EVALUATION OF THE TARGETED WALK-IN SERVICE PROGRAM OF CANADIAN MENTAL HEALTH ASSOCIATION WATERLOO WELLINGTON (PART II):

OBTAINING FEEDBACK FROM CLIENTS IN MENTAL HEALTH SERVICES – A LITERATURE REVIEW

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SUMMARY

In collaboration with the Canadian Mental Health Association – Waterloo Wellington (CMHA-WW), the Research Shop, part of the Community Engaged Scholarship Institute at the University of Guelph, has conducted a process and outcome program evaluation of the CMHA-WW Targeted Walk-In Service (TWIS).

The program evaluation is made up of two components. In the first component (Part I), key informant interviews were conducted with service providers of TWIS to explore their insights and perspectives of the program\(^1\). One of the key findings from Part I was that service providers had different ideas on how to address the low response rates of client satisfaction surveys implemented during TWIS.

Following Part I, a literature review was conducted to look into the existing body of knowledge and explore what similar programs have done to increase response rates for client feedback.

**Methods:** Online database searches were conducted to retrieve 12 peer-reviewed articles and six government and non-profit organization reports that explored client satisfaction in different community mental health settings, including five in Ontario.

**Main Findings:** It is important to recognize that people with serious mental health needs often experience co-morbidities, which means they are more likely to have lower service utilization rates, higher readmission rates, lower compliance with medication and reduced quality of life (CMHEI, 2004). Factors to consider for client survey uptake include demographics, stigmatization and its effect on perception of services, and client satisfaction feedback response rates. Factors to consider for service providers include how caregivers and service providers perceive services, feedback methods (i.e. survey, interview, focus group), and feasibility. Participatory Action Research (PAR), the impacts of informed consent in vulnerable groups, and the inclusion of proxies in feedback uptake were identified as significant factors as discussed in Key Takeaways (see page 23). The Ontario Perception of Care – Mental Health Assessment survey tool was identified as a relevant tool with tested validity and reliability, and as appropriate for the Ontario population – including the Waterloo Wellington Region.

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\(^1\) For Part I of the TWIS Evaluation please see: [https://atrium.lib.uoguelph.ca/xmlui/handle/10214/8902](https://atrium.lib.uoguelph.ca/xmlui/handle/10214/8902)
Conclusion: The findings from this review provide insights on the needs and perceptions of clients of mental health care, in addition to strategies that can be used to increase response rates in this specific population.
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INTRODUCTION

The Targeted Walk-In Service (TWIS) program was a unique intervention implemented from December 2017 to November 2018 by the CMHA Waterloo Wellington Unit (CMHA-WW). It was launched to reduce wait times and increase accessibility of services by collaborating with external service providers in the Waterloo-Wellington region (Chan, 2018).

Throughout the duration of TWIS, client satisfaction surveys were distributed to those who utilized the program. Client satisfaction refers to “an experience measure of the quality of services received, which influences the providers’ performance score and ultimately determines allocation of resources and funding” (Vogus & McClelland, 2016 in Pauselli et al., 2018). However, service providers noted that while clients were receiving mental health care, the majority of them were not filling out the client surveys (Goh & Rajendiran, 2019). Therefore, the feedback received via the client surveys was not representative of all the clients who had utilized TWIS.

Given the lack of data available from the surveys, CMHA-WW collaborated with the Research Shop to conduct a two-part program evaluation of TWIS. The first component was to conduct Key Informant Interviews with both CMHA Internal Staff and External Counselling Agency Staff regarding TWIS. In the interviews, staff members provided their insights and perceptions of TWIS and of client satisfaction in the mental health field overall. From the interviews it was evident that the majority of service providers were aware of the low response rates for the surveys. However, the service providers also had different insights on how to best improve the response rates. For instance, front line staff who worked directly with clients suggested having shorter surveys whereas staff in administrative roles suggested conducting focus groups. Because of the variation in responses, there is a demonstrated need to examine the existing body of knowledge on client satisfaction and response rates in mental health (Goh & Rajendiran, 2019).

