Mental and Behavioral Health Needs Assessment

CONSUMER SURVEY

Prepared for:
The Lincy Institute
University of Nevada Las Vegas

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Executive Summary

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Overview and Background of the Study

On behalf Dr. Ramona Denby of the Lincy Institute, and under the project direction and assistance of the Principal Investigator Dr. Sandra Owens, the Cannon Survey Center staff distributed and collected 203 face-to-face, self-administered questionnaires from 34 youth and 169 adults who were active consumers of mental health services in Southern Nevada between the dates of November 17, 2014 and May 26, 2015. The purpose of this study was to survey a sub-population of Southern Nevada's consumers of mental health services in order to complete a three-part assessment of the mental and behavioral health care services workforce. The other two components of the local workforce needs assessment consisted of: (1) a randomized, general population Computer Assisted Telephone Interview (CATI) with 601 household respondents in 2014, and (2) an emailed and paper-pencil mailed questionnaire completed by 248 mental health practitioners and 53 mental health administrators working in Southern Nevada in 2013.

Methodology of the Study

This study utilized a quantitative, structured data collection survey instrument. The vast majority of the items in the questionnaire were closed-ended questions. Several open-ended questions were also asked of the respondents in the hopes that this qualitative data would provide information useful for better understanding the scaled ratings and perceptions indicated within the quantitative survey data. The survey instrument was a paper-pencil questionnaire that was completed by youth and adults who were invited to voluntarily participate in the study. The UNLV Institutional Review Board approved the research protocol that was used to include human subjects in this study of consumers of mental and behavioral health services. The final youth questionnaire included 83 items, and the final adult questionnaire included 95 items. Approximately 67 of the items were identical and included within both surveys.

The study sample was designed to be a non-randomized, convenience sample consisting of 200+ youth and adults currently receiving mental and behavioral health services from a variety of agencies located in five distinct neighborhoods in the cities of Henderson, Las Vegas, and North Las Vegas, Nevada.
Survey Results

The 203 study participants are comprised of 169 adults (83.3%) and 34 youth, ages 12 – 17, (16.7%) living in Southern Nevada, and currently receiving mental and behavioral health and/or substance abuse treatment services from a local agency.

Service Access

The clear majority of 202 respondents (83.2%) agreed or strongly agreed that mental health and/or substance abuse service providers in Southern Nevada are conveniently located close to their places of residence. An even larger majority (90.1%) of these 202 respondents agreed or strongly agreed that mental health and/or substance abuse treatment services are available at appointment times that are convenient for their schedules.

Youth respondents were more likely than adult respondents to strongly disagree that there were services they weren’t able to receive. Youth respondents were asked a set of questions about their access to care. Thirty eight percent of respondents agreed or strongly agreed with the statement that at some point in the past they felt like they needed help, but their parents or caregivers didn’t know what to do to help. Similarly, 44.1% agreed or strongly agreed with the statement that they had felt like they needed help but couldn’t tell anyone, and 38.2% agree or strongly agreed with the statement that they had felt like they needed help but they didn’t know where to turn to for that help. Additionally, 14.7% of these youth respondents agreed or strongly agreed with the statement that they had felt like they needed help but their parents or caregivers encouraged them not to say anything to anyone about needing help. These responses are very troubling in that so many of these youth, who are all currently receiving therapy, have had the past experience of needing mental or behavioral health treatment, and at that time didn’t know where to get help and in some cases they felt that their parents/caregivers discouraged their help seeking behaviors.

Quality of Care

The vast majority of respondents (90.3%; N=195) agreed or strongly agreed that the services they have received in Southern Nevada were of high quality. A slightly larger majority (92.3%; N=195) agreed or strongly agreed that those services were helpful to them. Most respondents (87.5%; N=192) agreed or strongly agreed that they received the right amount of services. A similar proportion (87.7%; N=195) further reported that they agreed or strongly agreed that services received were the right type of services for their needs.

Service Satisfaction

Nearly all respondents (94.4%; N=196) agreed or strongly agreed that they are satisfied with the services they have received. This more generalized item was elaborated on by a series of questions that show strong support for a number of contributing factors to client satisfaction. The vast majority of respondents indicated agreement or strong agreement that they helped choose
their treatment goals (91.2%; N=194), helped to choose their services (86.3%; N=189), felt they participated in their own treatment (91.2%; N=193), that they got the help they wanted (90.1%; N=193), felt they got as much help as they needed (84.8%; N=191), and that they received services that were helpful to them (91.8%; N=194).

