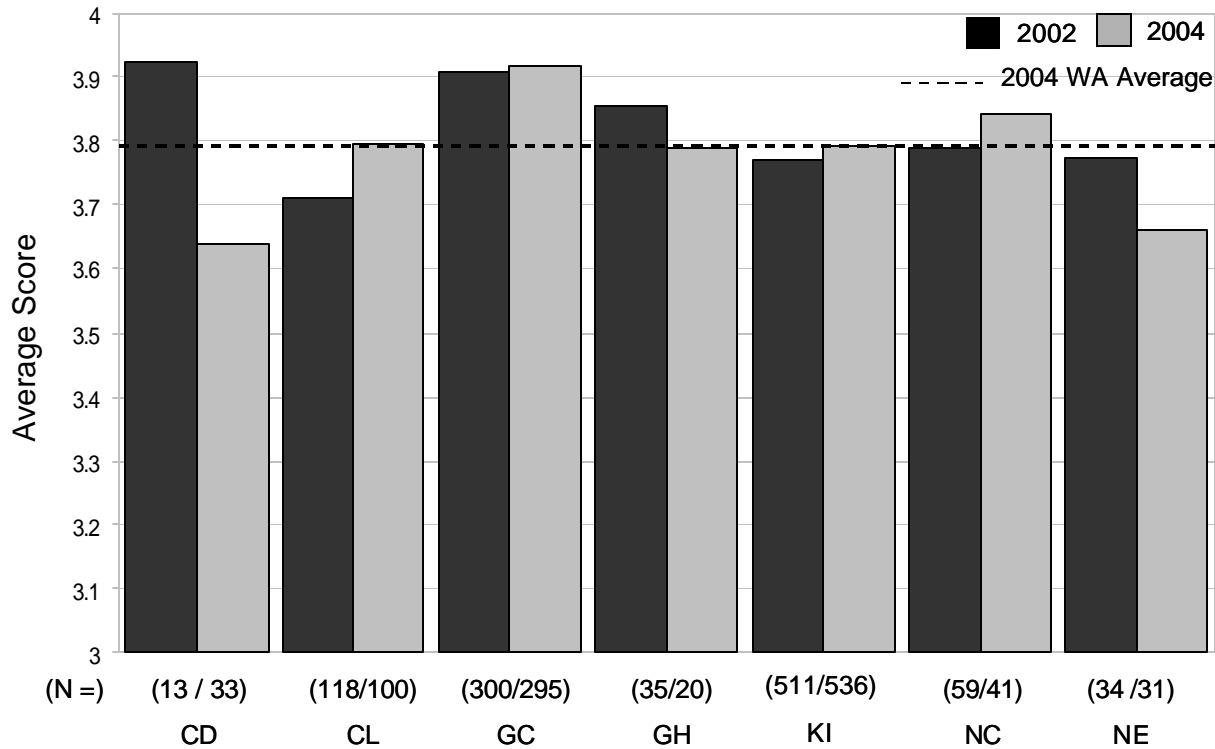
As seen in **Figure 10** African American, Caucasian, and Native American respondents had lower, but non-statistically significant mean scores in 2004 than in 2002. The highest mean scores were among African Americans in 2002 and Hispanics in 2004. The lowest mean scores were among Asians in 2002 and Native Americans in 2004.

**Figure 10. Appropriateness and Quality of Services by Ethnicity and Survey Year**



# Participation in Treatment Goals

**Figure 11. Participation in Treatment Goals by RSN and Survey Year**



# Participation in Treatment Goals

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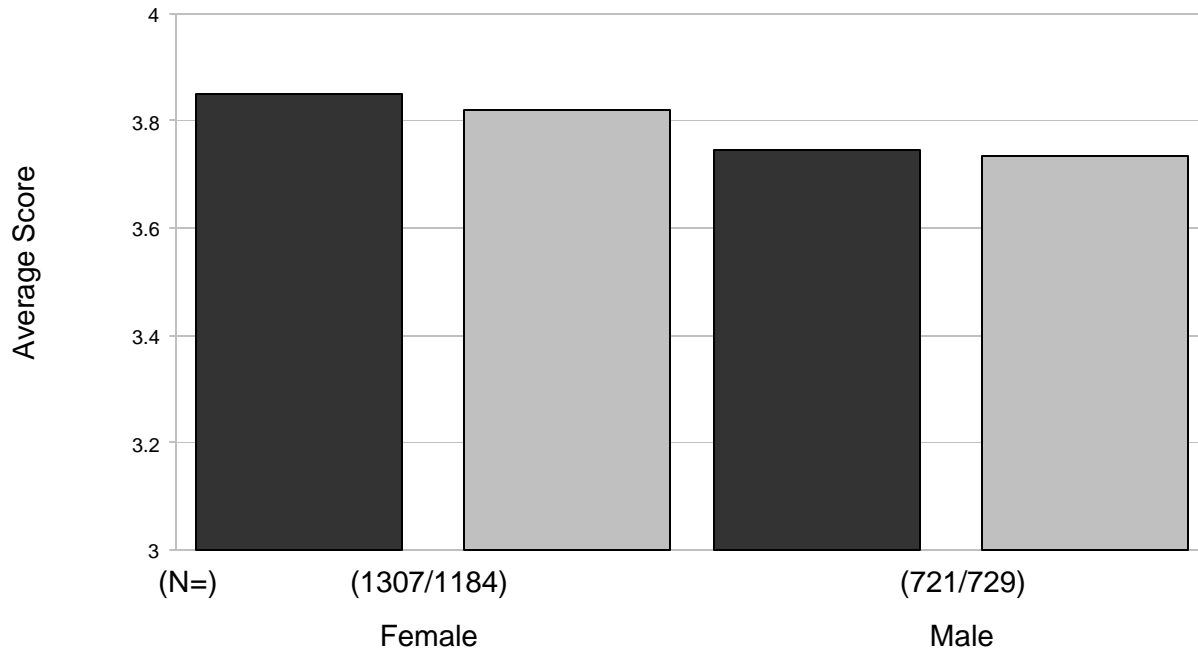
## Participation by RSN

