ORIGINAL ARTICLE / *ARTIGO ORIGINAL*

Satisfaction with mental health community services among patients' relatives

Satisfação com serviços comunitários de saúde mental entre os familiares dos pacientes

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ABSTRACT: *Objective*: This study aims to assess the satisfaction of family members of patients of mental health community services through a tested, validated and previously applied scale in order to allow comparison of results. *Methods*: The results were obtained by applying the scale SATIS-BR to 1242 relatives of patients of 40 mental health community services in Brazil. The average scores of the three subscales of the SATIS-BR scale were compared using the Wilcoxon test. To measure statistical significance for each item of the scale, the Friedman test was applied, considering significant p-value < 0.05. *Results*: The average overall satisfaction score was 4.35 with a standard deviation (SD) of 0.44, with a range varying from 1 to 5. The subscale with the highest score refers to the "Results of Treatment", what presents scores of 4.54 with SD of 0.66. As for the other subscales, which refer to "Reception and Staff Competence" and "Service Privacy and Confidentiality" had scores of 4.25 (SD: 0.51) and 4.17 (SD: 0.51). *Conclusion*: The high level of satisfaction with the service among families of patients highlights the potential of these services and their contribution to the advance of a model of mental health community care, as it seems to be the global trend. The different results between the scales further suggest that the family distinguishes different aspects of the service and evaluates separately, providing a good reference for evaluation studies.

Keywords: Personal Satisfaction. Community Mental Health Services. Caregivers. Mental Health. CAPS.

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RESUMO: *Objetivo:* Este estudo objetivou avaliar a satisfação dos familiares de pacientes de serviços comunitários de saúde mental através de uma escala testada, validada e aplicada anteriormente, a fim de permitir a comparação de resultados. *Métodos:* Os resultados foram obtidos através da aplicação da escala SATIS-BR em 1242 familiares de pacientes de 40 serviços comunitários de saúde mental no Brasil. Os escores médios das três subescalas da escala SATIS-BR foram comparados pelo teste de Wilcoxon. Para medir a significância estatística para cada item da escala, o teste de Friedman foi aplicado, considerando-se como significância valor de p < 0,05. *Resultados:* A pontuação satisfação global média foi de 4,35, com desvio padrão (DP) de 0,44, em uma escala que varia de 1 a 5. A subescala com maior pontuação se refere aos "Resultados do Tratamento", que apresentou escore de 4,54 com DP de 0,66 . Quanto as outras subescalas, que se referem a "Recepção e Competência da Equipe" e "Privacidade e Confidencialidade do Serviço" as pontuações foram de 4,25 (DP: 0,51) e 4,17 (DP: 0,51) respectivamente. *Conclusão:* O elevado nível de satisfação com o serviço entre os familiares dos pacientes destaca o potencial desses serviços e a sua contribuição para o avanço de um modelo comunitário de atenção à saúde mental. Os resultados diferentes entre as escalas sugerem ainda que o familiar distingue os diversos aspectos do serviço e os avalia separadamente, constituindo uma boa referência para estudos de avaliação.

Palavras-chave: Satisfação Pessoal. Serviços comunitários de saúde mental. Cuidadores. Saúde mental.

INTRODUCTION

It is estimated that mental disorders reach about 20 to 25% of the world's population at some point in life, creating a major impact on the quality of life of these individuals and their families. Thus emerges the need to structure and qualify services that are able to manage and support these individuals according to their demands and needs. In this sense, studies show that, in many countries, there have been initiatives to develop community services in order to care for the individuals within the community, preserving their family and social ties, promoting their autonomy and reducing high costs with hospitalizations[1-3].

Brazil currently counts with a structured policy in the mental health area, ensuring community care. However, among the factors highlighted as difficulties in consolidating a network effective community mental health in the country, as well as in other countries that have adopted similar models, are the difficulty of defining criteria for evaluation and the setting of priorities in assistance.