This report presents the findings from the literature review that was completed as part of the second component of the TWIS program evaluation.

Research Goal

The goal of this review is to develop an understanding of the different methods utilized to gather feedback on services related to mental health and clients’ perception of that
service. This review will focus on community-based services and shared satisfaction among staff and clients that are engaged in the service delivery process.

This literature review aims to serve as a guiding tool that will contribute to the development of a Client-Community Experience Package. The Package aims to capture the relationship between CMHA Waterloo-Wellington, contracted service providers, clients, and the broader community. Factors that have uncovered significant results will be discussed in Key Takeaways on Pages 20-22.

Background

The findings from the initial baseline evaluation (Goh & Rajendiran, 2019) led the stakeholders to identify that a gap analysis2 would be useful to better understand how to obtain feedback on mental health care from those with extreme mental health needs. Throughout the duration of TWIS, many challenges were identified with the uptake of client satisfaction surveys. Staff members who held administrative roles at external counselling agencies were unaware of what was on the survey, and could not help clients if they had any questions about filling it out (Goh & Rajendiran, 2019). If a client did complete the survey, staff members at external agencies were often not sure who they should send it back to at CMHA (Goh & Rajendiran, 2019). This shows that there was a lack of clear communication regarding the surveys. The opportunity to collect surveys was also lost in transition periods through the duration of a client’s treatment - especially when there was drop out before completion (Goh & Rajendiran, 2019).

This literature scan presents different methods of conducting surveys, as well as factors to consider, and whom/what should be included to uncover relevant data. This information can be used by stakeholders when picking or developing a tool that will meet the needs of their clients.

Rationale for Conducting a Literature Review

To ensure that best practices are utilized moving forward, a literature review will be conducted to explore how feedback is obtained from clients accessing mental health services. This process will aim to identify methods that can be used by service providers

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2 A gap analysis analyzes the current state of a topic and comparing it to an ideal state to better understand the difference and steps needed to achieve the ideal state (Jannetti, 2012).
across CMHA Waterloo Wellington to best understand how data should be gathered in a way that improves response rates and allows clients to provide meaningful feedback that can guide these initiatives moving forward. It is hoped that the findings from this review can encourage best practices in research pertaining to vulnerable populations, as well as be taken into consideration by other similar non-profit organizations.

METHODS
Online database searches were conducted to identify how both former and existing mental health programs and services obtained client satisfaction feedback from persons with extreme mental health needs.

Academic Literature
Twelve peer-reviewed articles were retrieved from academic journals using University of Guelph Primo and Google Scholar databases.

Government and Non-Profit Research
To better understand how research in mental health services is conducted, government reports and findings from non-profit organizations were retrieved. The inclusion of both academic and grey literature creates a robust review capable of identifying a variety of methods along with their benefits and constraints, as well as the factors that contribute to evidence-informed change in mental health care settings.

Various organizations that work with clients experiencing mental health issues, drug use, or homelessness, were examined to assess various criteria that determined their ability to participate in research or satisfaction surveys.

Exclusionary Criteria
This review did not exclude any findings based on geographic location, however, only documents that were accessible in the English language were included in the environmental scan. Findings from remote communities that reported on services not provided by CMHA Waterloo-Wellington were excluded to ensure that results are relevant to TWIS. Based on the cultural shift around mental health in North America, resources written prior to 1990 were excluded. After the deinstitutionalization of psychiatric services, the mental health care system across North America shifted to use of community-based mental health services, leading to a shift in perceptions on mental
health and a reduction in associated stigma over the past two decades (Niles, 2013). Priority was given to documents published in the 2000’s to ensure information assessed is up-to-date and best captures the current climate within which individuals access mental health services.

Because CMHA-WW offers services and resources in a community-based mental health care setting, studies carried out exclusively in hospital and/or institutional-based settings were excluded.