As seen in **Figure 11** on the preceding page, there were no statistically significant changes in scores on the Participation scale between 2002 and 2004 when examined by RSN. Half of the respondents by RSNs reported higher levels of satisfaction in 2004 than in 2002. The highest mean score on this scale was at Chelan Douglas RSN in 2002 and Greater Columbia RSN in 2004. The lowest mean score on this scale was at Timberlands in 2002 and Chelan Douglas in 2004.

## Participation by Gender

**Figure 12** shows that there were no statistically significant changes between survey years on the Participation scale according to gender. Females were more satisfied in this domain for both survey years.

**Figure 12. Participation in Treatment Goals by Gender and Survey Year**



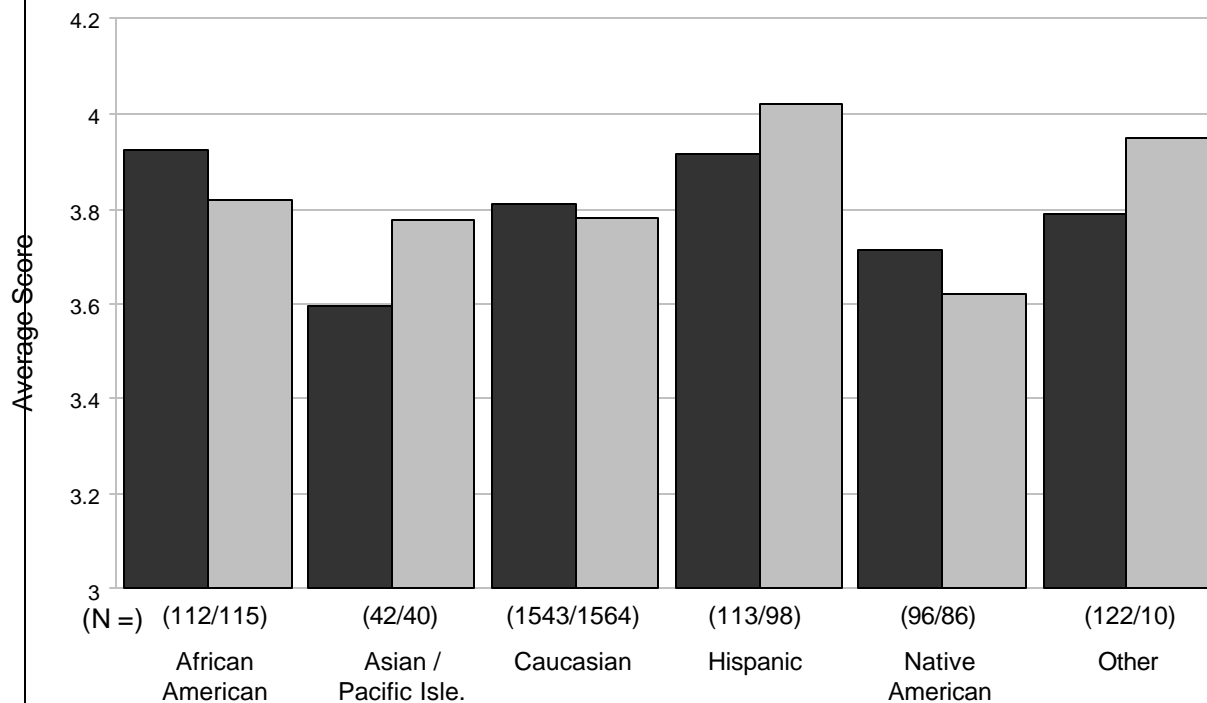
# Participation in Treatment Goals

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## Participation by Ethnicity