When respondents needed help, 92.3% (N=194) agreed or strongly agreed that they had a professional to talk to, 87.6% (N=193) agreed or strongly agreed that the location of their mental health services was convenient, and 92.2% (N=193) agreed or strongly agreed that services were available at convenient times for them.

**Interaction with Staff**

Nearly all respondents (94.3%; N=193) agreed or strongly agreed that they liked the staff that worked with them. A comparable percentage indicated agreement or strong agreement that the staff knew how to help them (93.7%; N=192), that staff asked them what they wanted or needed (92.2%; N=192), that staff listened to what they had to say (94.3%; N=191), that staff respected their wishes about who received information about them (96.3%; N=188), that staff treated them with respect (93.7%; N=190), that staff spoke to them in a way that they could understand (97.4%; N=198), that staff respected their religious beliefs (96.2%; N=185), that staff were sensitive to their cultural or ethnic background (93.1%; N=187), that professionals (caseworkers, therapists) supported them no matter what (93.8%; N=193), and that other staff supported them no matter what (94.8%; N=193).

**Service Outcomes**

Survey participants were then asked a series of questions regarding the outcomes of the services they received. Mirroring the satisfaction questions, responses largely indicated agreement with statements of positive outcomes. About nine out of ten respondents (90.6%; N=192) agreed or strongly agreed that they are better at handling daily life. Interpersonal relationships are reported as improved with 84.7% reporting that they get along better with their family and 91.0% indicating that they get along better with friends and other people (agree and strongly agree out of N=189 for each item).

Furthermore, 84.1% (N=189) agreed or strongly agreed that they are doing better at school and/or work, 84.6% feel they are better able to cope when things go wrong (agreed or strongly agreed; N=189), 81.3% are satisfied with their family life (agreed or strongly agreed; N=187), 79.7% noted their symptoms are not bothering them as much (agreed or strongly agreed; N=197), 87.3% are better able to do things that they want to do (agreed or strongly agreed; N=197), and 82.9% feel better able to benefit from their prescribed medications (agreed or strongly agreed; N=181). Nearly all respondents (94.9%) indicated that their quality of life is better now that they have received services (agreed or strongly agreed; N=197).
Youth respondents were less likely than adults to indicate that they have ever used or are currently using a community health center. Respondents age 18 to 24 and 55 and older were more likely to report that they are currently using a community health center, and were less likely than respondents age 25 to 54 to indicate that they did so more than 3 months ago. The differences between age groups on this item were statistically significant (p < .05).

Youth respondents were less likely than older respondents to have utilized a group home or emergency shelter. Respondents age 35 to 44 were more likely than other respondents to be currently using this resource. The differences between age groups on this item were statistically significant (p < .05).

Nearly all youth respondents (96.9%; N=32) indicated that they are currently in school; most reported having education at least at middle school level (63.6%), while 39.4% reported being in high school. The majority of youth respondents (57.6%; N=33) lived with biological parents, followed by 15.2% in foster care, 12.1% with adoptive parents, and another 12.1% with relatives (usually specified as grandparents). More than one third (41.9%; N=31) indicated that they had at some point been in foster care. About one in five (21.9%; N=32) reported that they are currently involved with Child Protective Services, and 12.6% (N=32) indicated that they were either currently or had in the past been involved with the juvenile justice system.

Youth respondents were asked how many of their therapy sessions in the last three months were attended by a parent or caregiver. More than one in five (22.2%; N=27) indicated that none of the therapy sessions had been attended, while twice that many (44.4%) indicated that one to three of the sessions had been attended, and the remaining 33.3% indicated that either four or more had been attended, or gave a non-numeric response that may or may not fall in the same range.

Youth respondents were further asked whether they felt their parent(s) or caregiver(s) should be more or less involved in their therapy. The majority of respondents (65.6%; N=32) felt that involvement was “about right,” followed by 25% that felt there should be more involvement, and 9.4% that felt there should be less involvement.

Youth respondents were asked whether they received wraparound services through Wraparound in Nevada (WIN), to which only 6.5% (N=31) responded affirmatively.

Demographics

The majority of respondents identified their gender as female (59.9%), followed by 39.1% as male, 0.5% as transgender, and 0.5% as intersex. About one in five respondents were age 25 to 34 (21.9%), 35 to 44 (21.4%), or 45 to 54 (20.8%). Youth respondents made up the next largest age group at 16.7%, followed by those aged 55 years or older (14.1%), and young adults aged 18 to 24 (5.2%).