

Changes in Perception

Child Consumers of Mental Health Services

Comparing the
2001 Children's Survey and the
2002 Children's Survey



Perceptions of Family and Youth
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. Please ask for a copy of *The Tool Kit for the Children with Special Needs Survey 2001*, and *The Tool Kit for the Children's Survey 2002*. These reports include a full numerical dataset, a discussion of data collection methods, and additional information on data analysis.

Table of Contents

I. Executive Summary	4
II. Introduction	5
III. The Two Surveys.....	6
IV. The Six Satisfaction Scales	8
General Satisfaction	10
Voice in Service Delivery	12
Satisfaction with Staff	14
Perception of Service Outcome	16
Access to Services	18
Sensitivity to Culture	20
V. Summary of Findings.....	22
VI. Discussion	24

I. Executive Summary

Comparison of The Special Needs Children's Survey 2001 and the Children's Survey 2002 provides early indicators of decreased satisfaction among consumers of publicly funded mental health services in Washington State.

Overall measures of consumer satisfaction with services as related to **General Satisfaction** and **Satisfaction with Staff** demonstrated statistically significant¹ decreases in of satisfaction between these two surveys. When surveys were divided between Family (caregivers of children ages 0-13) and Youth (consumers aged 14 and older), Family respondents demonstrated statistically significant decreased levels of satisfaction in the areas of **Voice in Service Delivery** and **Satisfaction with Staff** between the two surveys.

The two surveys were also compared by Regional Support Network (RSN). King RSN demonstrated statistically significant decreased levels of satisfaction in the areas of **General Satisfaction** and **Satisfaction with Staff**. Pierce RSN demonstrated statistically significant decreased satisfaction in measures of **Perceptions of Service Outcomes** and **Access to Services**. In the measure **Staff Sensitivity to Culture**, North Sound RSN demonstrated statistically significant increased levels of satisfaction while Spokane RSN showed decreased levels of consumer satisfaction.

When examining measures of satisfaction by race or ethnicity, respondents who identified as African American or Hispanic showed a statistically significant decrease in satisfaction in the area of **General Satisfaction** between the two surveys. African Americans also indicated an increased level of satisfaction in the **Perception of Service Outcomes** measure over time

Non-statistically significant decreases in satisfaction were visible in many measures of consumer satisfaction by RSN, Gender, and Race or Ethnicity.

¹ 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

This report is a product of comparing two state-wide surveys conducted by The Washington Institute: the Special Needs Children Survey 2001 (CS2001) and the Children's Survey 2002 (CS2002). 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 younger mental health consumers.

For both investigations, we 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' general satisfaction with service, perception of voice in service delivery, satisfaction with staff, perception of the outcome of their services, access to services, and staff sensitivity to culture.

Those chosen to participate in the Special Needs Children Survey 2001 survey were selected randomly from a list of those who received services from April 1, 2000 through September 30, 2000. Those chosen to participate in the Children's Survey 2002 were selected randomly from a list of those who received services from November 1, 2001 through April 30, 2002. Each survey group represents a different sample of survey respondents.

Both surveys utilized the Washington Institute's Computer Assisted Telephone Interviewing (CATI) laboratory. The CS2001 telephone surveys were administered from March through May 2001. The second survey, the Children's Survey 2002, was conducted between August and September 2002

The CS2001 collected information from forty percent of those randomly chosen to participate. Of the 1,046 surveys collected, 608 were with consumers between the ages of 14 and 20 years (which we called the "Youth" survey); for those 438 consumers less than 14 years of age, the consumer's primary caregiver provided their perspective (the "Family" survey). The CS2002 collected information from Forty-four percent of the sample, producing 1,314 completed responses: 901 Family plus 413 Youth.²

² For a full treatment of the methods employed in these two surveys — including randomized sampling, survey and data collection methods, scale construction and reliability analysis, and data interpretation, see *The Tool Kit for the Children with Special Needs Survey 2001* and *The Tool Kit for the Children's Survey 2002*. Both reports are available through the Washington Institute at 253/756-2741

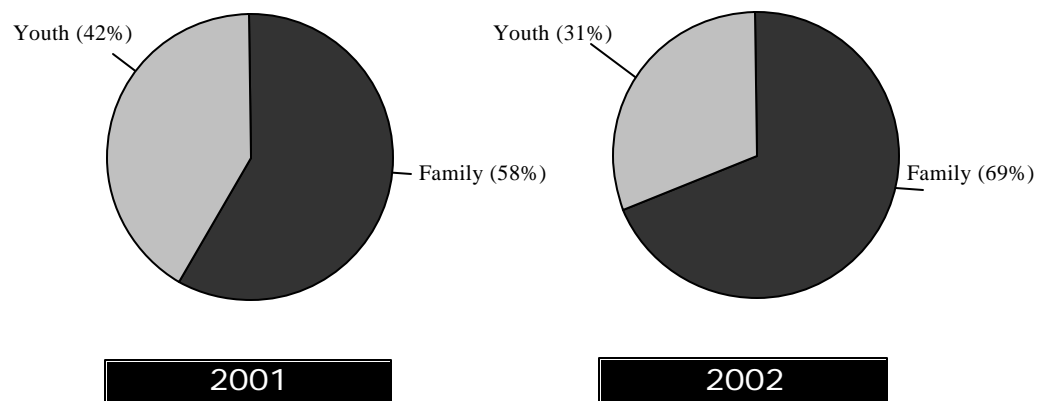
III. The Two Surveys

As stated in the introduction, both the Special Needs Children Survey 2001 (CS2001) and the Children’s Survey 2002 (CS2002) 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 children and youth 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).^{3, 4}

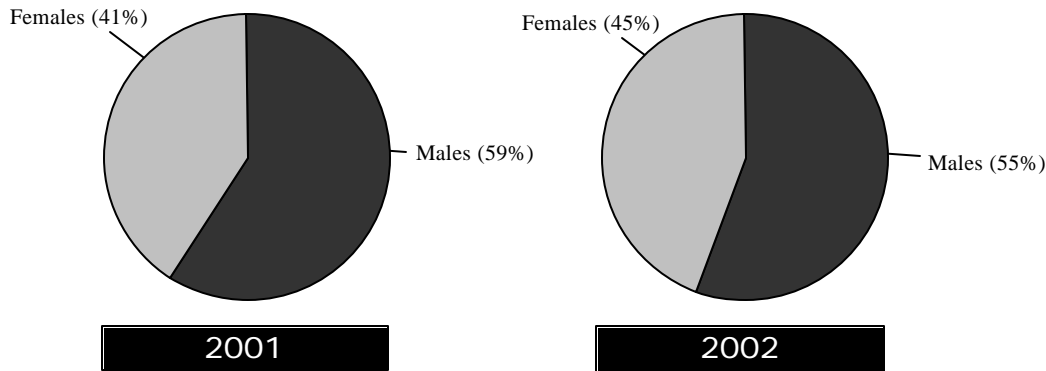
In comparing the two surveys, it is also important to show that the two survey groups are similar to each other. This section therefore demonstrates that the two groups are relatively similar, allowing for a meaningful comparison of the two groups.

Figure 1. Comparing Survey Types



³ For a detailed representative analysis, please see *The Tool Kit for the Children with Special Needs Survey 2001* and *The Tool Kit for the Children’s Survey 2002*. Both reports are available through the Washington Institute at 253/756-2741.

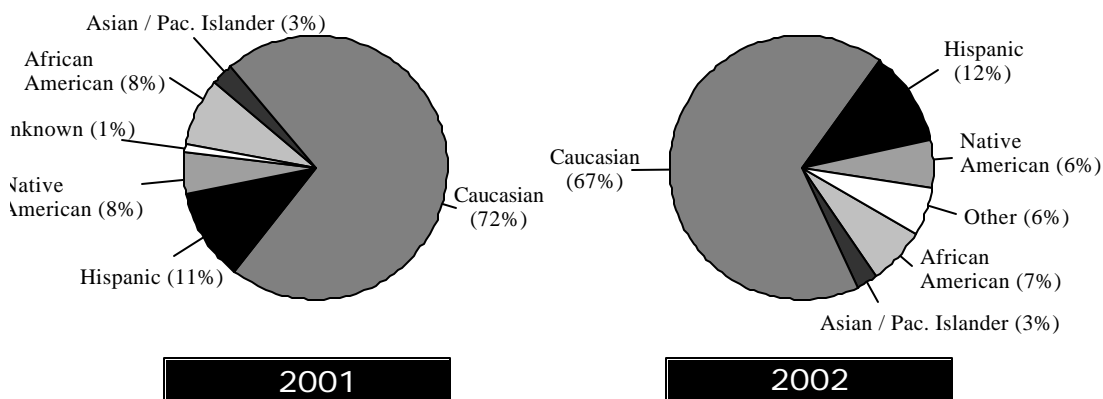
Figure 2. Comparing Genders



As demonstrated in **Figure 1**, on the previous page, the 2001 survey included interviewers with relatively more youth answering for themselves (41.9 %) than did the 2002 survey (31.4 %). **Figure 2** shows relatively fewer female participants in the 2001 survey (41.4 %) versus the 2002 survey (45.4 %). **Figure 3** demonstrates a decrease over time of Caucasians interviewed (from 71.7% to 67.0%). This difference is made up almost entirely by an increase in those consumers choosing a race/ethnicity “Other” than those offered, this option was not available in the 2001 Survey

While some differences exist between the two surveys, they are sufficiently similar to allow for meaningful comparison.

