

Satisfaction & self-reported outcomes

for service users of specialist alcohol and other drug treatment and support services in the ACT

All ten ACT Health-funded and –delivered specialist alcohol and other drug (AOD) treatment and support services in the Australian Capital Territory (ACT) participated in the 2015 Service Users' Satisfaction and Outcomes Survey (SUSOS). The SUSOS aimed to provide an overall picture of the experiences and outcomes of service users, and the levels of satisfaction with the services they have accessed. The services include withdrawal, treatment and harm reduction services, offered in a range of settings: residential and non-residential; Aboriginal and Torres Strait Islander and mainstream; and government and non-government. Data from this survey can be compared over time to the findings of earlier satisfaction surveys conducted in 2009 and 2012.



Characteristics of service users

- A total of 469 people completed the Survey in 2015—the median age was 37 and 66% were male.
- There was a 36% increase in response between 2012 (n=345) and 2015 (n=469), likely due to an increase in demand for AOD specialist services in the ACT.
- It can be estimated that on any single day between 400 and 500 people access specialist AOD treatment in the ACT.
- One-quarter of Survey respondents identified as Aboriginal and/or Torres Strait Islander.
- Service users of AOD services are a high-need socio-economically disadvantaged population—74% are unemployed, and 46% are either homeless or at risk of homelessness. This has implications for program accessibility and program delivery, as well as for the provision of a range of ancillary supports.

Method

The SUSOS was conducted as a census survey on a single day in nineteen sites across the ten participating specialist AOD services. Service users who agreed to participate received \$20 reimbursement for completing a pen-and-paper questionnaire. The same core questionnaire was used for the 2009, 2012 and 2015 Surveys. It includes the CSQ-8, items from the 2007 User Satisfaction Survey of the UK Treatment Agency for Substance Misuse,³ and specific questions relevant to the ACT AOD context. The project was approved by the ACT Health Human Research Ethics Committee.

Acknowledgements

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Further information

Alcohol Tobacco and Other Drug Association ACT (ATODA). (2016). 'Service Users' Satisfaction and Outcomes Survey 2015: a census of people accessing specialist alcohol and other drug services in the ACT' ATODA Monograph Series, No.4. Canberra: ATODA. Available at www.atoda.org.au; info@atoda.org.au

Overall satisfaction levels & patterns

Embedded in the SUSOS is the Client Satisfaction Questionnaire (CSQ-8), a validated instrument that produces a composite index of satisfaction derived from eight scale items¹. CSQ-8 scores range from 8 (low satisfaction) to 32 (high satisfaction), with a mid point of 20. Satisfaction levels have remained high and generally stable between 2012 and 2015, as measured by the CSQ-8 and illustrated through two specific questions (Table 1).

Table 1: Satisfaction levels and patterns in each year of the Survey (2009, 2012, 2015)

Satisfaction Item	Year of Survey		
	2015	2012	2009
Mean overall satisfaction score (CSQ-8)	26.9	*27.1	26.2
How satisfied are you with the service you have received? (% answering 'very satisfied' or 'mostly satisfied')	90.4%	92%	90%
If you were to seek help again, would you come back to this service? (% answering 'yes, definitely' or 'yes, generally')	93.1%	*94%	91%

*Indicates significant change from previous year.

In 2015, high satisfaction scores were related to the following variables (among others):

- Longer length of time attending the service.
- Shorter waiting times.
- Convenience of the location and opening hours of the service.
- Being asked to provide feedback on the service or treatment received.
- Perceiving that the service welcomes and acts upon complaints and suggestions.

Self-reported service user outcomes

High levels of positive outcomes (i.e. respondents 'agreed' or 'strongly agreed' with the statements) were reported under each of the accepted primary objectives of AOD treatment (Table 2).²

Table 2: Self-reported outcomes against the primary objectives of AOD treatment (2015 SUSOS)

Primary objectives of AOD treatment	Outcome measured in the 2015 SUSOS	Proportion of respondents who 'agreed' or 'strongly agreed'
To reduce the client's level of substance use	'Your drug use has reduced'	85.5%
To reduce the client's experience of AOD-related harm	'You are less involved in crime'	91.3%
	'Your knowledge of preventing transmission of blood borne viruses has improved'	84.9%
To improve the client's health and wellbeing	'Your general health has improved'	79.4%
	'Your mental health has improved'	78.2%

Many services are also able to provide some level of ancillary support or referral (e.g. housing, financial management, legal assistance). Considering these activities are beyond the primary remit of most AOD services, service users reported reasonable to high levels of positive self-reported outcomes for these ancillary activities (between 47%–70%).

1 Attkisson, C.C. & Greenfield, T.K. (2004). 'The UCSF Client Satisfaction Scales: I. Client Satisfaction Questionnaire-8', in ME Maruish (ed.), The use of psychological testing for treatment planning and outcomes assessment, 3rd edn, vol. 3, pp. 799-811. Mahwah, N.J.: Lawrence Erlbaum Associates.

2 McBean, R., Hipper, L., Tatow, D., Buckley, J., Podevin, K. and Fewings, E. (2015). Queensland Alcohol and Other Drug Treatment Service Delivery Framework. Accessed 1 April 2016 at dovetail.org.au/media/103784/qldaodtreatmentframework_march2015final.pdf.

3 Gordon, D., Burn, D., Campbell, A., and Baker, O. (2008). The 2007 User Satisfaction Survey of Tier 2 and 3 service users in England. National Treatment Agency for Substance Misuse: London.