**RESULTS/FINDINGS**

**Demographics of Client Populations that Use Mental Health Care**

People with serious mental health needs often face multiple challenges in their day-to-day lives which can impact their ability to access mental health care (CMHEI, 2004). They may experience both the stigma of mental illness along with poverty, marginalization, substance use, physical co-morbidities, and/or unemployment (CMHEI, 2004). Those with multiple co-morbidities are more likely to have lower service utilization rates, higher readmission rates, lower compliance with medication and reduced quality of life (CMHEI, 2004). Therefore, when clients of mental health care are able to access services and treatment, providing feedback is a task that may not be of priority or may be difficult to complete given the circumstances.

Client satisfaction is mainly influenced by sociodemographic characteristics (as related to stigma) and personality factors more so than by clinical variables or patterns of care (CMHEI, 2004; Pauselli et al., 2018; Rush et al., 2013).

**Youth with Extreme Mental Health Needs**

Youth face unique challenges in accessing mental health care, as they are shifting from children’s mental health to adult mental health services. Embrett et al. (2015) report that there is a serious gap in meeting the transition needs of youth with mental health needs. According to Kapp et al. (2017, p. 1270), young people who have “more severe emotional and behavioural problems are associated with lower overall satisfaction.” Proxies3 are particularly helpful for youth and those with extreme mental health needs

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3 A proxy is defined as a person who has been given consent to speak on behalf of another. The proxy is often a parent and/or a legal guardian of the client (Sheppard, 1993).
as they can provide context and support for clients (Sheppard, 1993). There is a significant difference in satisfaction as parents are often more satisfied than the youth receiving the care (Kapp et al., 2017). However, youth who are involved in the decision to enter treatment are more satisfied with services (Kapp et al., 2017). Therefore, it is apparent that clients and proxies have different perceptions of service quality based on how involved they perceive themselves to be in decision-making (Kapp et al., 2017).

**Stigmatization of Mental Health Care and Client Satisfaction**

Stigmatization refers to how negative attitudes towards a group (such as clients of mental health care) can translate into negative emotional responses and negative behavioural reactions (Verhaeghe et al., 2010). Expectations of being discriminated against for having received mental health care, concrete negative reactions from outsiders, and experiences of shame for being a client all play a role in stigmatization (Verhaeghe et al., 2010). Stigmatization has a negative effect on a client’s ability to comply with treatment plans (Verhaeghe et al., 2010; Pauselli et al., 2018). In turn, treatment effectiveness is seen as a direct measure of client satisfaction. Therefore, when clients feel that their mental health care is stigmatizing, this leads to lower self-esteem and feeling less satisfied with care received (Verhaeghe et al., 2010).

Verhaeghe et al. (2010) explored how stigma and self-perception can impact client satisfaction with mental health services. They conclude that clients do not take general societal stigma into account when evaluating mental health services. Rather, they take into account the concrete experiences related to their current treatment plan. Clients who experienced stigma in society, and had low satisfaction with services, often held themselves accountable for the stigma they experienced in society. Vernaeghe et al. (2010) attribute this self-rejection to internalized social rejection; this cyclical effect leads clients to expressing negative thoughts on satisfaction surveys, but it is not necessarily reflective of the service itself. When completing client satisfaction surveys, clients often express negative attitudes, but it doesn’t always stem from the service. Self-rejection mediates the relationship between social rejection and client satisfaction (Verhaeghe et al., 2010).

To determine whether or not stigma is related to a client’s perception of service, surveys can incorporate questions that illuminate how the client feels about themselves in addition to how they feel about the service. For example, stigmatization hinders drug adherence which can lead to lower client satisfaction if the client felt their expectations
weren’t met through the service (Verhaeghe et al., 2010). Client satisfaction surveys should incorporate dimensions of stigma (including social rejection and self-rejection). Doing so can help service providers identify areas where stigma can be addressed in care to meet the needs of clients (Verhaeghe et al., 2010).