Figure 3. Comparing Race/Ethnicity



⁴ 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 under 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 “Participant Sample.”

IV. The Six Satisfaction Scales

Both surveys asked each participant questions relating to satisfaction with their mental health services. For example, the survey contained such questions as “My child is better at handling daily life.” 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.

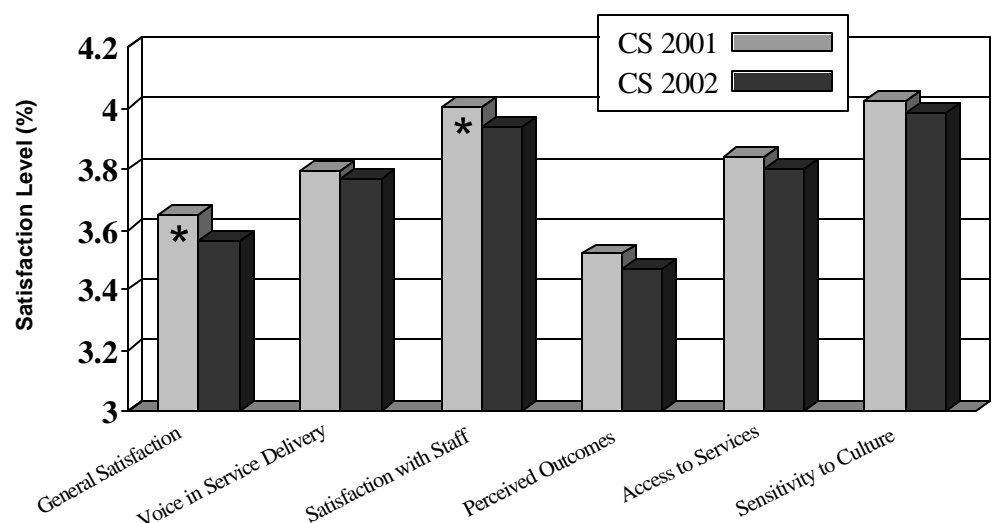
Multiple questions were then combined into a “scale” that addressed six areas of satisfaction, including:

- General Satisfaction with Services,
- Voice in Service Delivery,
- Satisfaction with Staff,
- Perceived Outcomes of Services,
- Access to Services, and
- Staff Sensitivity to Culture.

Figure 4 below, demonstrates the differences between the six satisfaction scales. When data from both the Family Survey and the Youth Survey were combined, all scales indicated a decline in satisfaction; two scales manifested a statistically significant decline in satisfaction: General Satisfaction and Satisfaction with Staff.

The term “statistical significance” means that there is a sufficiently low likelihood that a difference could have appeared by chance.⁵ 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

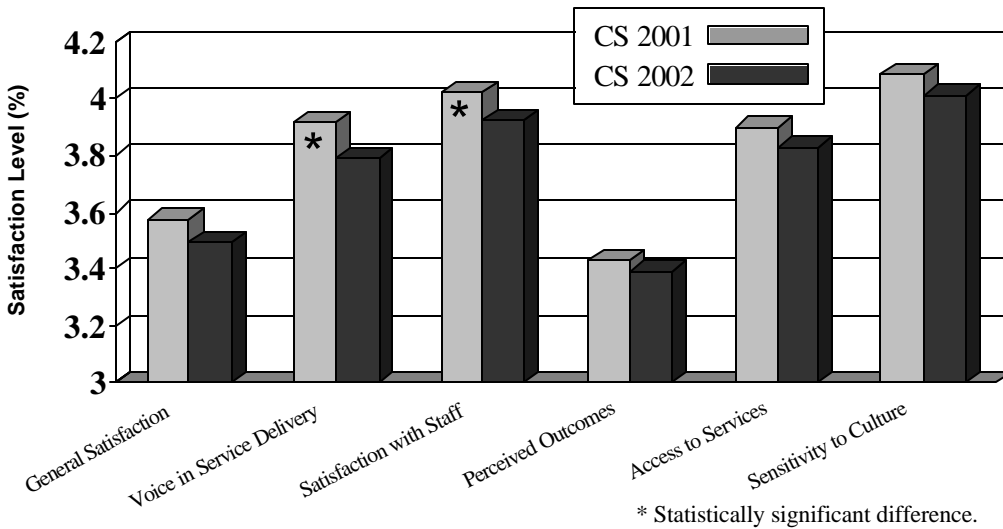
Figure 4. Satisfaction Scales by Survey Year



* Statistically significant difference.

⁵ Statistical significance testing was conducted using t-tests. Significance was established at $p < 0.05$, two-tailed.

Figure 5. Satisfaction Scales by Survey Year, Family

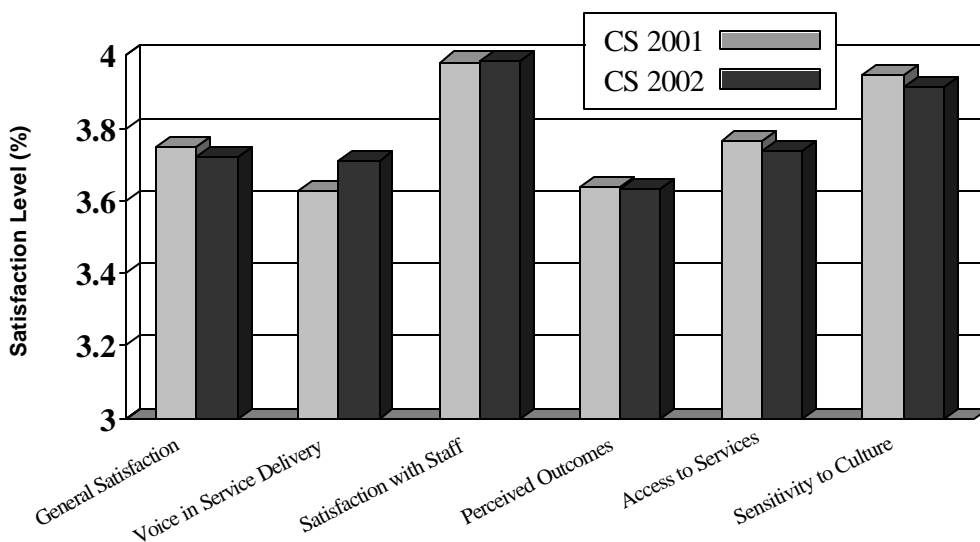


statistically significant. Alternatively, a small difference can be statistically significant if the group is large enough.

Figure 5 demonstrates that among the Family participants there was a drop in satisfaction in all six categories – although only two scales demonstrated a statistically significant decline (Voice in Service Delivery and Satisfaction with Staff).

Among the Youth participants (**Figure 6**), satisfaction remained fairly consistent with some increases and some decreases; no statistically significant differences were found.

