

Source: Garland, A. F., Aarons, G. A., Saltzman, M. D., & Kruse, M. I. (2000). Correlates of adolescents' satisfaction with mental health services. *Mental Health Services Research, 2*(3), 127-139.

Adolescent satisfaction with mental health services is an especially difficult construct to measure. Factors unrelated to actual treatment, such as previous experiences with mental health services, unrealistic expectations of services, or receipt of services not initially sought out by the adolescent (e.g., court ordered, or coerced by a caretaker), may influence adolescent reports of satisfaction with services. Because stakeholders are beginning to look toward satisfaction data to inform funding and other policy-related decisions, it is "critical to determine whether there are factors associated with satisfaction that may be outside the influence of a service provider...and what factors can be controlled by service providers" (p. 128).

The authors review previous research on satisfaction with services, and report on findings from a new instrument, the Multidimensional Adolescent Satisfaction Scale (MASS; Garland, et al., 2000). They administered the MASS to 180 randomly selected adolescents currently or previously receiving mental health services in San Diego County, California, and found that "[t]he most significant correlates of adolescents' satisfaction with services are client attitudinal variables, such as treatment expectations and choice/motivation for treatment, as well as self-reported severity of mental health problems" (p. 135).

The MASS is a 21-item instrument that is completed by the adolescent, and measures satisfaction with services in four areas: 1) the perceived quality of the relationship between the counselor and adolescent; 2) the adolescent's perception of whether his or her needs are being met; 3) the adolescent's perception of the effectiveness of the treatment; and 4) the presence of conflict between the adolescent and counselor, according to the adolescent. The Adolescent Self-Report (YSR) was also used to determine levels of psychopathology as reported by the adolescents. In addition, adolescents completed surveys on service use variables (e.g., type, duration, and referral for treatment) and on their treatment attitudes and expectations. Five domains were then analyzed, based on survey responses and on data generated by the MASS and YSR: 1) demographics, 2) service use, 3) referral to treatment, 4) attitudes and expectations, and 5) mental health problems.

Adolescents participating in the study ($N = 180$) reported on services currently or previously received (within six months) at one of three sites: 1) a specialty clinic for maltreated adolescents, 2) a high school-based health and social services center offering mental health services, and 3) a university affiliated child and adolescent outpatient psychiatric community clinic. More than half of the total sample (52%) were female. The ethnic/racial makeup was representative of the three groups receiving services most often in the county: Caucasian, 37%; Latino, 33%; and African-American, 33%. There were no significant differences in distribution of race/ethnicity and gender across the three sites. Adolescents had or were currently receiving individual counseling (68%), group therapy (29%), or family therapy (26%; these categories are not mutually-exclusive), and almost half (43%) of the total sample indicated severe levels of psychopathology on the YSR.

Positive correlations with adolescent satisfaction were found with regard to the type of site where treatment was received (i.e., highest satisfaction ratings were found for the specialty clinic for maltreated adolescents), client attitudinal variables (i.e., the involvement of the adolescent in his or her self-report of mental health problems, as well as in seeking and being motivated to remain in treatment), and the reason for seeking treatment (i.e., "to deal with something bad that happened"). Internalizing behavior problems and *lower* total behavioral problems correlated with high satisfaction. Duration of treatment was also a significant factor in high satisfaction ratings (i.e., the longer the treatment, the higher the ratings).

Variables that did *not* correlate with high satisfaction ratings were age, gender, race/ethnicity, single vs. two-parent families, status in treatment, type of treatment received, total number of lifetime visits, prior history of receiving care, role of parent, courts, or school system in seeking services, and externalizing behavior problems (p. 134-35).

Because adolescents with negative expectations about treatment were more likely to report dissatisfaction with services, the authors suggest that negative expectations should be "identified early and addressed quickly" (p. 137). They also consider the possibility that motivation to remain in treatment is a factor that service providers might be able to influence to some degree. The authors discuss some limitations to the study, and report that the clinical validity and utility of the total scale and subscales of the MASS are "still relatively untested" (p. 131). However, this article makes an important contribution to research on adolescent satisfaction with services and, through its literature review and current findings, provides important information useful to policymakers and service providers alike.

Reference: Garland, A. F., Saltzman, M. D., & Aarons, G. A. (2000). Adolescent satisfaction with mental health services: Development of a multidimensional scale. *Evaluation and Program Planning, 23*, 165-175.