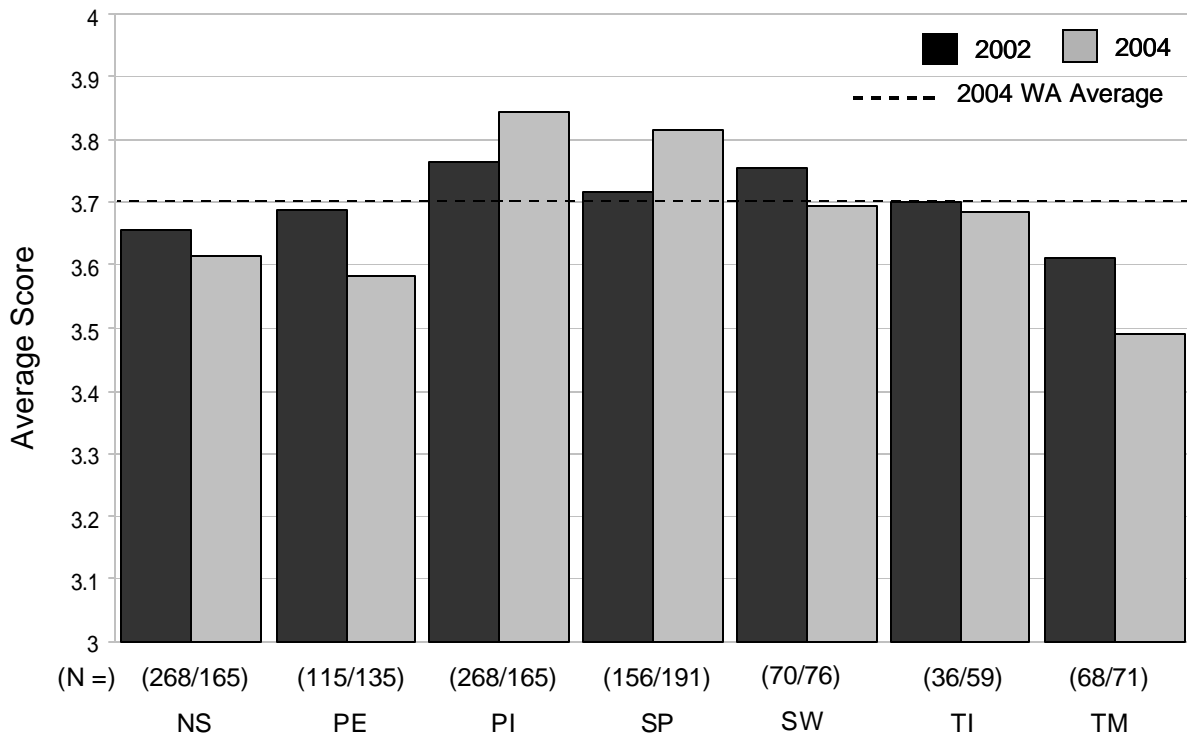
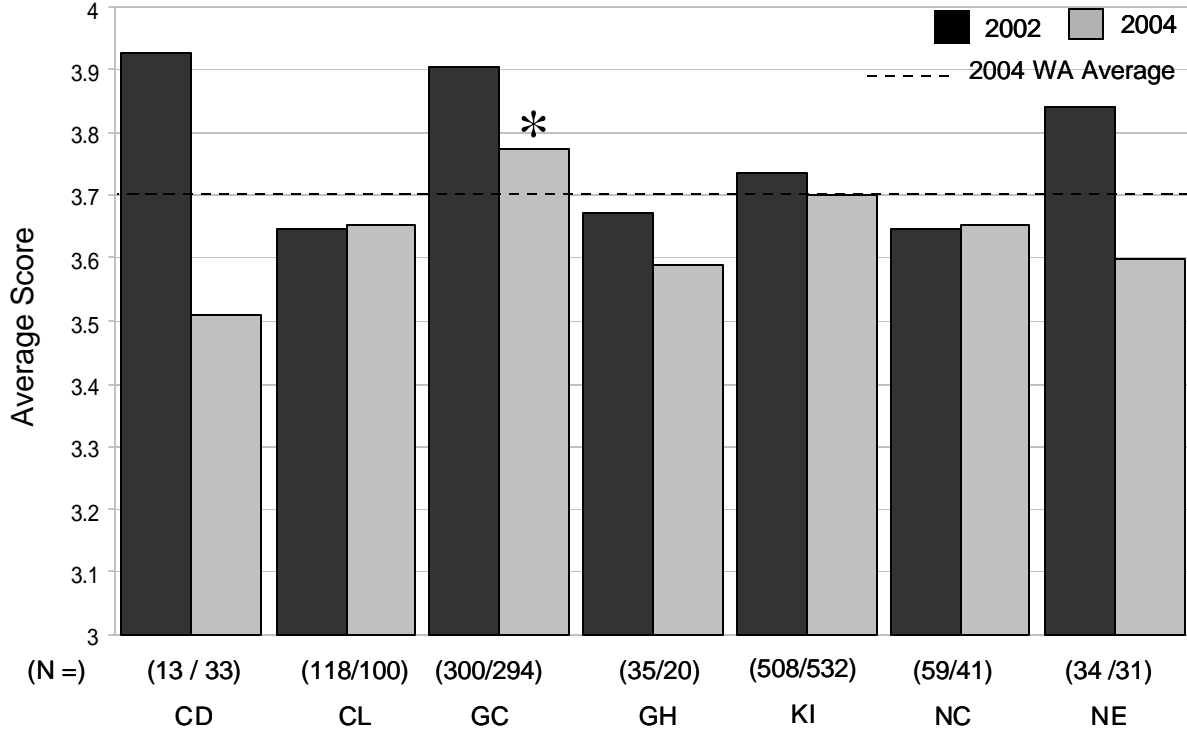
**Figure 13** shows that on the Participation scale in 2002 African Americans indicated higher levels of satisfaction and in 2004 Hispanics indicated higher levels. Asians had lower satisfaction scores in 2002 and Native Americans indicated lower levels of satisfaction in this domain in 2004. These differences were not statistically significant.