Figure 6. Satisfaction Scales by Survey Year, Youth

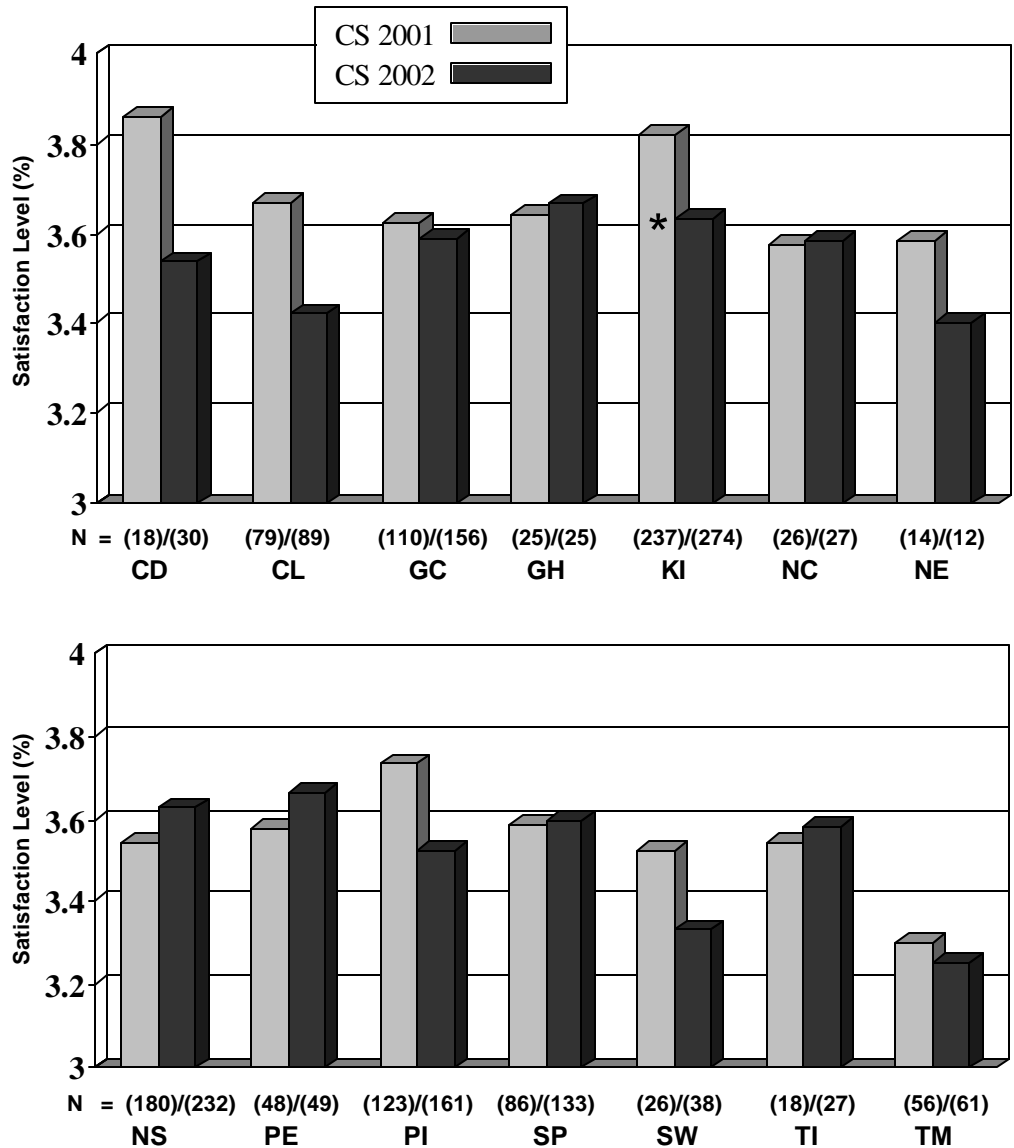


General Satisfaction

RSN Abbreviations:

CD - Chelan Douglas
 CL - Clark
 GC - Greater Columbia
 GH - Grays Harbor
 KI - King
 NC - North Central
 NE - Northeast
 NS - North Sound
 PE - Peninsula
 PI - Pierce
 SP - Spokane
 SW - Southwest
 TI - Timberlands
 TM - Thurston Mason

Figure 7. General Satisfaction by RSN & Survey Year



* Statistically significant difference.

When General Satisfaction was examined by RSN (**Figure 7**), only King RSN showed a statistically significant change between the two surveys.

Figure 8. General Satisfaction by Gender & Survey Year

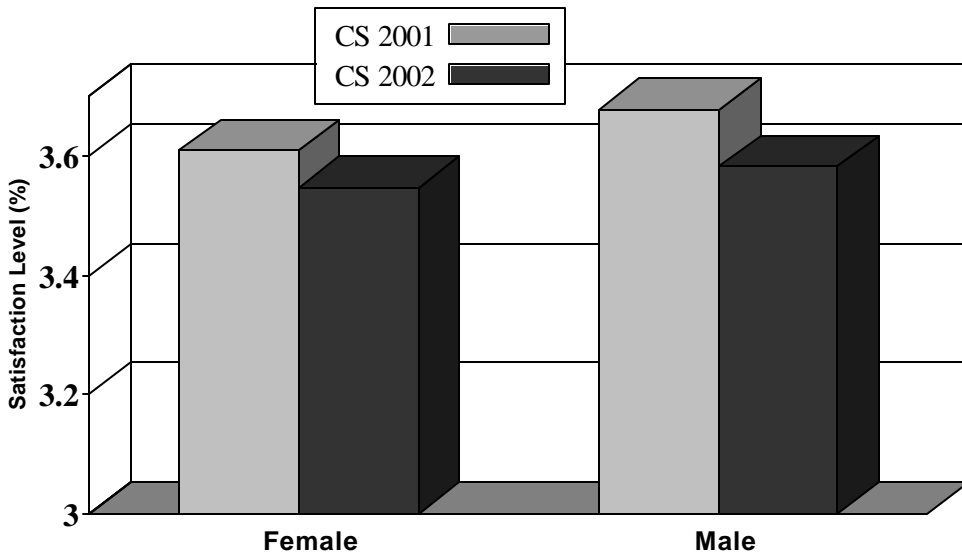
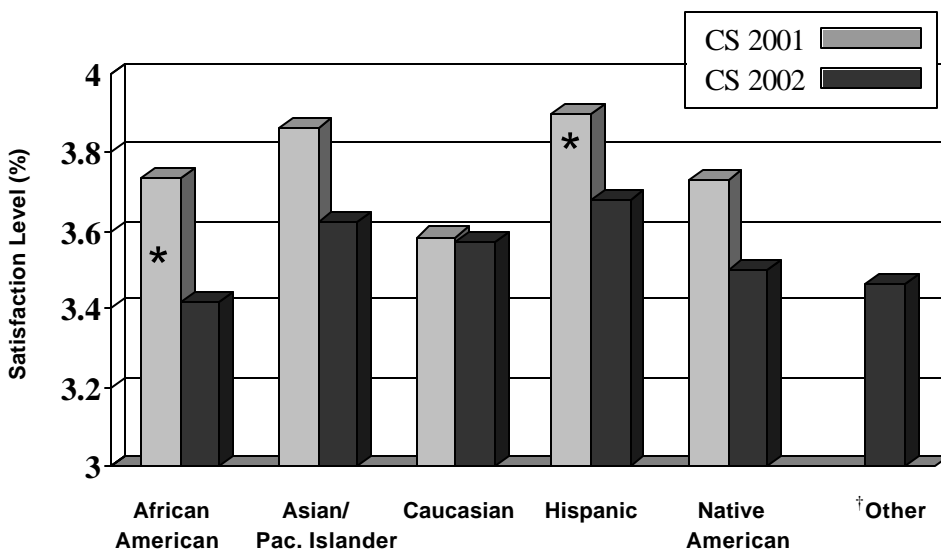


Figure 9. General Satisfaction by Race & Survey Year



* Statistically significant difference.

† Participants were allowed to choose some “Other” race category only in the 2002 survey.

There were no statistically significant differences by gender between the two surveys (**Figure 8**). When examined for changes in satisfaction respondents who identified themselves as African American or Hispanic demonstrated a statistically significant decline in satisfaction over time (**Figure 9**).

