

## Consumers' Daily Living and Mental Health Service Needs

Consumers and their case managers were asked how much help was needed and how much help was received in 16 different areas related to daily living and mental health services. Selection of need areas was based on NIMH's (1978) Uniform Client Data Instrument and Vermont Housing study (Livingston, Gordon, King, & Srebnik, 1991).

How much help do you need with...?

0-----1-----2-----3-----4  
None    A little    Some    Quite a bit    Complete

Absolute Needs Ratings (1995)	
Need Area	Consumer Ratings (Means & SDs)
Transportation	1.86 (1.53)
Dealing with upsets & crises	1.74 (1.27)
Medical & dental care	1.56 (1.49)
Finding out what services are available	1.52 (1.39)
Talking to someone about your problems	1.36 (1.32)
Getting your medication	1.16 (1.41)
Obtaining benefits & income support	1.10 (1.42)
Issues concerning family, friends, roommates	1.00 (1.20)
Making friends	0.97 (1.23)
Managing money	0.95 (1.33)
Legal issues	0.92 (1.34)
Complaining about services or how you were treated	0.89 (1.26)
Managing your medication	0.75 (1.28)
Finding and keeping housing	0.80 (1.22)
Transportation	1.86 (1.53)
Jobs, skills training, school	1.17 (1.41)
Day-to-day things such as cooking, laundry, housework, shopping, and personal hygiene	1.10 (1.26)

- Top five absolute needs identified by consumers were transportation, dealing with upsets and crises, medical and dental care, finding available services, and talking about problems.
- Consumers identified the same top five absolute needs over the four time-points of the SIS/LCO study (1991, 1992, 1993, & 1995).

### Met Needs Ratings

In order to identify areas where increased service is needed, the assessment procedure must take into account the amount of service that is already received. This was accomplished by subtracting ratings of the amount of help received from the amount of help needed.

- Unmet needs were those for which the amount of help needed was greater than the amount of help received.
- Overly met needs were those for which the amount of help needed was less than the amount of help received.

### **Comparison of Consumers' and Case Managers' Ratings of Unmet and Overly Met Needs**

<b>Unmet Needs (1995)</b>	
<b>Consumer reports</b>	<b>Case manager reports</b>
1. Jobs, skills training, & school	1. Making friends
2. Finding available services	2. Jobs, skills training, & school
3. Making friends	3. Family, friends, & roommates
4. Complaining about services	4. Managing money
5. Educating others	5. Legal issues
6. Legal issues	
7. Medical & dental	
8. Transportation	
9. Upsets & crises	
10. Talking about problems	
11. Benefits & income support	
12. Housing	
13. Family, friends, & roommates	

- **Areas of agreement:** There was agreement between consumers and case managers that jobs, skills training, and school, making friends, legal issues and interpersonal issues involving family, friends, and roommates were unmet needs.
- **Areas of disagreement:** In each year of the SIS/LCO study consumers reported more unmet needs than case managers. Case managers were more likely than consumers to consider the need for assistance with managing money to be unmet. Although the need for help with issues involving family, friends, and roommates was considered unmet by both consumers and case managers, case managers were significantly more likely to view this need as unmet than were consumers.

<b>Overly Met Needs (1995)</b>	
<b>Consumer reports</b>	<b>Case manager reports</b>
1. Getting medication	1. Getting medication
2. Day-to-Day things	2. Complaining about services
3. Managing medication	3. Finding available services
4. Managing money	4. Benefits and income support
	5. Transportation
	6. Medical and dental care
	7. Housing
	8. Managing medication
	9. Talking about problems
	10. Day-to-day things
	11. Dealing with upsets and crises

- **Areas of agreement:** Consumers and case managers agreed that needs involving getting medication, managing medication, and day-to-day things tended to be overly met.
- **Areas of disagreement:** Consumers reported fewer overly met needs than case managers. Consumers were more likely than case managers to indicate that managing money, managing medication, and day-to-day things were overly met needs.

### **Demographic and Clinical Differences in Met Needs Ratings.**

- **Board Difference.** Case managers from Montgomery County were more likely than case managers from 4-County to report that their clients had unmet needs with jobs, skills training, and school.
- **Racial Differences.** Case managers indicated that their minority consumers had greater unmet needs than nonminority consumers with jobs, skills training, and school, and transportation. When consumers were asked to rate their level of need, minority consumers were more likely than nonminority consumers to report unmet needs with medical and dental care and obtaining benefits and income support.
- **Gender Differences.** Female consumers were more likely than male consumers to report unmet needs for assistance with jobs, skills training, and school, and managing money.
- **Diagnostic/Clinical Differences.** Consumers with mood disorders were more likely to report unmet needs with making friends. Consumers with schizophrenia were more likely to report unmet needs with finding available services, talking about problems, and interpersonal relationships.