In this way, as indicated by Pitta et al.[4]; Carvalho and Amarante[5]; Silva Filho et al.[6]; Almeida[7]; Wetzel and Kantorski[8]; Kantorski et al.[9-11]; Onocko-Campos and Furtado[12]; Furtado et al.[13-15] the realization of evaluative studies seems to be an important ally in the consolidation of structured health systems based on community service, since it allows the identification of areas that require investment and strengthening and allow to include the family in discussions on this perspective.

The inclusion of the family in the evaluative processes, besides being an important strategy of valorization, allows perceiving their impressions, needs and desires, provided that

they are the primary unit of socialization of its members[16] and constitute an important part of users of mental health community services.

Among the various possible evaluations, studies regarding users' satisfaction with the service can be powerful tools, since they allow users to express their views on different aspects. Like so, restructuring can be planned according to the perspective of those who are affected by the activities of the service.

Understanding the user's family as a subject also involved in service actions, previous studies have evaluated the satisfaction of relatives of patients with mental health community services[17-21].

Therefore, this study aims to assess the satisfaction of patients' relatives of 40 mental health community services in Brazil.

METHODS

This is a cross-sectional quantitative study to assess the satisfaction of 1,242 relatives interviewed between July/December 2011 in mental health community services in 39 municipalities of the three southern states of Brazil.

This study is part of the Research of Epidemiological Evaluation of Centers for Psychosocial Care in Southern Brazil (CAPSUL II), which was approved by the Ethics Committee of the School of Nursing of the *Universidade Federal de Pelotas* – UFPel under technical opinion No. 176/2011. The respondents agreed to participate in the study and signed the Informed Consent.

The data collect was carried in 40 Community Mental Health Services (named CAPS), type I, II and III among three states of Southern Brazil (Paraná, Santa Catarina and Rio Grande do Sul). According to the Brazilian Institute of Geography and Statistics (IBGE)[22] during the data collection, the states had estimated 2,756,1827 inhabitants; from these inhabitants, 1,051,2151 were living in Paraná, 6,31,6906 in Santa Catarina and 1,073,2770 in Rio Grande do Sul. In agreement with the regional health planning principles, each state is split into health regions. In this sense, the states of Paraná, Santa Catarina and Rio Grande do Sul, count respectively with 6, 9 and 7 health macro-regions each.

The amount of CAPS type I, II and III available in the three states during the research corresponded to 232 services, divided in a ratio of 66, 32 and 2% to CAPS type I, II and III respectively. In the state of Paraná, during the research, there was 43 CAPS type I, 23 CAPS type II and 2 CAPS type III. In the state of Santa Catarina, during the research, there was 45 CAPS type I, 12 CAPS type II and 2 CAPS type III. In the state of Rio Grande do Sul, during the research, there were 65 CAPS type I, 40 CAPS type II and none CAPS type III.

The proportionality of services in each state was respected for the selection of the services included in the study; this way, the sample included 12 services from Paraná, 10 services from Santa Catarina and 18 services from Rio Grande do Sul. First, it was decided to intentionally include all CAPS type III (4) available in the three states and later it was

adopted drowns that take account the health regions existing in each state and the proportion of CAPS type I and II.

The ratio calculation between CAPS type I and II resulted in 67 and 33% respectively. Thus, it was decided that the 36 services to be selected should be divided into 24 CAPS type I and 12 CAPS type II. This way, considering the proportionality of services in each state, it was defined the inclusion of 7 CAPS type I for the state of Paraná, 6 for the state of Santa Catarina and 11 for the state of Rio Grande do Sul. In the same sense, it was defined the inclusion of 3 CAPS type II for the state of Paraná, 2 for the state of Santa Catarina and 7 for the state of Rio Grande do Sul.

The draws of the services included in the study were conducted state by state based on the health regions existing in each one. In the state of Paraná, which has six health regions and the inclusion of 7 CAPS type I was planned, first it was defined that one service would be drawn in each health region and later, by drawn, the health region in which would be carried out a new draw for the 7th service selection to be studied was defined. For the selection of CAPS type II, a first draw defined the three health regions in which the draws of services would be conducted. Subsequently, the draws were carried out in each of these health regions in order to define the services included in the sample.