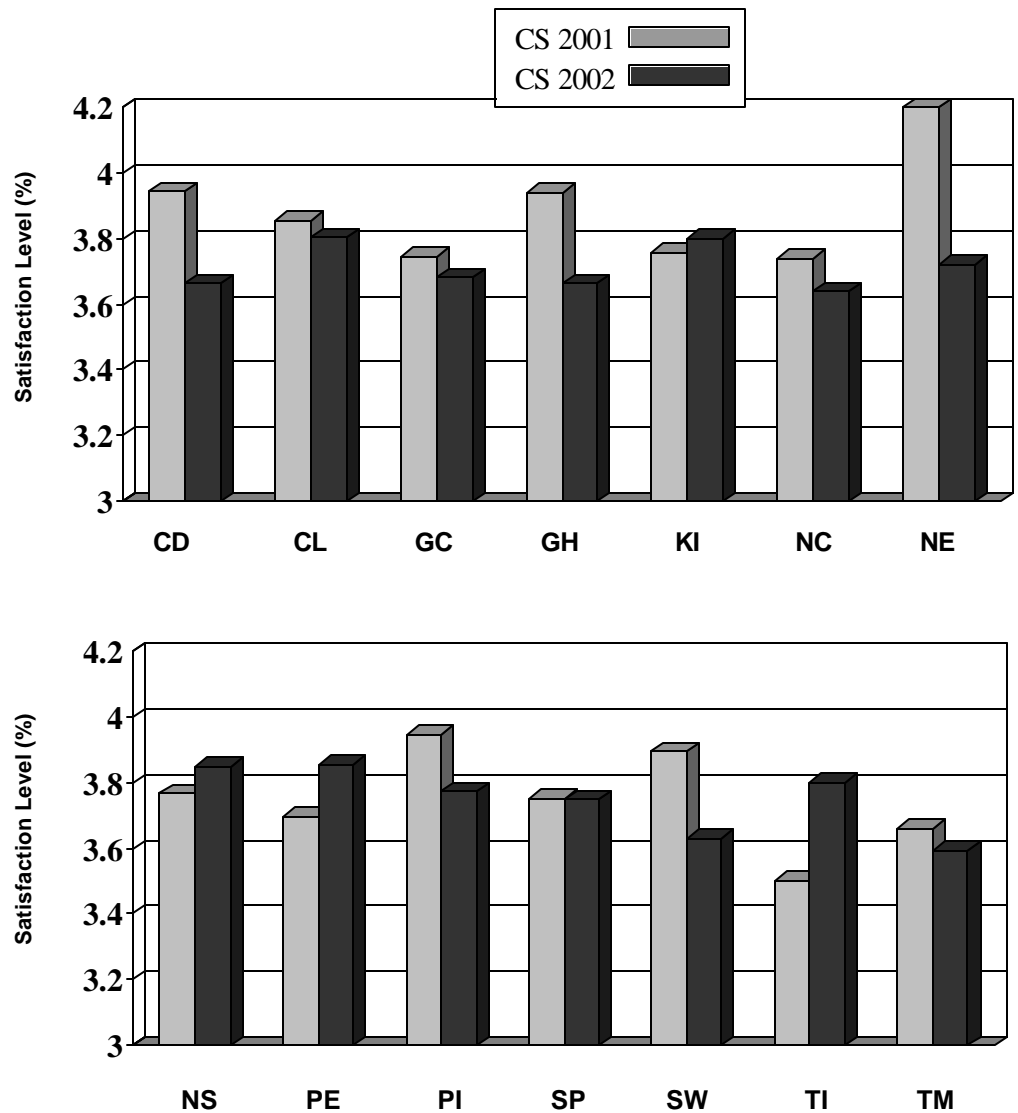
General Satisfaction (Continued)

Voice in Service Delivery

RSN Abbreviations:

- CD - Chelan Douglas
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Figure 10. Voice by RSN & Survey Year



Despite the fact that Voice in Service Delivery demonstrated a statistically significant decline among Family Survey participants (**Figure 5**, page 9), no statistically significant differences appeared when combining the Family and the Youth participants and analyzing by RSN. (**Figure 10**)

Figure 11. Voice by Gender & Survey Year

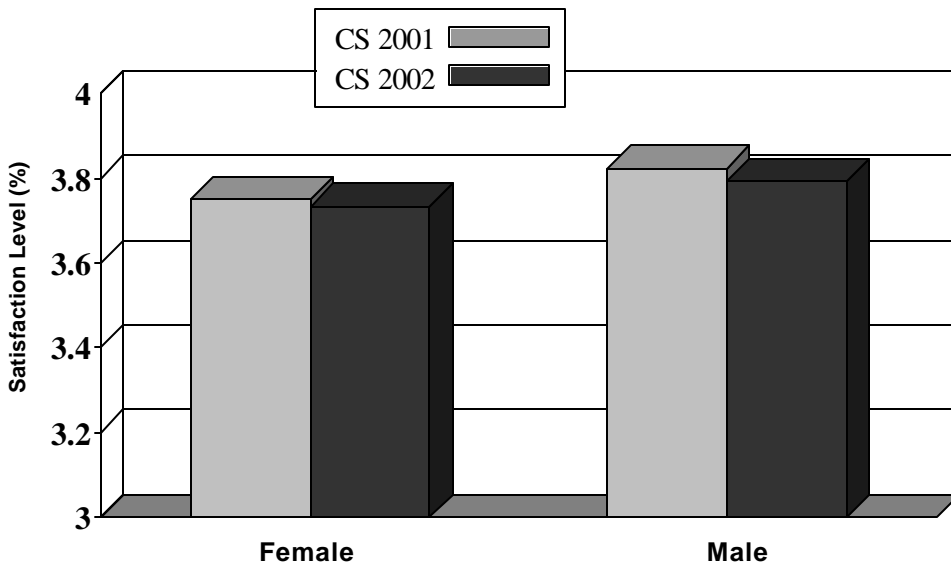
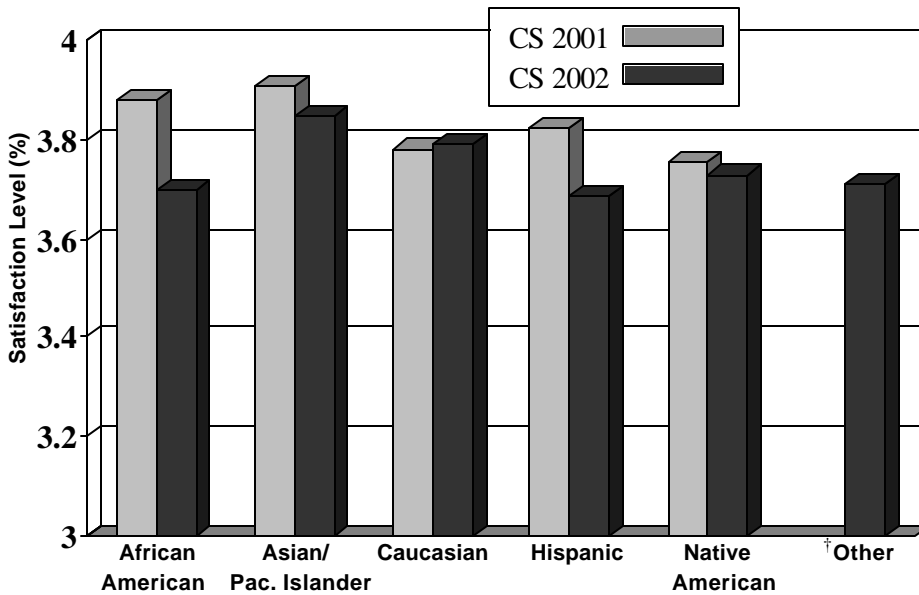


Figure 12. Voice by Race & Survey Year



† Participants were allowed to choose some “Other” race category only in the 2002 survey.

There were no statistically significant differences over time among participants when examined by gender (**Figure 11**), or by race (**Figure 12**).

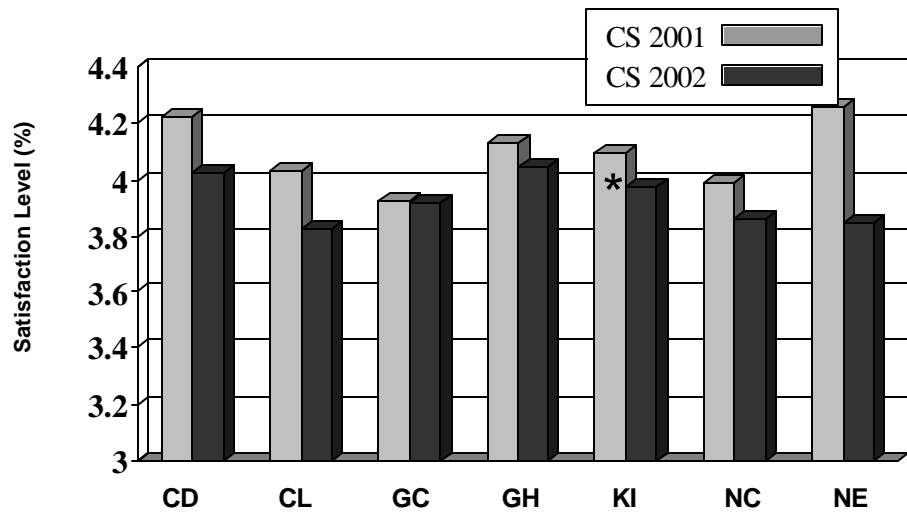
Voice in Service Delivery (Continued)