**Figure 13. Participation in Treatment Goals by Ethnicity and Survey Year**



# Perceived Access to Services

**Figure 14. Perceived Access to Services by RSN and Survey Year**



# Perceived Access to Services

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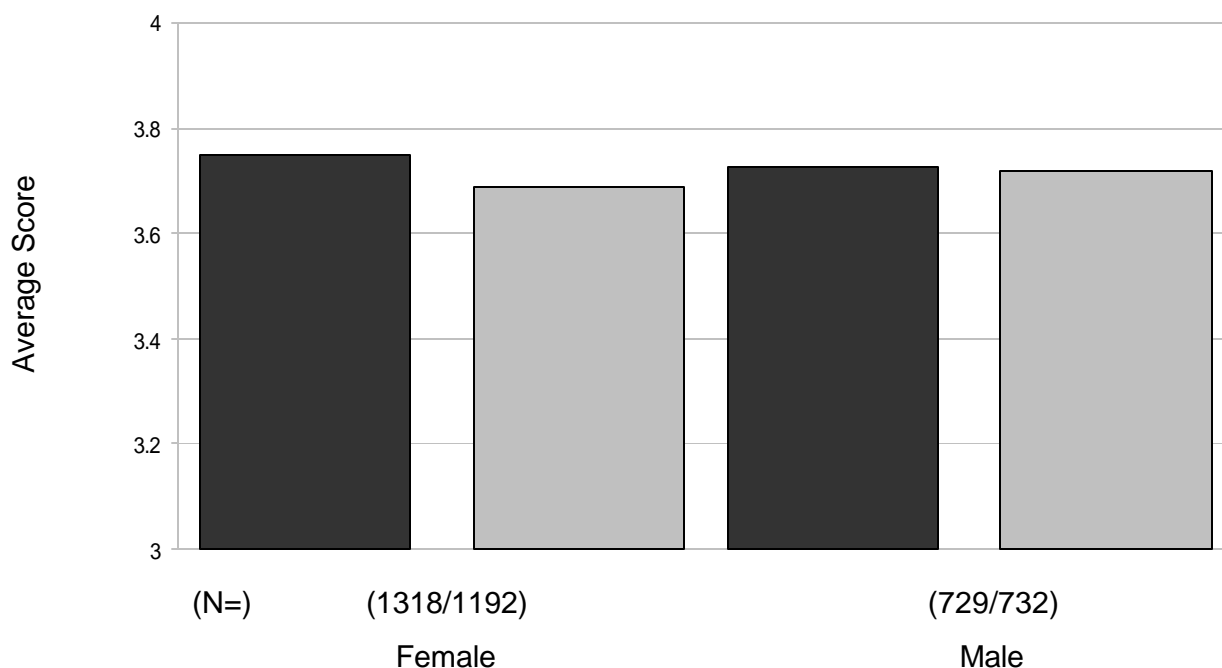
## Perceived Access by RSN

**Figure 14** on the preceding page shows that Greater Columbia RSN had a statistically significant lower average score in the domain of Access in 2004 than in 2002. Of the remaining 13 RSNs 9 had lower satisfaction with access scale scores in 2004 than in 2002, but these decreases were not statistically significant.

## Perceived Access by Gender

In **Figure 15** females and males were both less satisfied in 2004 than in 2002 but the differences between males and females were less substantial in 2002 than in 2004. These differences were not statistically significant.