**Methods Utilized for Data Collection**

**Exclusionary Criteria and Informed Consent**

Exclusionary criteria are often used to ensure a study is feasible in a given timeframe that will allow researchers to gather relevant data with high levels of validity. For administrative purposes, participants may be excluded after unsuccessfully attempting to contact them on multiple occasions (Kapp et al., 2017) or if they did not complete enough of the survey (Shafer & Ang, 2018). One author also noted that any clients receiving ‘open-ended’ interventions were excluded from their study, and only those who had concluded using services at the facility would be contacted to participate. This was beneficial for understanding outcomes and for scoping the project (Sheppard, 1993). A minimum time period for accessing services was used in some cases (Pauselli et al., 2018).

One critical factor that came up when reading authors’ justifications for imposing exclusionary criteria was the notion of informed consent. Noted factors that led to participants being excluded from research studies were:

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4 Clients that are still receiving services, or occasionally access services, are receiving open-ended intervention per Sheppard’s definition (1993).
• Cognitive disorder diagnosis (Scharlach et al., 2014)
• Insufficient knowledge of the language the study was administered in (Pauselli et al., 2018; Scharlach et al., 2014; Vernaeghe et al., 2010)
• Acute illness (determined by facility staff)
• Had not used a service within the past twelve months (Scharlach et al., 2014)
• Age\(^5\)

Some research projects may not use exclusionary criteria based on the population they are accessing, or methods they are utilizing. Inclusive research criteria have many benefits, but authors acknowledge that this can affect the validity of their findings as they have not been able to control for various critical factors (Ligon & Thyer, 2007).

Surveys

Client Satisfaction Questionnaire (CSQ- 8)

Survey use is a common method for collecting data on client satisfaction rates. One survey that came up frequently in this environmental scan was the Client Satisfaction Questionnaire, or the CSQ-8. The CSQ-8 was used, alongside other tools, in three academic studies (Kapp et al., 2017; Ligon & Thyer, 2007; Vernaeghe et al., 2010). It is an effective and concise tool that uses a Likert scale to determine how satisfied a client is with a service, if they would return, or if they would refer a friend experiencing similar struggles (Attkisson, 1991). The CSQ-8 asks a total of eight questions, which may be why it is often used along with other tools to gather robust data that helps researchers better understand factors that may influence client satisfaction with a service.

\(^5\) Pauselli et al. restricted their research to clients between the ages of 18-65; Vernaeghe et al. upheld similar restrictions, depending on the regional requirements for each organization involved in the study. Since Kapp et al. conducted a study focused on youth receiving mental health services, anyone under the age of 18 could participate and parents participated as proxies for children under the age of 10.
Ontario Perception of Care for Mental Health and Addictions (OPOC-MHA)

Recently, a survey was developed in Ontario specifically to gather data from clients who are accessing mental health or addictions services. This tool is called the Ontario Perception of Care for Mental Health and Addictions (OPOC-MHA) and was rigorously tested through its development phase in 2012 (Rush et al., 2013). The final report includes comprehensive review of peer-reviewed papers that focus on the need to develop a client satisfaction tool tailored specifically to mental health and addiction settings (Rush et al., 2013). The structure of the survey was tested to ensure that it had viability and reliability. It had been piloted in 23 organizations across Ontario, and feedback regarding the length, format, and language have been taken into consideration (Rush et al., 2013).

The OPOC-MHA is divided into three sections: Section A is for individuals using the services, Section B is for a family member/loved one to complete, and Section C is for all recipients to complete (Centre of Addiction and Mental Health, 2013). The subcategories covered in each section are the following:

- **Section A**: Access/Entry to services, Services provided, Participation/Rights, Therapists/Support Workers/Staff, Environment, Discharge/Leaving the Program, Recovery/Outcome, Service Quality, with an extra six questions if the client is in a residential treatment. Depending on the service the client is using, this section ranges from 33 to 39 questions.

- **Section B**: Covers the same sections as above, with the exclusion of Discharge/Leaving the Program, and Recovery/Outcome. This section has fewer questions, with a total of 18.

- **Section C**: Focuses on Demographics, formal conditions of treatment, timing of completion and leaves space for comments.