Satisfaction with Staff

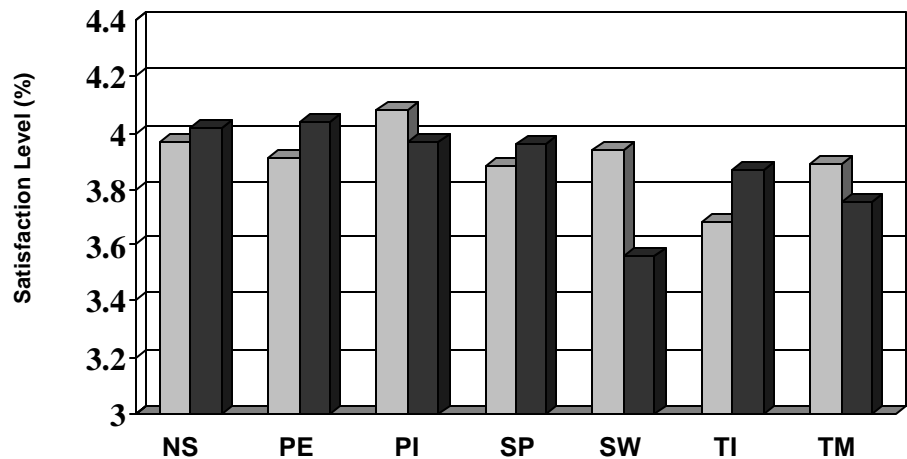
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Figure 13. Satisfaction with Staff by RSN & Survey Year



* Statistically significant difference.



When Satisfaction with Staff was examined by RSN (**Figure 13**), only King RSN showed statistically significant changes over time. Among the remaining, non-significant changes in RSNs, those RSNs demonstrating decreases in satisfaction outnumbered by two to one those demonstrating increases in satisfaction (nine versus four).

Figure 14. Satisfaction with Staff by Gender & Survey Year

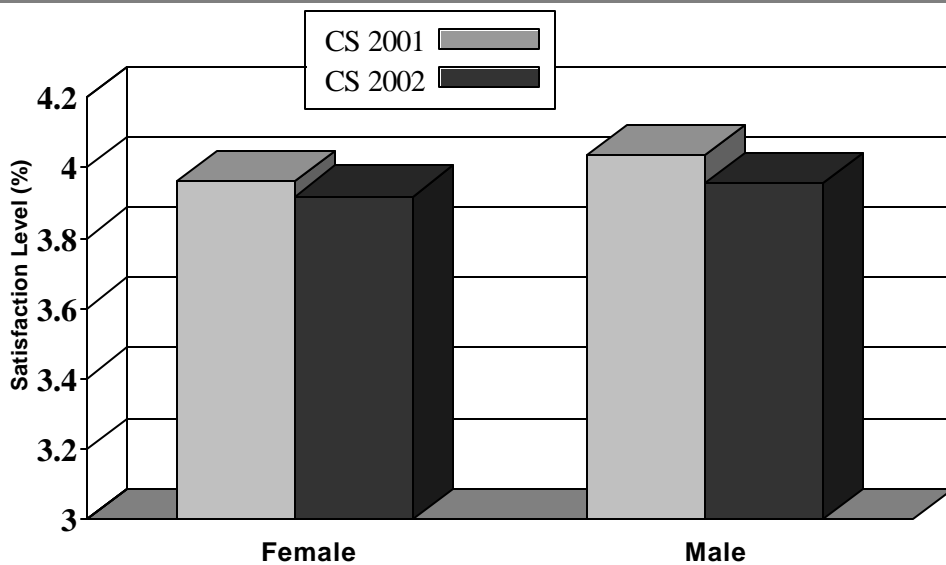
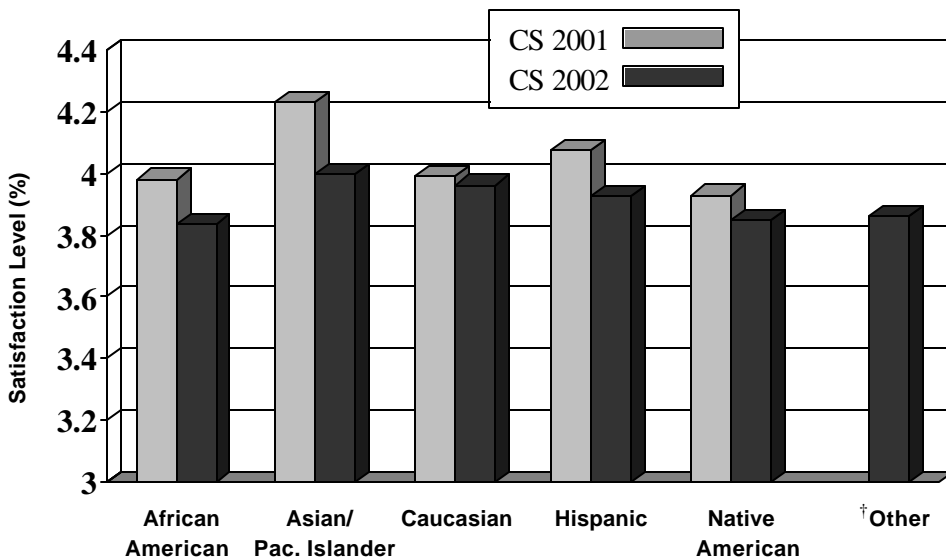


Figure 15. Satisfaction with Staff by Race & Survey Year



† Participants were allowed to choose some “Other” race category only in the 2002 survey.

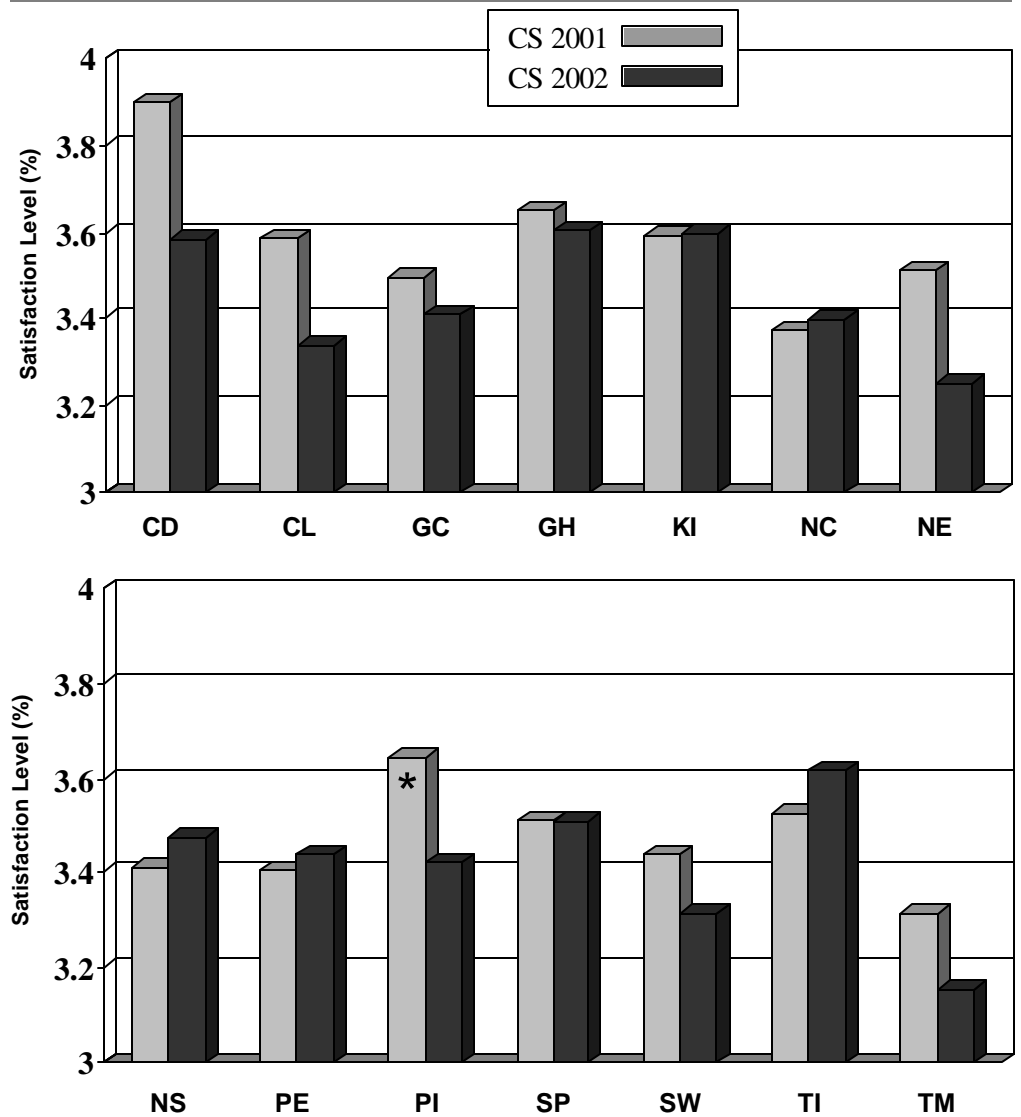
There were no statistically significant differences over time among participants when examined by gender (**Figure 14**), or by race (**Figure 15**).