**Figure 15. Perceived Access to Services by Gender and Survey Year**



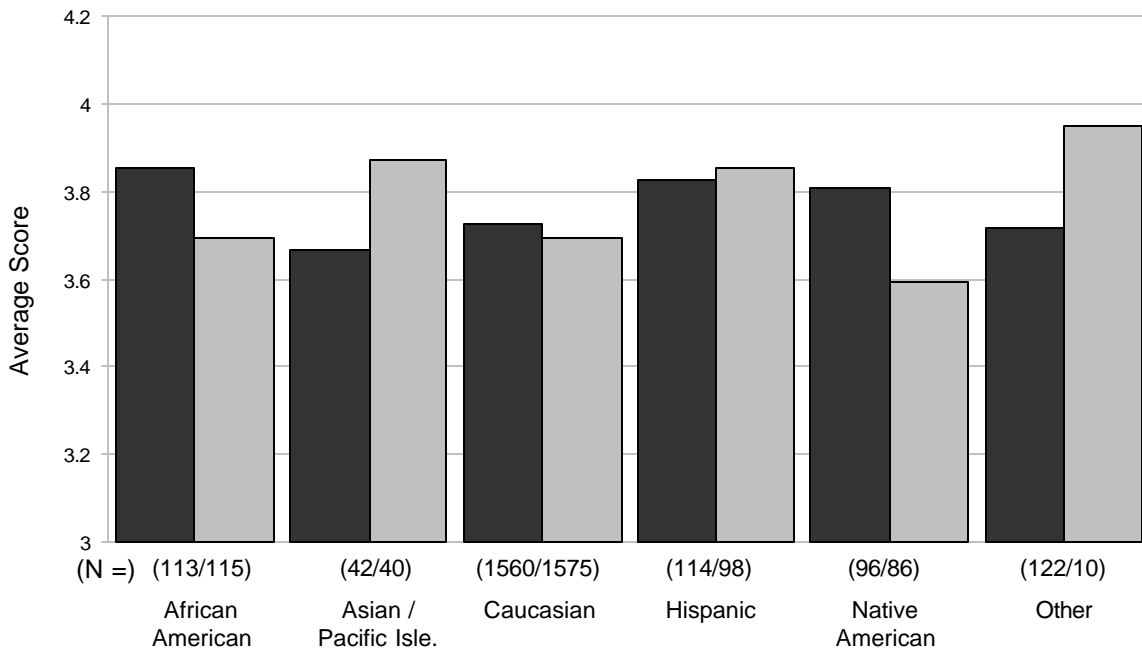
# Perceived Access to Services

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## Perceived Access by Ethnicity