In the state of Santa Catarina, which has nine health regions and the inclusion of 6 CAPS type I was planned, a first draw defined the six health regions in which the draws of services would be conducted. Subsequently, the draws were carried out in each of these health regions to define the services included in the sample. Also, for the selection of CAPS type II, a first draw defined the two health regions in which the draws of services would be conducted. Subsequently the draws in each of these health regions was carried out to define the services included in the sample.

In the state of Rio Grande do Sul, which has 7 health regions and the inclusion of 11 CAPS type I was planned, first it was defined that there would be the drawn of one service in each health region and subsequently, by drawn, it was defined the four regions which would conduce a new draw to select the 8th, 9th, 10th and 11th services to be studied. For the selection of CAPS type II, it was decided that one service would be drawn in each health region.

Based on the sample calculated, the study sought to apply the questionnaire in 1600 users' relatives of CAPS. For the prevalence, the sample calculation considered an estimated frequency of 50% with a margin of 3 points and alpha (α) of 5%, resulting in the need of n = 1,066. For the association, there was considered a sample' power of 90%, with a 95% confidence interval (95%CI), ratio of non-exposed/exposed of 2:1, relative risk of 1.3 and a prevalence of 40% in non-exposed. So, the sample indicated was n = 1,038. However, in order to consider expected losses and confounding factors control, there was added in the higher indicated n (n = 1,066) 50% of individuals.

The selection of respondents was carried out through non-probability sampling. All users' relatives who attended the service during data collection (period of one week) were invited to participate in the study. In addition, in order to complete the sample, users' relatives were screened through the services recorders, and home visits were conducted. The percentage of

losses in the users' relatives sample was 23%, related to denials and difficulties in finding them; therefore, the final population accessed by this study was of 1,242 users' relatives of CAPS.

The outcome satisfaction was assessed using the Scale for Assessment of Family Satisfaction with Mental Health Services (SATIS-BR), elaborated by the Division of Mental Health of the World Health Organization (WHO) in 1996 and validated to Brazil by Bandeira et al.[23]. The scale has eight items divided into three subscales, which are: results of treatment, reception and staff competence, and service privacy and confidentiality. The answers to the items are arranged on a Likert scale with 5 points, where: 1 = very dissatisfied; 2 = dissatisfied; 3 = indifferent; 4 = satisfied; and 5 = very satisfied[19]. The SATIS-BR scale indicators show good internal consistency, evaluated by the analysis of the Cronbach's alpha coefficient, having obtained an alpha value of 0.79 for the overall score and values between 0.76 and 0.89 for its subscales, showing that the items of the scale are homogeneous, without being repetitive[19]. Construct validity was evaluated by examining their dimensional structure with Principal Components Analysis with Varimax rotation, and three factors were obtained with eigenvalues above 1.0, which explained 77% of data variance[23].

The data went through double entry by independent typist in the software Epi-Info 6.04, and the analysis was made by using the Stata 11.0[24] and SPSS Statistics 20.0[25] software.

To evaluate the overall satisfaction scores for subscales and items, we used descriptive statistics. The average scores of the three subscales of the SATIS-BR were compared using the Wilcoxon test two by two, in order to identify which pairs of subscales showed significant differences. To measure statistical significance between the items that made up each scale, we used the Friedman test settling as significant a p-value < 0.05.

RESULTS

Data regarding relatives' satisfaction measured by SATIS-BR scale can be observed in Table 1, which shows the overall score and the relatives' average satisfaction with comparison of subscales. The nonparametric Wilcoxon test is represented by p values, and shows the comparison between the subscales, two by two.

The average overall satisfaction score was 4.35 with a standard deviation of 0.44, with a range varying from 1 to 5. The subscale with the highest score refers to the "Results of Treatment", and stood at 4.54 with standard deviation (SD) of 0.66 also in a variation range from 1 to 5. As for the other subscales, which refer to "Reception and Staff Competence" and "Service Privacy and Confidentiality", obtained scores of 4.25 (SD: 0.51) and 4.17 (SD: 0.51) were observed, respectively. Using the Wilcoxon test, it is possible to observe that the comparison of the subscales two by two resulted in a significant statistical difference between all subscales.