Perception of Service Outcome

RSN Abbreviations:

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Figure 16. Perception of Service Outcomes by RSN & Survey Year



* Statistically significant difference.

When Perception of Service Outcome was examined by RSN (**Figure 16**), only Pierce RSN showed a statistically significant decline between the two surveys.

Figure 17. Perception of Service Outcomes by Gender & Survey Year

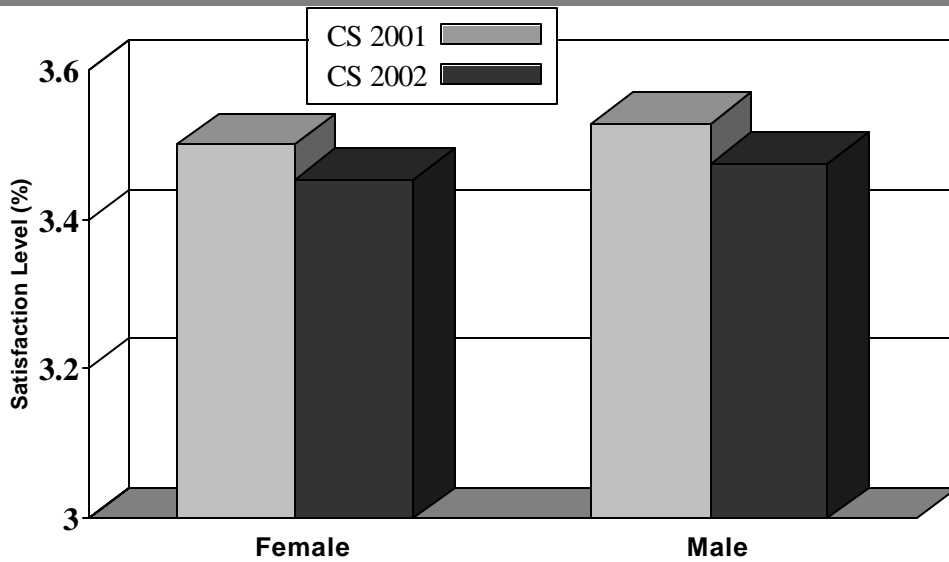
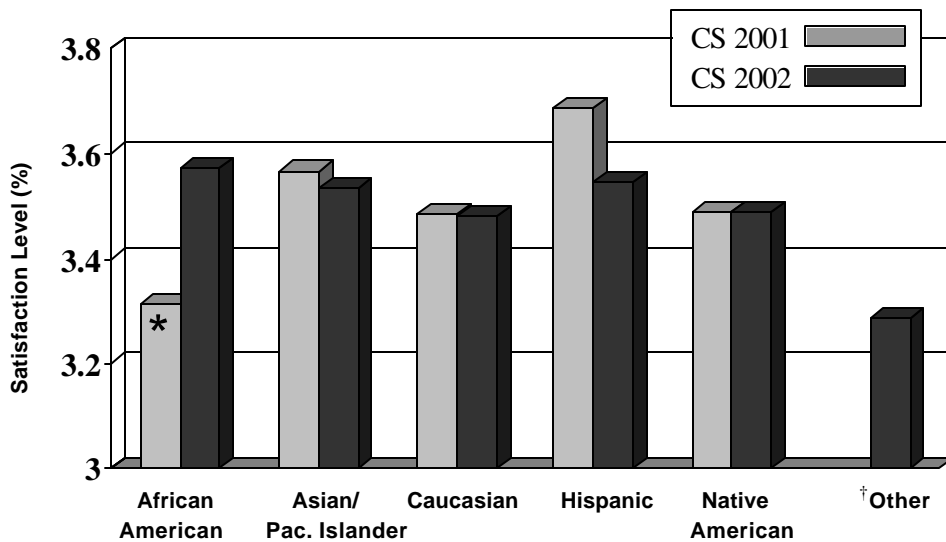


Figure 18. Perception of Service Outcomes by Race & Survey Year



* Statistically significant difference.

† Participants were allowed to choose some "Other" race category only in the 2002 survey.

There were no statistically significant changes over time by gender (**Figure 17**). African Americans indicated an increase in satisfaction regarding their Perception of Service Outcome (**Figure 18**).

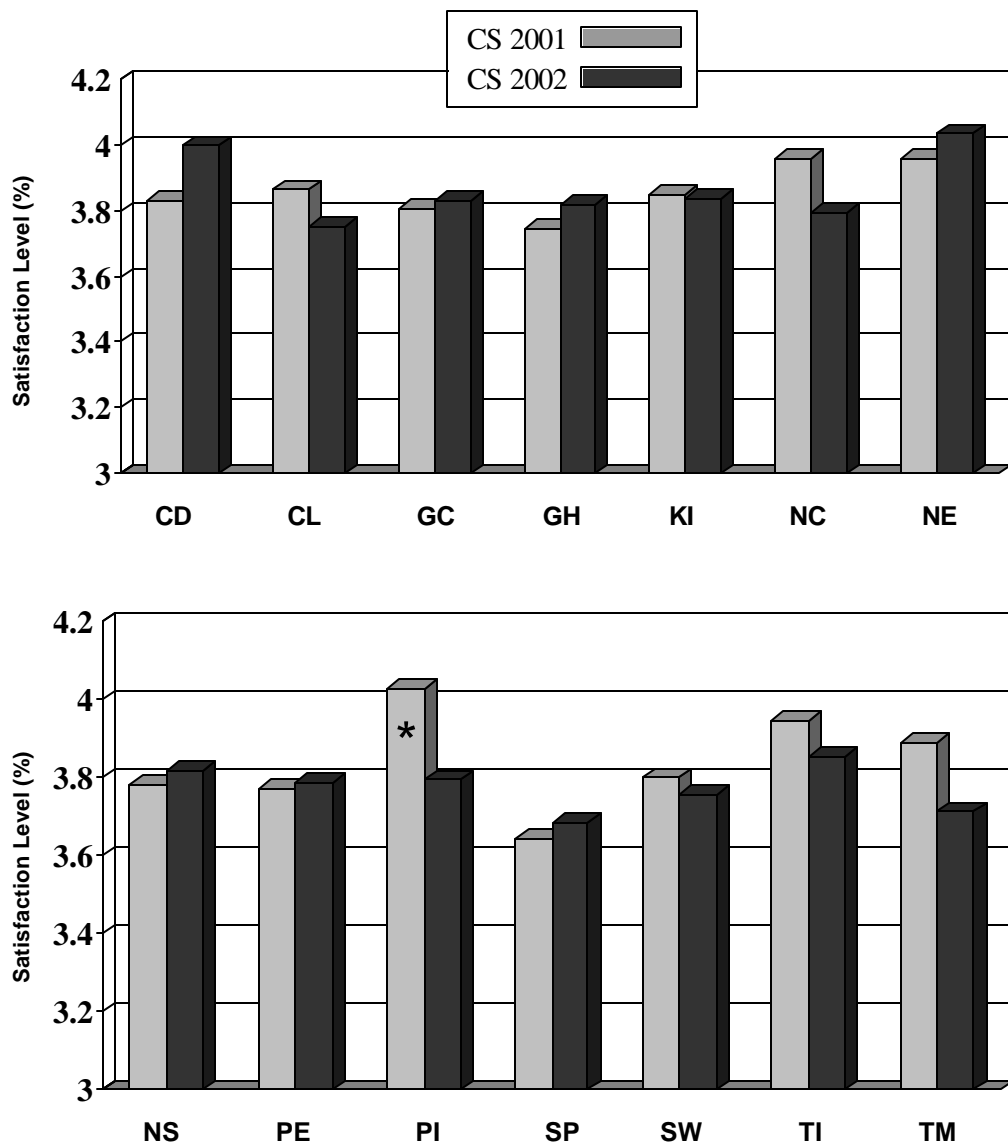
Perception of Service Outcome (Continued)

Access to Services

RSN Abbreviations:

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Figure 19. Access to Services by RSN & Survey Year



* Statistically significant difference.