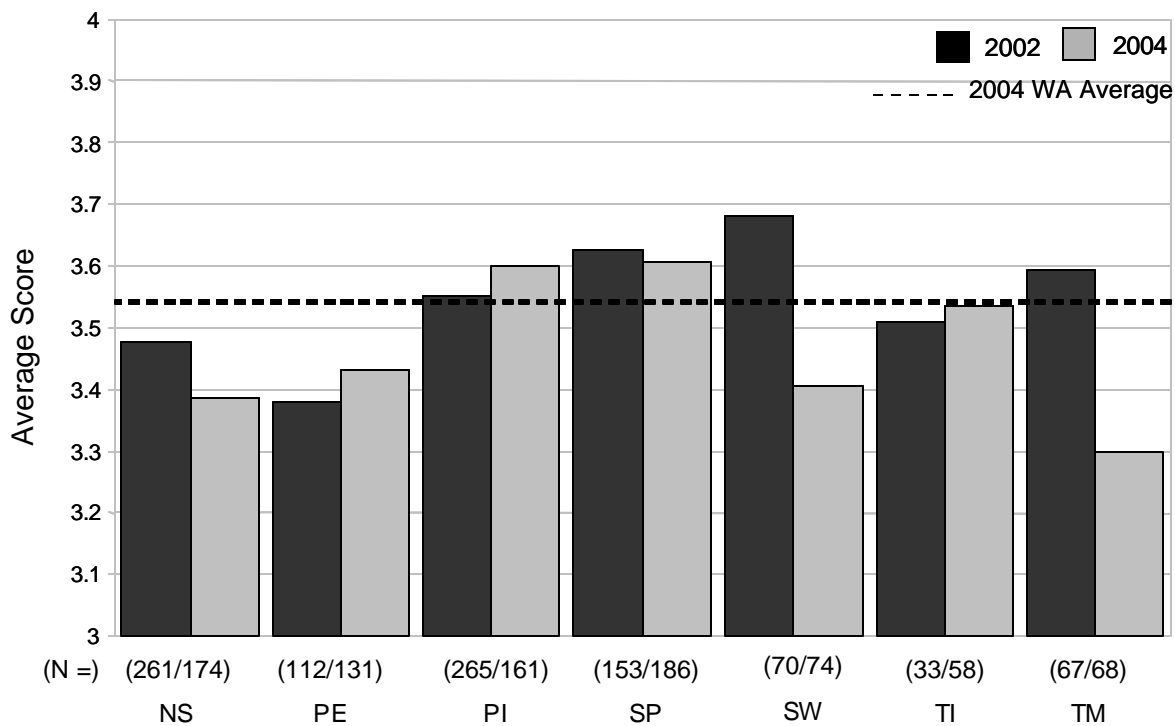
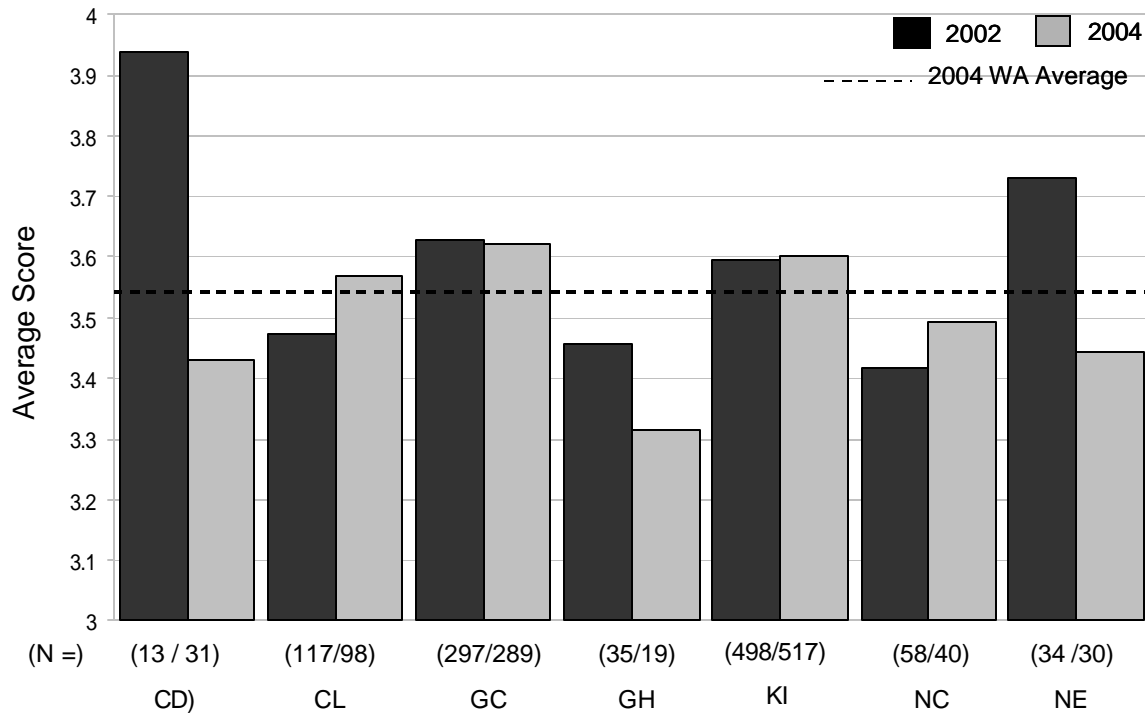
**Figure 16** shows that in 2002 African American respondents had the highest mean score on the Access scale and in 2004 respondents who identified as Other ethnicity had the highest scale scores, followed closely by Asian respondents. The lowest were reported by Asians in 2002 and, and by Native Americans in 2004 - these differences were not statistically significant.

**Figure 16. Perceived Access to Services by Ethnicity and Survey Year**



# Perceived Outcomes of Services

**Figure 17. Perceived Outcomes by RSN and Survey Year**



# Perceived Outcomes of Services

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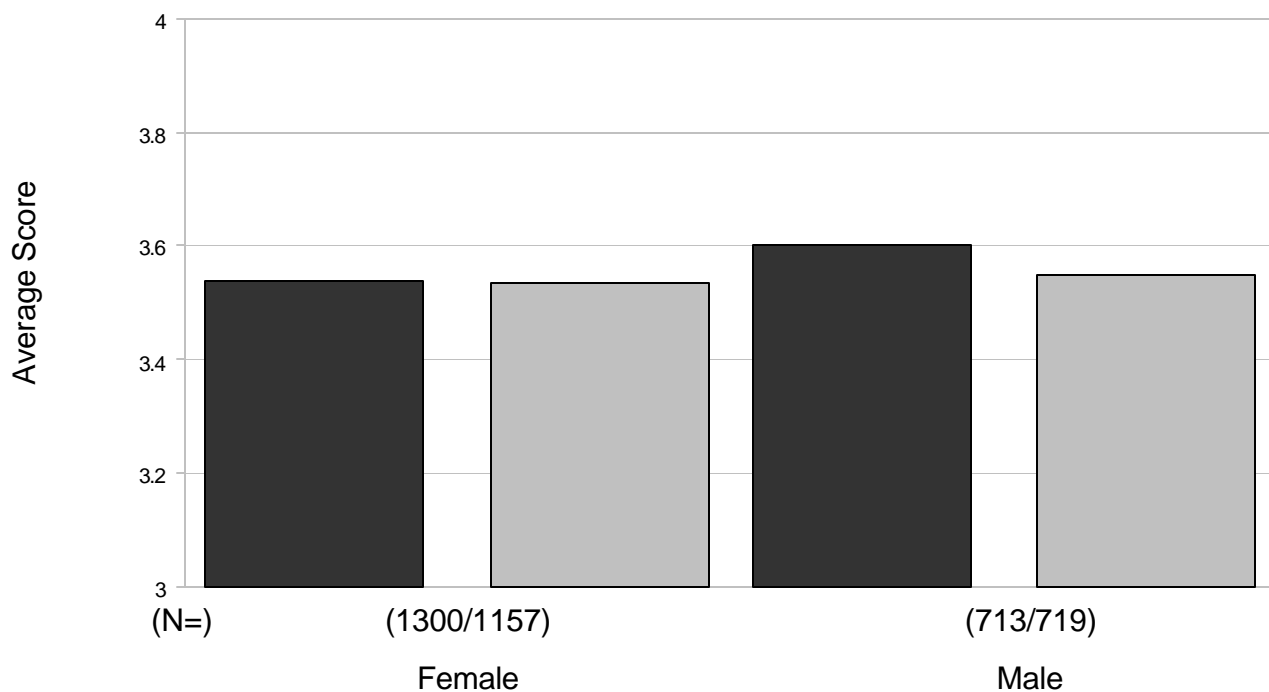
## Perceived Outcomes by RSN