For the full contents of the OPOC-MHA, please see Appendix C in Development of a Client Perception Tool for Mental Health and Addictions: Qualitative, Quantitative, and Psychometric Analysis (Rush et al., 2013).
Mental Health Statistics Improvement Consumer Survey Program (MHSIP)

The Mental Health Statistics Improvement Program (MHSIP) consumer survey is a tool that was developed in the United States to measure Access, Quality/Appropriateness, Outcomes, Overall Satisfaction, and Participation in Treatment Planning (Delaware Health & Social Services, 2012). It presents 43 questions on a Likert scale to allow clients to select how strongly they agree or disagree with statements presented in the survey, and 10 questions follow that capture data on noted arrests, encounters with police, if the client is still accessing services, and their demographics (Delaware Health & Social Services, 2012). Questions regarding social connections and functioning were not originally on the MHSIP consumer survey when it was created, but were added in 2006 (Shafer & Ang, 2018).

Other Survey Tools

There were many different survey tools discussed in the literature that are used to gather data from clients accessing services. A few other surveys that came up in the thematic analysis were:

- Client Satisfaction Inventory (Pauselli et al., 2018)
- Healthy Days Core Module (Pauselli et al., 2018)
- Helping Alliance Questionnaire (Kapp et al., 2017)
- Protective Factors Survey (Haskett et al., 2017)
- Verona Service Satisfaction Survey (Pauselli et al., 2018)
- A 12-item parent satisfaction survey that offers multiple choice and open-ended questions. This is used annually to evaluate the ‘Circle of Parents’ program and can be obtained by the first author upon request (Haskett et al., 2017).
- Session Rating Scale (SRS) (Duncan et al., 2003; Crosby & Applewhaite, 2011)

An extensive list of various surveys used across Canada, what demographic they best serve, and what types of data they collect can also be found in Overview of Mental Health Data in Canada, a report published by the Mental Health Commission of Canada in 2014 (MHCC, 2014).
Studies included in this scan distributed their surveys to program participants in two notable ways. It was common practice to provide self-administered surveys that could be retrieved onsite, either from office staff, a therapist, or in the waiting room (Kapp et al., 2017; Pauselli et al., 2018; Vernaeghe et al., 2010). Shafer & Ang (2018) noted that they had mailed out paper surveys to potential participants, which included anyone accessing services offered by the state in the past year.

Qualitative Feedback

**Focus Groups**

Focus groups can also be a valuable method of data collection when seeking to understand satisfaction with services.

Haskett et al. (2017) describe a unique focus group method which includes a “services-as-usual comparison group.” Using this method, Haskett et al. (2017) recruited two groups of parents in transitional housing. One group joined a parenting support program, “Circle of Friends”, whereas the other did not, and acted as the comparison (or control) group. This method provides researchers with the opportunity to see the added benefits that clients can receive outside of traditional housing supports. Focus groups were also used to better understand the experiences of families accessing a community health clinic for infants, giving participants the chance to reflect collectively as they shared their experiences (Kearney & Fullbrook, 2012).

**Interviews**

Interviews are a common method of data collection when obtaining feedback from clients. Whether structured, or semi-structured, interviews leave space for clients to provide deeper feedback that may reveal themes that could not surface out of survey data. Some researchers preferred to use telephone interviews exclusively (Scharlach et al., 2015); others solely used face-to-face interviews (Sheppard, 1993). Some researchers remained flexible on this in hopes of accommodating as many participants as possible (Kearny & Fullbrook, 2012). In *Making a Difference: Ontario’s Community Mental Health Evaluation Initiative (CMHEI)*, interviews were used as a participatory action research tool (2004). Clients and family members gained experience as research assistants and interviewed clients; overall, this was a fulfilling and positive experience for all, and it opened up doors for clients and family seeking employment that required research skills (CMHEI, 2004).
Participatory Action Research – Clients as Interviewers

Participatory action research (PAR) refers to when individuals are involved in a two-way exchange and collaboration with researchers and stakeholders to design and implement research methods, strategies, and solutions (CMHEI, 2004, p.12). PAR can empower clients with mental health needs to voice their insights on gathering feedback about mental health care (CMHEI, 2004; Rogers, 1997). It can lead to more accurate findings, evidence-informed decision making, and positive social change (CMHEI, 2004). Family members of clients can also provide valuable expertise on creating survey questions, conducting interviews, and in the interpretation of feedback (CMHEI, 2004).