When consumers were asked about their satisfaction with Access to Services, only Pierce RSN demonstrated statistically significant decline between the two surveys (**Figure 19**).

Figure 20. Access to Services by Gender & Survey Year

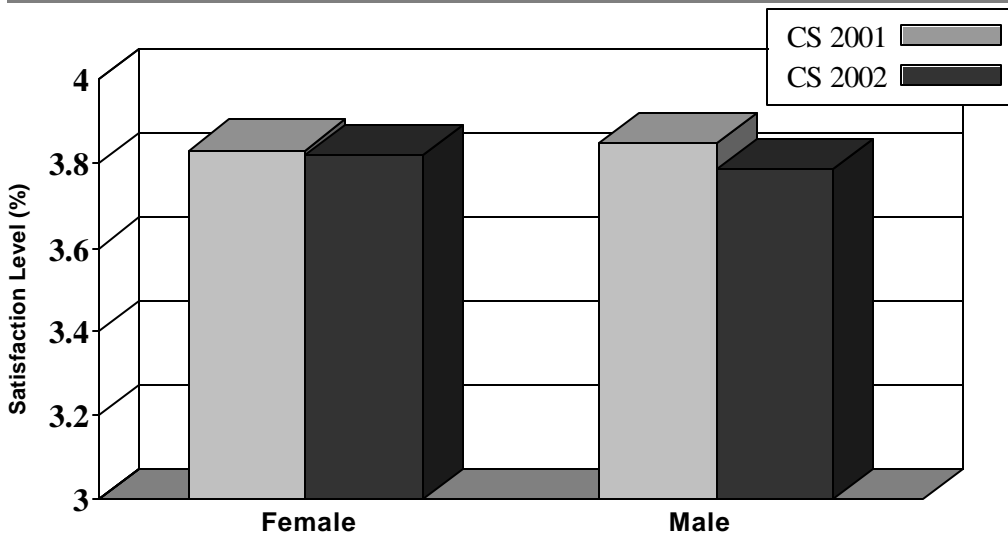
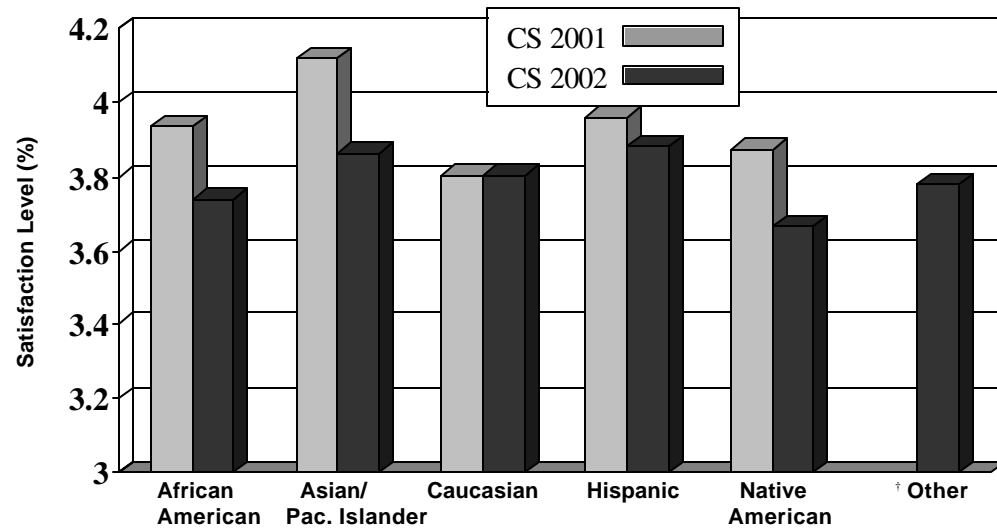


Figure 21. Access to Services by Race & Survey Year



† Participants were allowed to choose some "Other" race category only in the 2002 survey.

Figures 20 and 21 indicate no statistically significant changes over time based on gender or race.

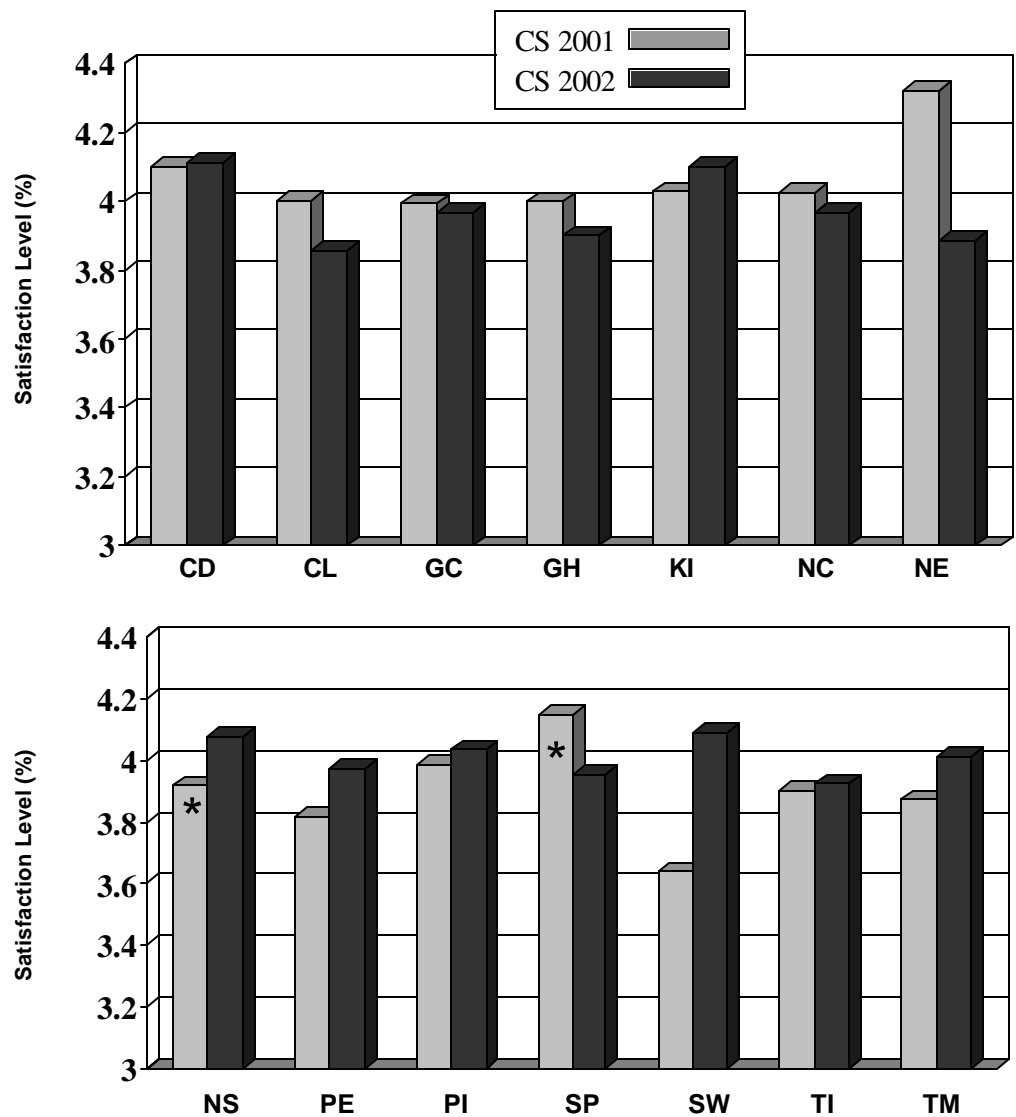
Access to Services
(Continued)

Sensitivity to Culture

RSN Abbreviations:

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- KI - King
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- NE - Northeast
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Figure 22. Sensitivity to Culture by RSN & Survey Year



* Statistically significant difference.

When consumers were asked about their satisfaction with staff's Sensitivity to Culture, North Sound RSN demonstrated a statistically significant increase in satisfaction, while Spokane RSN indicated a statistically significant decrease in satisfaction (**Figure 22**).