**Figure 17** on the preceding page shows that 8 of the 14 RSNs had lower satisfaction scale scores in the Outcomes domain in 2004 than in 2002. The highest scale scores were reported at Chelan Douglas in 2002 and at Greater Columbia in 2004. The lowest scale scores in this domain were reported at North Central RSN in 2002 and Thurston Mason RSN in 2004. These differences were not statistically significant.

## Perceived Outcomes by Gender

**Figure 18** shows that males reported non-statistically significant higher levels of satisfaction than females in 2002. In 2004 the level of male satisfaction decreased while female satisfaction remained constant resulting in no differences between males and females in this domain in 2004.

**Figure 18. Perceived Outcomes by Gender and Survey Year**



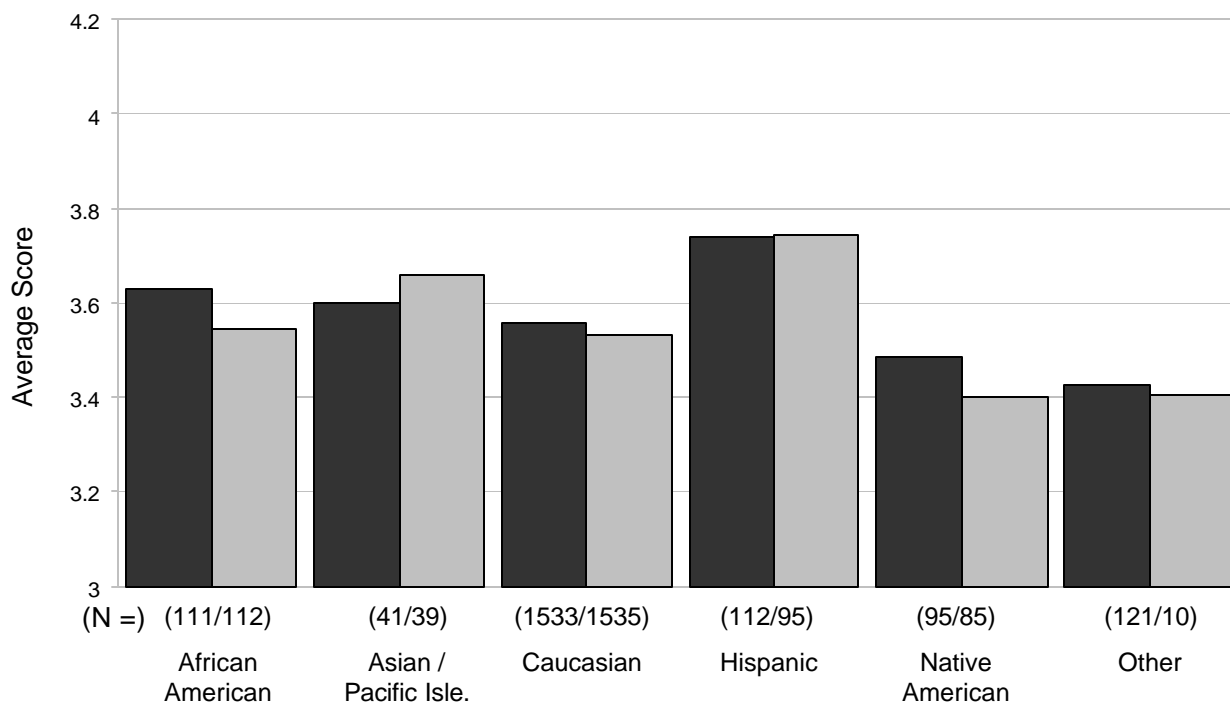
# Perceived Outcomes of Services

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## Perceived Outcomes by Ethnicity

**Figure 19** shows that mean scores among ethnic groups largely remained constant between survey years with no statistically significant difference between 2002 and 2004. Hispanic respondents were most satisfied in this domain in both 2002 and 2004. In 2002 Other ethnicity respondents scored lowest on the Outcomes scale and in 2004 Native Americans had the lowest average score.