Average relative satisfaction scores for each item in the SATIS-BR scale are shown in Table 2, where it can also be observed, through the Friedman test, the presence or absence of statistical significance between the items of the subscales.

Of the eight items evaluated to measure the satisfaction of relatives with the service, the items that had the highest scores were those related to the subscale referring to the "Results of Treatment". Among them, the highest scoring item was the one regarding the benefit of the user with the treatment offered by the service, the estimated score for this item being 4.64 with a standard deviation of 0.77. The second highest score was related to the item assessing whether the services received by the patient helped him deal with his problem, followed by the item that evaluated whether the patient obtained the type of care he needed, these scores being 4.55 (SD: 0.79) and 4.44 (SD: 0.83) respectively.

Table 1. Average scores and standard deviation of relatives' satisfaction by subscale, overall score and comparison of subscale's averages by the nonparametric Wilcoxon test.

Subscales	Average Score (SD)	Wilcoxon		
		p (1-2)	p (1-3)	p (2-3)
Treatment results	4.54 (0.66)			
Reception and staff competence	4.25 (0.51)	0.001*		
Privacy and confidentiality	4.17 (0.51)		0.001*	0.001*
Overall score of satisfaction	4.35 (0.44)			

*p < 0.001; p (1-2): comparison of subscales 1 and 2; p (1-3): comparison of subscales 1 and 3; p (2-3): comparison of subscales 2 and 3; SD: standard deviation.

Table 2. Average scores and standard deviation of relatives' satisfaction for the items of the subscales of the SATIS-BR scale.

Subscales	Average score (SD)	p-value
Results of treatment		
1. The services received by the patient helped them to deal with their problem	4.55 (0.79)	
2. The patient obtained the type of care that was needed	4.44 (0.83)	0.001*
3. Benefited from the treatment	4.64 (0.77)	
Reception and staff competence		
1. Comprehension of the problem by the professional who admitted the patient	4.19 (0.72)	
2. Comprehension by the staff of the kind of help needed by the patient	4.27 (0.70)	0.001*
3. Competence of the professional	4.28 (0.58)	
Privacy and confidentiality		
1. Measures taken to ensure privacy in the patient's treatment	4.18 (0.54)	
2. Measures taken to ensure confidentiality of information	4.17 (0.58)	0.113

*p < 0.001.

It is noteworthy that within the subscale "Results of Treatment" there was statistically significant difference between items, with a p-value of 0.001. The same occurs with the subscale "Reception and Staff Competence", which also showed a statistically significant difference between the items, and the item of highest score in the subscale refers to professional competence within the service. The score for this item was 4.28 with a sta,ndard deviation of 0.58.

The items with lowest score were related to the subscale "Service Privacy and Confidentiality", their scores were 4.18 (SD: 0.54) and 4.17 (SD: 0.58) for the items on the measures taken to ensure privacy on the patient's treatment and the measures taken to ensure the confidentiality of information, respectively. There was no statistically significant difference among them, the p-value derived from the Friedman test for these items, being 0.113.

DISCUSSION

Conducting evaluative studies of relatives' satisfaction with health services meets the recommendations of the WHO[3], which has been encouraging new perspectives on evaluation of services, so that the evaluation integrates all parts involved in the factual process of health.

In this sense, previous studies involving family caregivers receiving support from community mental health services conducted in other countries[1,720] have been exploring the levels of satisfaction of these relatives. The same occurs with other studies done in Brazil[1,819,21], which, as this study, used the SATIS-BR scale. It is noteworthy that using instruments that can be reapplied in other contexts, such as rating scales, enables constant reevaluation and comparison of findings.

As in previous studies of Santos[18], Bandeira et al.[19] and Zendron[21], the relatives of this study showed high levels of satisfaction, indicating that families are satisfied with the services they have been receiving.

In our study, we found an overall satisfaction score of 4.35 with a standard deviation of 0.44 on a Likert scale with variance of 1 to 5. This score was lower than the one found by Bandeira et al.[19] and Zendron[21], whose scores were 4.41 in both studies, but greater than the overall score found by Santos[18], whose study showed an average satisfaction of 4 with a SD of 0.66.