### **Relationship Between Needs Ratings and Outcomes**

An examination was made of the relationship between having needs met and various outcomes including:

- Symptomatology:** ratings of depression, anxiety, and psychoticism made by consumers and their case managers (Derogatis & Melisaratos, 1983; Derogatis, 1977)
- Level of Functioning:** case managers' ratings using the three level of functioning scales of the Uniform Client Data Instrument (NIMH, 1978) and the DSM Global Assessment of Functioning Scale
- Quality of Life:** consumers' rating of *general* quality of life (Lehman, 1983)
- Self-esteem:** consumers' rating (Rosenberg, 1965)
- Mastery:** consumers' rating (Pearlin, Lieberman, Menaghan, & Mullen, 1981)

From consumers' perspective, having needs met was associated with lower self-ratings of depression, anxiety, and psychoticism, higher self-esteem, mastery, quality of life, and skills functioning. In previous years, consumers' met needs ratings also predicted lower case manager ratings of consumers' depression and psychoticism and higher ratings of behavioral and social functioning.

From case managers' perspective, having needs met was associated with lower case manager ratings of depression and higher ratings of behavioral functioning and quality of life. In previous years case managers' ratings of met needs predicted higher skills and social functioning.

Consumers' ratings of met needs predicted more outcomes overall than case managers' ratings of met needs. This finding was consistent over the 4 time points of the SIS/LCO studies and suggests that consumers should be included in decisions regarding service needs.

### **Association Between Consumer-Case Manager Relationship and Met Needs.**

Consumers responded to questions pertaining to the level of support and empowerment in their relationships with case managers (e.g., How often does the case manager consider what you say to be important or valid? How often does he/she accept you the way that you are?) Consumers ratings of the level of support and empowerment in their relationships with case managers were associated with needs being met in the following areas: dealing with upsets and crises, obtaining benefits and income support, medical and dental care, educating others about problems, talking about problems, complaining about services, transportation, legal issues, making friends, jobs, skills training, and school.

## Sources of Help for Consumers' Needs

Need type	Primary Source of Help				
	MHstaff	Family	Friends	Others	No one
Finding out what services are available	29%	8%	2%	8%	45%
Talking to someone about your problems	27%	17%	7%	9%	40%
Getting medication	17%	16%	3%	16%	35%
Obtaining benefits and income support	16%	15%	2%	12%	55%
Complaining about services or how you were treated	12%	7%	3%	4%	65%
Jobs, skills training, and school	11%	5%	2%	7%	68%
Educating others about your problems	17%	17%	6%	6%	55%
Issues concerning family, friends, or roommates	13%	20%	6%	10%	51%
Finding and keeping housing	12%	14%	1%	5%	59%
Dealing with upsets and crises	24%	30%	10%	13%	23%
Day-to-Day things (cooking, laundry, housework, shopping, personal hygiene)	5%	32%	7%	16%	35%
Managing money	9%	27%	2%	7%	55%
Legal issues	7%	14%	1%	11%	66%
Transportation	18%	29%	8%	14%	31%
Making friends	6%	7%	10%	6%	48%
Managing your medication	9%	10%	2%	15%	64%
Medical or dental care	19%	17%	1%	22%	42%

- The majority of consumers indicated that no one provides help with managing medication, managing money, finding and keeping housing, legal issues, obtaining benefits and income support, issues concerning family friends, and roommates, educating others about problems, jobs, skills training, and school, and complaining about services.
- Of the consumers who indicated that someone does help:
  - Mental health staff were the primary source of help with finding available services, talking about problems, getting medication, obtaining benefits and income support, complaining about services and treatment, and jobs, skills training and school;
  - Family members were the primary source of help for issues concerning family, friends, and roommates, finding and keeping housing, dealing with upsets and crises, day-to-day things, managing money, dealing with legal issues, and, transportation;
  - Friends were the primary source of assistance for making friends;
  - Others were the primary source of assistance with managing medication and getting medical and dental care (source most often cited in this category include group home staff and nursing home staff).

## Conclusions

1. Areas of agreement and disagreement regarding needs were consistent across the SIS/LCO study.
  - Consumers focused more on needs for increased and improved services (i.e., finding services available, complaining about services, transportation), while case managers focused more on consumers' need to develop interpersonal relationships and manage finances and medication.
  - Consumers were more likely to view needs as unmet, while case managers were more likely to view needs as overly met.
2. In each year, consumers' perceptions of needs were related to more outcomes than case managers' perceptions of needs. This finding highlights the importance of including consumers' perceptions of need as much as possible when planning treatment.
3. Many of consumers' needs were met by sources outside of the mental health system. Mental health staff were the primary sources of help for most of the needs pertaining to mental health services,

medication, and benefits. Family and friends were primary sources of help for other very important needs, such as interpersonal relationships, money, legal issues, and housing.