**Figure 19. Perceived Outcomes by Ethnicity and Survey Year**



## V. Open Ended Responses

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Two questions in the survey provided participants the opportunity to choose their own words in expressing themselves and their levels of satisfaction. One question asked the participants, “What two things do you like the *most* about the mental health services you received?” Another asked, “What two things do you like the *least* about the mental health services you received?”

After the researchers reviewed answers to the questions, the statements were divided into broad categories of responses. Three trained and experienced interviewers assigned individual responses into their corresponding category. The categories for responses to open-ended questions are as follows:

**Services** – which included references to services, effectiveness, confidentiality, etc;

**Support** – which included references to support and understanding, an accepting environment, listening skills and overall help;

**Counseling** – which included references to quality of therapists and effectiveness of group sessions;

**Medications** – which included any reference to prescriptions;

**Access** – which included references to appointments, location, cost, and flexibility; and

**Staff** – which included references to the non-counseling members of the agency’s team.

## Liked the Most

In the **Adult Consumer Survey 2002** the majority of participants indicated they most liked their *Counseling*. Many individual comments reflected positive relationships with counselors and therapists; these comments centered on the skills and compassion of therapists, as well as on their professionalism and flexibility.

In the **Adult Survey 2004** the majority of participants who answered this question said that they most liked the *Support* they received. Individual comments reflected positive comments about having someone to talk to, being listened to, being treated with respect and feeling supported throughout the mental health treatment process. Closely following Support many participants indicated what they liked most was the *Counseling Services*. Many individual comments reflected positive relationships with counselors and therapists; these comments centered on the skills and compassions of therapists and the quality of treatment they received.

- “They were very helpful and supportive of what I was going through.”
- “They treat us like we're still human beings, not crazy people. I was treated with dignity.”
- “[It’s] nice to have somebody to sit and talk to and receive positive feedback and suggestions.”
- “They were willing to listen to me.”
- “They work on my strengths so that I continue to improve.”
- “I like the information that I get from the classes that are held here, especially about the medication I take.”
- “I have a therapist I see on a weekly basis that I can tell the truth to about anything.”
- “She listens to my problems and then helps to solve them.”
- “My case manager is right on top of things and makes sure I am doing what I am supposed to do.”
- “When I was first in crisis they got me in very quickly.”
- “When I arrived there I didn't have to wait much time, they were very fast and efficient.”

## Liked the Least

In the **Adult Survey 2002** the highest percentage (32%) of participants did not comment on what they liked least about their mental health services, but among those who did respond, 22% indicated they liked *Access* the least, followed closely by *Services* (21%).

In the **Adult Survey 2004** the most common response (13%) among participants who answered was that they liked *Access* the least, followed closely by *Counseling* (11%).

- “In the past I have shown up for an appointment and had my counselor not there.”
- “You can’t get a hold of your case manager and they don’t return your call.”
- “You’ve got to wait half an hour or 45 minutes in the med line sometime to get your medicine.”
- “The case workers are on overload.”
- “I don’t like that they’ve cut funds for social programs.”
- “The Medicaid coupon coverage was not always sufficient to cover my needs.”
- “I live on the other side of the county so my transportation is inconvenient. I can’t afford the gas & it’s 25 miles one way.”
- “They don’t see me often enough.”
- “I would have liked to have had some 1:1 rather than group sessions.’
- “I don’t feel I am adequately counseled by my psychiatrist when I see him once a month for about 10 minutes before I have to leave.”
- “They gave me the impression that I had no choice in my treatment. Take it or leave it.”
- “Psychiatrist was rather rude, not very understanding, rather condescending toward me.”
- “They always switch me around. I do not always have the same case manager, counselor or doctor.”
- “The changing of counselors after I get comfortable with someone.”

## VI. Summary

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Generally speaking consumers appear to continue to be mostly satisfied with the services that they received. Differences between survey years were minimal and survey scores consistently were between 3 and 4 on the satisfaction scale indicating a status of mostly satisfied.

In most cases females were more satisfied than males on satisfaction scales, over time female satisfaction has lessened somewhat, oftentimes while male satisfaction remained the same, thus lessening the differences between the two genders.

For both survey years satisfaction by ethnicity remained consistent with some possible trends emerging of higher levels of satisfaction among Asian and Hispanic consumers and decreasing levels of satisfaction among African American and Native American respondents. These potential trends warrant further monitoring.

Intuitively there appears to be a trend towards lessening levels of satisfaction between the two surveys, but statistical testing did not reveal a decrease in satisfaction except on two year by year comparisons at the RSN level. However, this is the first time that results from the Adult Consumer Survey have been compared with a prior year and it should demonstrate the importance of continued comparisons over even greater periods of time in order to accurately monitor satisfaction among those adults who are served by the mental health system in Washington State.