In an Ontario study, clients were hired as Research Assistants to help with conducting interviews. The Research Assistants gained job experience, earned competitive wages, and were able to find gainful employment outside of the mental health setting. People with serious mental health needs report having increased self-esteem and a sense of contributing to and being a part of a community not only when they are provided self-help supports as a client, but when they contribute to care as “Research Assistants”. Family members who were also hired as assistants became more active in their support groups, but also noted feeling sad from continuously seeing the impact of mental illness on others (CMHEI, 2004).

Simpson & House (2002) discuss using clients of mental health care as interviewers to obtain client feedback. The “client interviewers” were either current or former users of the mental health care programs and had serious mental illness, the most common being schizophrenia. They found that clients had the experience necessary to do the required tasks, given that essential skills tend to be organizational and interpersonal rather than therapeutic. Involving clients in interviewing has no negative effect on services nor on the client interviewees (Simpson & House, 2002; CMHEI, 2004). However, clients interviewed by “client interviewers” gave more extremely negative responses about services and lower service satisfaction scores. This may be due to feeling more comfortable sharing their experiences with someone who can directly relate as opposed to sharing their experiences with a perceived figure of authority such as a staff member. Regardless, adequate support will be required to implement “client interviewers” which includes training, providing support, and answering questions about confidentiality (Simpson & House, 2002).

If it is not feasible to have clients as interviewers or as helpers in client satisfaction uptake, Scharlach et al. (2014) discuss the use of volunteers to aid in providing non-
professional community support, reducing workload demands on paid staff, and reducing operational costs by using fewer organizational resources. Volunteers can also help mitigate disparities in access to care especially amongst immigrant, minority, and suburban populations (Scharlach et al., 2014).

Receiving Feedback from Non-Clients

Family Members and the use of Proxies

A prominent technique found while assessing authors’ methods in their research was the engagement of family or support workers in obtaining feedback. Some researchers collected data from family members to gain feedback on their experience or allowed family to act as a ‘proxy’ to complete surveys on behalf of the client receiving services (Kapp et al., 2017; Ligon & Thyer, 2007). This was particularly beneficial when seeking to understand the experiences of young people accessing mental health services; in some instances, a child and parent would complete their own surveys, some would complete one together, and some would be solely completed by the parent in the form of a proxy (Kapp et al., 2017; Ligon & Thyer, 2007). This allowed researchers to gather robust information on the experiences of their clients and those who engage with the services, though do not directly participate in them. This is a practice that is highly advocated for by organizations, as it takes an integrated approach to understanding satisfaction with mental health services (CMHEI, 2004; Mental Health Commission of Canada, 2014).

Service Providers

Another technique that led researchers to find relevant data was the inclusion of service providers in their studies. Kearney & Fullbrook (2012) included service workers in their study by conducting focus groups and interviews of clients and staff. This allowed them to garner a full understanding of what a day looks like in the Community Access Clinic, what stressors they encounter, how they help their clients, and how their clients interpret the services that are available to them (Kearney & Fullbrook, 2012). Another study leans on the knowledge that the nurses and social workers have of their clients and cases, to ensure clients were separated into groups correctly and based on key case factors (Sheppard, 1993).

Factors Included in Client Satisfaction Feedback
This literature review highlights the many strategies available for gathering valuable feedback from clients engaged in mental health services. Aside from the concepts and demographics included above, the following factors have also been used by organizations to provide context about other external factors linked to client satisfaction:

- Client satisfaction, along with life satisfaction, self-esteem, and self-efficacy (Vernaeghe et al., 2010)
- Social connectedness, and Outcomes-Functioning (Shafer & Ang, 2018)
- Case characteristics, nature of intervention, outcomes at the end of services (Sheppard, 1993)
- Questions surrounding the patient-therapist relationship (Kapp et. Al., 2017)
- Classification of problems and activities, for both practitioners and clients (Sheppard, 1993)
- Feasibility, continued attendance, challenges of facilitating a program in a shelter/transitional housing facility (Haskett et al., 2017; MHCC, 2014)

Questions addressing these factors were often paired with a client satisfaction survey, like the CSQ-8, to allow researchers to compare their satisfaction with demographics and social determinants of health (Vernaeghe et al., 2010).