Figure 23. Sensitivity to Culture by Gender & Survey Year

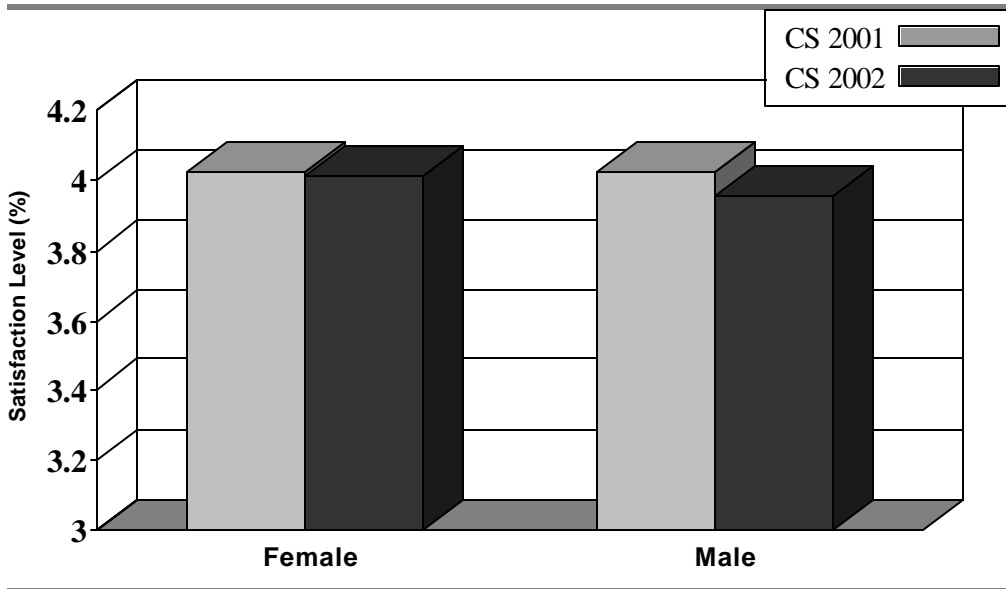
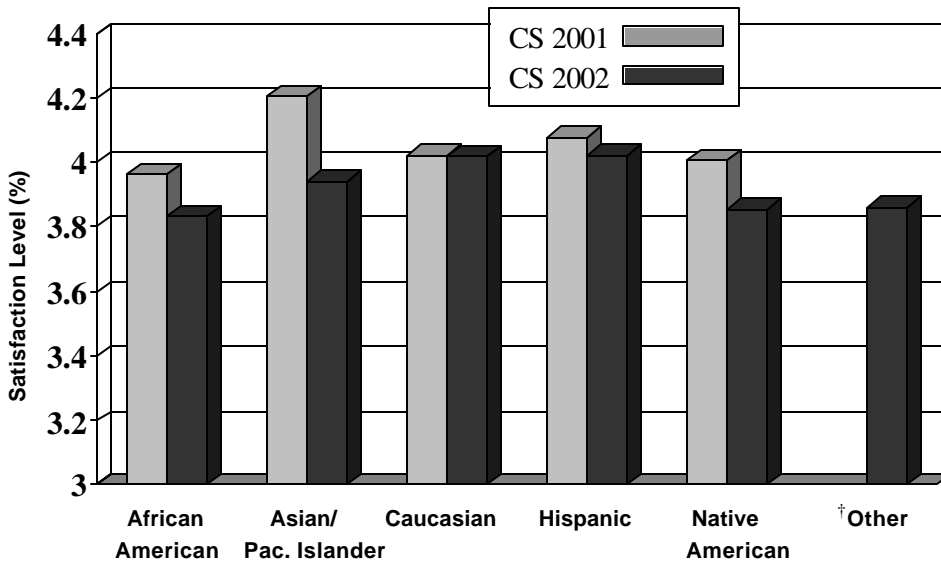


Figure 24. Sensitivity to Culture by Race & Survey Year



† Participants were allowed to choose some “Other” race category only in the 2002 survey.

Figures 23 and 24 indicate no statistically significant differences based on gender or race.

Sensitivity to Culture
(Continued)

V. Summary of Findings

Two surveys were conducted one year apart, each measuring consumer satisfaction with publicly funded mental health services among randomly selected participants. Despite the fact that the same participants did not participate in each survey, the two groups' satisfaction can be meaningfully examined for changes over time. A comparison of the two surveys demonstrated few statistically significant differences. However, these statistically significant findings may represent a broader trend — statistically non-significant but consistent declines in consumer satisfaction between the two surveys in many measures of consumer satisfaction.

When all responses are looked at together (**Figure 4**, page 8) there are statistically significant declines in consumer satisfaction in the areas of **General Satisfaction** and with **Satisfaction with Staff**, but there were also non-statistically significant declines in satisfaction on all other scales. When broken into survey types, statistically significant differences are found only among the Family respondents. Family respondents reported a statistically significant decline in satisfaction in the **Voice in Service Delivery** scale and in the **Satisfaction with Staff** scale. By contrast, the Youth respondents did not report a statistically significant decline in satisfaction for any scale and lesser degrees of declined satisfaction than Family respondents on other scales.

When examined by RSN, a trend appears that demonstrates decreased satisfaction over time — some of which are statistically significant. Statistically significant findings may be considered as bellwethers of general trends in the data.

When looking at measures of satisfaction by race or ethnicity, there is a similar trend of statistically significant findings as indicators of non-statistically significant decreases in satisfaction levels. Respondents who identified as African American or Hispanic showed a statistically significant decrease in satisfaction in the area of **General Satisfaction** between the two surveys. African Americans also indicated an increased level of satisfaction in the **Perception of Service Outcomes** measure over time.

Although there were no statistically significant findings according to gender, divisions by this category followed the same trends as in other breakouts — a decreased level in satisfaction between the two survey years.

When **General Satisfaction** was examined by RSN, King RSN showed a statistically significant decline in satisfaction between 2001 and 2002. Of the remaining 13 RSNs, seven showed a non-statistically significant decline in satisfaction between 2001 and 2002. African American and Hispanic participants reported a statistically significant decline in satisfaction between the two surveys. Non-statistically significant declines in satisfaction occurred in general across gender and race categories.

On the **Voice in Service Delivery** scale, 10 out of 14 RSNs reported a non-statistically significant decline in satisfaction. Caucasians reported a non-statistically significant increase in satisfaction between 2001 and 2002 but across all other race, ethnicity, and gender categories, non-statistically significant declines in satisfaction were reported.

On the **Satisfaction with Staff** scale, King RSN demonstrated a statistically significant decline in consumer satisfaction between the two survey periods. Non-statistically significant declines were also reported across gender, racial, and ethnic categories.

On the **Perception of Service Outcomes** scale, Pierce RSN demonstrated a statistically significant decline in consumer satisfaction between 2001 and 2002. African Americans indicated an increase in satisfaction, and Native Americans remained constant in satisfaction regarding outcomes. The remaining race, ethnic and gender categories experienced non-statistically significant declines in satisfaction.

On the **Access to Services** scale, Pierce RSN demonstrated a statistically significant decline in consumer satisfaction between 2001 and 2002. There were no statistically significant differences based on gender or race. However, all gender and race categories showed a non-statistically significant decline in satisfaction over time or remained constant (Caucasians).

Finally, when consumers were asked about their satisfaction with staff's **Sensitivity to Culture**, North Sound RSN demonstrated a statistically significant increase in satisfaction, while Spokane RSN indicated a statistically significant decrease in satisfaction. Gender, race, and ethnicity categories had a non-statistically significant decline in satisfaction between the two surveys.

VI. Discussion

Examining the questions that drive statistically significant differences among scales may provide some insight as to the most prevalent causes of decreased satisfaction. This coupled with qualitative data collected during the 2002 survey may serve as a starting point to improving satisfaction.

Differences in the **General Satisfaction** scale can be attributed to lower mean scores on the following questions: “*If I need services for my child in the future, I would use these services again,*” “*My family got the help we wanted for my child,*” and, “*My family got as much help as we needed for my child.*” Between the two survey periods mean scores of these questions were statistically significantly lower than other items in the scale. In the **Satisfaction with Staff** scale, “*I felt my child had someone to talk to when he/she was troubled*” had a statistically significant decline score than other items in that scale.

Respondents in the Childrens Survey 2002 were asked for additional comments regarding the mental health services they recieved. Nearly a quarter of respondents who offered comments made negative comments regarding the services available and the quality of services, second only to negative comments about access to services. A large minority of respondents made negative comments about cutbacks in services or staff, due to budget constraints. Consumer concerns about service cutbacks may underscore other concerns and contribute to decreases in satisfaction.

Taken together, responses to individual questions and qualitative data may suggest that consumers are less satisfied with both services offered and the quality of those services once they are received.