It is possible to point out that relatives have shown themselves globally satisfied with the service, even presenting high levels of satisfaction. However, when working with the satisfaction of these relatives, caution is demanded, as in addition to considering that caregivers can experience both positive and negative aspects in care situations; we should take into account that part of the caregivers expressed satisfaction, regardless of other factors such as burden, and the condition of health[26].

Among the factors that could explain this phenomenon, is the idea that the service can offer the family some release and relief when assisting the user, and, in this way, the relative can handle other demands of their life. Also, the fact that the service is the largest source

of aid to family caregivers, by a possible relation of dependence, can limit the manifestations of dissatisfaction[18].

This excess of positive responses from family members can be attenuated by the use of multifactorial instruments[25]. In this sense, the SATIS-BR scale earns credit, since it has eight items covering satisfaction with three distinct aspects.

The different aspects covered by the scale refer to its subscales and include "Results of Treatment", "Reception and Staff Competence" and "Service Privacy and Confidentiality". The subscale with the highest satisfaction score in our study corresponds to the results of treatment, followed by reception and staff competence and service privacy and confidentiality, respectively. The presentation of results in this disposition differs from that found previously in other studies[1,821], which had higher scores when compared to privacy and confidentiality and the reception staff competency.

It is noteworthy that the averages of the subscales showed significant difference from a statistical standpoint when compared two-by-two using the Wilcoxon test, suggesting that the relative critically evaluates different aspects of the service, being more or less satisfied with many points.

Observing the subscales we can infer that, if on one hand we have relatives satisfied with the results of the treatment, on the other hand we have more apprehensive relatives with the privacy and confidentiality of the service. It is known that, historically, individuals in psychological distress and their families suffer from the stigmatization of madness, which may contribute to the concerns with the maintenance of privacy and confidentiality, so that they become more critical about this aspect in the service. On the contrary, after realizing that the community mental health service is able to keep the patient out of a psychotic break[18], assisted within the community and acting as the protagonist of their own social identity, the relative can evaluate more positively the results of treatment.

The subscale that showed a score lower than the results of treatment subscale, but higher than the score of the subscale relating to privacy and confidentiality, refers to the reception and competence of the staff. Within this subscale, the highest scoring item corresponds to the professional competence, and the lowest to the understanding of the patient's problem by the professional who admitted them. A statistically significant difference of averages between items suggests that there is need for more qualified hearing at the moment of the reception of the patient to the service, so that both patient and family feel better understood in their demands.

There was a statistically significant difference also between the averages of the corresponding subscale of treatment results items. Among these items, the highest score alluded to benefit from treatment and the lowest score referred to the help the patient received to deal with their problem. This scenario reinforces the previously suggested one, that although the relatives recognize the results of the treatment, there are issues that require further investments. It is noteworthy that both the item with the lowest score in this subscale and the lowest scoring item in the subscale reception and competence of the staff have to do with the service's understanding of the users' needs. In this sense, reframing the

spaces for exchange of information between staff and patients and their caregivers, so that there is greater understanding among the parts involved in care, can be a useful strategy for improvement in the services offered. So that the actual demands are identified and the more effective pacts are performed.

The perspective that the families are generally satisfied with the services even though some aspects need to be improved, was found in studies with family caregivers linked to community mental health services in the country[1,819,21] as well as in international studies[1,720]. Suggesting that exploring the satisfaction of these relatives is an important mechanism for rethinking and qualifying the mental health services in a continuous and universal way.

CONCLUSION

The high level of satisfaction with the service by relatives highlights the potential of these services and their contribution to the advance of a model of community mental health care, as it seems to be the global trend.

It is also possible to observe that the results of this study corroborate with previous findings that the relative is generally satisfied with the services offered. The different results between the scales further suggest that the family distinguishes different aspects of the service and evaluates separately, providing a good reference for evaluation studies.

Thus, reframing the spaces of exchanges between the service, your patients and caregivers can be a useful strategy for improvement in the services offered.

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