Measuring Perception of Service

Sheppard (1993) looked at feedback from client satisfaction interviews and questionnaires administered by practitioners of a community mental health centre in England. Sheppard (1993) found that the clients’ judgments may have more to do with the process of becoming clients rather than the nature of the intervention received. In 2018, Pauselli et al. found that client satisfaction is mainly influenced by personality factors more than clinical variables or patterns of care.

Other factors that should be looked at in client satisfaction surveys to measure perception of service include:
• Client’s perception on how open they feel the practitioner is to hearing about feelings, opinions, and/or information from both the client and proxies (Sheppard, 1993; Shafer & Ang, 2018).
  o Level of agreement between client and practitioner on treatment plan

• Clients often felt more satisfied when they agreed with the practitioner regarding their emotional health as it relates to feeling acknowledged and validated (Sheppard, 1993; Shafer & Ang, 2018).

• Communication
  o When practitioners are able to convey that they recognize and empathize with the client (Sheppard, 1993; Shafer & Ang, 2018).

• Waitlist
  o In Ontario, service providers noted that clients can be unaware of system issues (Rush et al., 2013).
  o Surveys can ask about barriers to effective transitions such as system communication, feelings of isolation, and clinical governance (how involved are clients in their treatment plan).
  o Having insight regarding system issues and waitlists can help service providers determine whether clients are unsatisfied with the service itself or whether it’s because the service they actually need is unavailable (Rush et al., 2013; CMHEI, 2004).

**STRATEGIES TO INCREASE RESPONSE RATES**

Upon completion of the literature review, the following strategies have been identified as effective methods to increase response rates in community-based mental health interventions:

1. Engage clients, caregivers, and staff throughout the client satisfaction survey process (development of survey tool, implementation, refining survey questions) (Health Quality Ontario, HQO, 2016).
2. Ensure client satisfaction surveys have clear methods and guidelines for implementation across all departments and organizations that will be administering the survey to their clients (HQO, 2016; Mental Health Commission of Canada, MHCC, 2014).

   - This would also ensure data is collected at transition points (e.g. child to adult care, internal CMHA to external community agency).

3. Consider the need to evolve client satisfaction surveys to target different audiences (HQO, 2016).

   - Cultural competence involves communicating with patients to ensure survey methods use terms and language that can be understood.
   - Implementing multiple methods for survey completion (e-mail, paper-based, phone) can help meet the needs of a greater variety of populations and mitigate technological barriers.
   - Use of “client interviewers” or client “Research Assistants” (CMHEI, 2004; Simpson & House, 2002; Scharlach et al., 2014).

4. Consider shortening survey questions and having a streamlined implementation process to minimize survey fatigue and maximize response rate.

   - Eliminate redundant items.
   - Having repeat questions creates doubt and confusion for the client. It is also a burden to answer the same question repeatedly (HQO, 2016).
   - This will also minimize administrative burden (HQO, 2016).

5. Develop complementary measurement approaches to capture the experiences of patients from vulnerable populations (HQO, 2016).
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- Offer a mix of measurement types, including:
  - Point-of-care
  - Real-time surveys
  - Interviews
  - Focus groups

- Offer survey tools with a unique set of questions for populations with unique needs, for instance:
  - Asking questions related to transitioning from child to adult care on surveys targeted towards the youth demographic.
  - Consulting with youth to make language more youth-friendly (Rush et al., 2013).
  - For the OPOC-MHA, the researchers split Client and Family Member/Supporter Sections into two separate survey tools, as done by Rush et al. (2013).

KEY TAKEAWAYS

Many themes presented themselves in the literature regarding client satisfaction feedback in mental health services. Many of these themes had one underlying concept – the importance of taking an inclusive approach while gathering feedback. The gold standard for maximizing objectivity is to use a multiple informant procedure, which provides a better understanding of perceived quality of care from a variety of perspectives (i.e. clients, caregivers, service providers) (Kapp et al., 2017). Some of the most profound tools and approaches to receive inclusive and objective findings are: Participatory Action Research (PAR), the inclusion of families/proxies/service workers, the Ontario Perception of Care for Mental Health & Addictions (OPOC-MHA), and the relationship between exclusion criteria and informed consent.

Taking an Inclusive Approach to Client Satisfaction

Some findings exposed that there are many factors that may alter how a client responds to a client satisfaction survey regarding mental health services. Taking these factors into consideration when gathering feedback from clients will help service providers to get a
full image of clients’ perception of services, relationships, and other factors that may influence how they gauge services they are accessing. It would also be important for service providers to know if they are dissatisfied with the service because the service itself did not meet their mental health needs, or if they are dissatisfied because the stigma surrounding mental health is hindering their ability to comply with treatment plans.

**Participatory Action Research (PAR)**

Where feasible, PAR allows client interviewers to develop self-esteem and skills leading to gainful employment while creating a space where client participants may feel more comfortable sharing details about their experiences with a service. While the literature shows many benefits to using PAR, it is important to consider interviewers’ wellness in the process. Overall, clients provided positive feedback on engaging in the research projects through PAR or evaluation processes and this may be an avenue worth exploring when seeking to increase client response rates.

**Inclusion of Family, Proxies, and Service Providers**

Including clients and family in the process of gathering research may not always be feasible, but gathering feedback from people who are not direct recipients of services can be beneficial as well. Giving family members the opportunity to proxy can allow for more inclusive findings, while gathering feedback from them separately gives service providers some insight on how people experience their services indirectly. Providing space for service workers to give feedback can also create a dynamic space within the service that fosters collaboration across the board.

**The Ontario Perception of Care for Mental Health and Addictions (OPOC-MHA)**

Many survey options were explored through the development of this report, but the OPOC-MHA stood out as a comprehensive tool to better understand client satisfaction in mental health and addictions. Many studies included in this report used multiple survey tools to gather all the information they sought out, whereas the OPOC-MHA was developed to stand alone for both clients and family members to complete about their experience with a service or organization. OPOC-MHA is a newly developed tool that was piloted at multiple CMHA branches across Ontario, and the factors and language included in the survey have been developed with organizations like CMHA-WW in mind.
The Relationship between Excluding Clients and Informed Consent

Ensuring clients understand the feedback they are providing, how it will be used, and why it is being obtained is necessary to maintain ethical procedures. However, some studies listed exclusionary criteria that risk creating significant gaps in the findings that are produced. When obtaining feedback about mental health services, excluding clients based on a cognitive disorder or other impairment may result in their experienced issues not being addressed appropriately. If there are barriers that clients with dual diagnoses face that are unique to them, they may be overlooked if they are being excluded from opportunities to provide feedback.

If there are concerns regarding informed consent due to dual diagnoses, or severity of the mental health diagnosis, service providers may consider:

- Providing support for clients through a proxy or family member when providing feedback;
- Seeking continuous consent throughout the process, reminding clients that there is no repercussion for skipping questions, refusing to answer, or putting a stop to the feedback process;
- Asking for feedback on the structure or language used when gathering feedback to ensure it is accessible.

CONCLUSIONS

There are many different methods used to gather client satisfaction feedback in mental health services, but there is no ‘one-size-fits-all’ approach. Surveys, focus groups, and interviews all served a different purpose that provided meaningful feedback for researchers and service providers. To determine what methods and unique approaches would best serve an organization, it is important to assess the factors included in each process and how they would contribute to further development of the service in question. The overarching theme that should be questioned is the inclusivity of the tools chosen.

Moving forward, it is hoped that the findings from this literature review are useful during the design and implementation of client satisfaction feedback methods for future programs and services across the CMHA-WW organization.
REFERENCES


