Quality of service provision of the Psychological sector for families and carers of people with learning disabilities. The case of the Psychiatric Department of “Vostaneio” General Hospital (Lesvos, Greece).

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Abstract

The purpose of this study was to identify the views of family members and carers of people with learning disabilities regarding the quality of service provision of the Psychological sector of the Psychiatric Department of “Vostaneio” General Hospital (Lesvos, Greece). The results demonstrated a level of family members’ and carers’ satisfaction regarding their contact with mental health service at an average of 74.5% while a medium level of satisfaction was expressed regarding the satisfaction of family members’ and carers’ emotional needs. Additionally, ambivalent evaluations were expressed regarding the overall quality of service provision. The present research confirms mainly previous researches that have taken place in our country, which present indeed high indicators of satisfaction from the medical paramedical and nursing services and low indicators of satisfaction from the organisational and hotel operations of hospitals NSH. Additionally, it clearly demonstrates the importance of a flexible mental health service, capable of addressing the complex needs of families and carers of people with learning disabilities.

Key words: Learning disabilities; Quality of service; Families; Carers; Psychiatry

Introduction

During the past two decades an unprecedented development in the organization and delivery of health, education and social care services for learning disability has been designed but still the needs of families and carers of people with learning disabilities are not significantly addressed. (Tunali and Power 1993; Stalker 2003; Social Policy Research Unit 2007). Satisfaction with the Psychological sector of the Psychiatric Department of “Vostaneio” General Hospital was measured in a large study conducted in the Psychological sector by one of the clinical psychologists who work in a full time base in the Psychological sector (Spyrou 2009). This study clearly demonstrated the serious omissions and limitations of this community-based mental health service in a frontier island region, Lesvos island. One of the significant limitations of this study was that did not manage to identify the needs and the perceptions of families of people with learning disabilities regarding the quality of care provided by the Psychological sector. The present study is the first and only study conducted in the Psychological sector focused on the needs of families and carers of people with learning disabilities including families and carers of people with profound and complex learning disabilities.
Purpose of the study

Given the significant inability of services to satisfy the families’ and carers’ needs as indicated above, the aim of the present study is to investigate the views of carers of people with learning disabilities regarding the quality of service provision of the Psychological sector of the Psychiatric Department of “Vostaneio” General Hospital, Mytilini, Greece. The views of families and carers can constitute a significant parameter in the development and change of service provision for people with learning disabilities and their families and carers.

The present study was based on three different parameters, chosen in order to demonstrate the perceptions of families and carers of people with learning disabilities regarding the quality of the services offered by the Psychological sector.

A. Contact with service

Every service user can contact the Psychological sector of the Psychiatric Department of “Vostaneio General Hospital either personally or by phone and ask for an appointment. As a result of the restricted number of staff working in the particular mental health service there is a waiting list that varies between two to 4 weeks.

B. Emotional needs

Carers and families of people with learning disabilities can contact the Psychological sector of the Psychiatric Department for different personal mental health needs. The occurrence of mental health difficulties in carers and families of people with learning disabilities is well documented and emotional reaction can vary (Shearn and Todd 2000). One of the most significant parameters of the present study is the evaluation of the views of families and carers of people with learning disabilities regarding the satisfaction of their emotional needs by the Psychological sector of the Psychiatric Department given the fact that the particular satisfaction is described as vital by the families and carers but is not always achieved by the particular service.

C. Overall quality of the particular mental health service

As indicated above, a significant parameter influencing the perceptions and the level of satisfaction with a community- based service is the existence of factors such as hygiene services, safety, sufficiency of staff, services for people with special needs and additional difficulties. The author considered the particular factors important enough in order to include them in the present study for the development and amelioration of the Psychological sector.

Methodology

The present study, keeping in mind the significant exclusion of people with learning disabilities and their families and carers from the service provision and the service planning, aimed to undeline the needs of families and carers and the level of satisfaction of these needs by a public mental health service in a non- rural region of Greece.

Source and number of participants

For the purpose of the present study, 70 carers of people with learning disabilities were approached. This number of participants consists of the number of the families and carers who have visited the service the past three years. During the period 2006-2009, 70 carers of
people with learning disabilities have contacted the Psychological sector of the Psychiatric Department and required an evaluation of intelligence for the person they care for. A significant number of these carers have contacted our service only once while others have contacted several times providing different requests and needs. The participants approached, were 70 adult carers (parents, families or carers) of people with learning disabilities having used the service during the period 2006-2009. The reason for choosing the particular period 2006-2009 is because only after 2006, people with learning disabilities and their families started contacting and using the Psychological sector for the evaluation of intelligence (Psychargos 2000-2006). Before 2006, people with learning disabilities and their families were using different mental health services for their needs. The 70 participants were registered in the Psychological sector of the Psychiatric Department and their contact details were kept at the Psychological sector’s network. The network is an electronic database including all the details and information of every person who uses the particular service. Every patient’s assessment can be incorporated into the computer system and the electronic database. This allows the professionals working in the service to be able to access this information and update their records in favor of the patient. Due to ethical reasons, currently, the network is only accessible by the clinical psychologist with a secret password and a user name.

The present study took place in the Psychological sector of the Psychiatric Department of “Vostaneio” General Hospital in Mytilini, Greece. The Head of the service was fully informed regarding the details of the study and has given verbal and written consent for the study to be conducted.

Method of data collection

The main sampling pool utilized for the purpose of this study was the Psychological sector’s network. Direct contact and information was also made with family persons or carers of people with learning disabilities who currently use the services of the Psychological sector.

The study employed a mixed design method of data collection – using a telephone structured interview with open and closed questions (quantitative and qualitative design) based on a questionnaire investigating the views of carers of people with learning disabilities regarding the satisfaction of their needs by the Psychological sector of the Psychiatric Department of “Vostaneio” General Hospital. The method used was cross-sectional. The majority of the participants lived in a village or a town in a distance from the city of Mytilini or in different cities in Greece, thus the telephone structured interview was chosen as the appropriate method for their participation in the study. An information sheet, including all the necessary information regarding the participation in the study, and a consent form was sent to the 70 participants. In the information sheet it was clearly stated that the participation in the study was voluntary and that their decision of participating or not in the study would not affect the services offered by the particular mental health department. In the information sheet it was underlined that if the participants agreed to participate voluntarily in the study, they should sign the consent forms and return them back to the Psychological sector of the Psychiatric Department of “Vostaneio” General Hospital. Additionally, it was clearly stated that as soon as the signed consent forms were returned, an initial telephone contact would take place followed by a telephone structured interview. Each participant was informed that no payment or other incentive would be used and the participation in the study would not incur costs. Pre-paid envelopes were provided for the return of consent forms.
The present study, aiming to investigate the needs and views of families and carers of people with learning disabilities, was based on a significantly limited number of enlisted users of the Psychiatric sector compared to the other users of the same service. Therefore, the selection criteria that was set was the contact of this population with the Psychiatric sector during the period 2006-2009. The 70 information sheets and consent forms were sent by post to the home address of each family person or carer of people with learning disabilities having contacted the Psychological sector during the period 2006-2009. The participation in the study was considerable with 50 family members and carers returning back the signed consent forms and were involved in the study. Thus, the final sample was 50 participants.

As soon as the completed and signed consent forms were returned to the psychological sector, a number of 50 initial telephone contacts took place by the researcher. These first telephone contacts were used in order to fully explain all the details of the information sheet to the 50 participants, answer to potential questions regarding the study and arrange a second telephone contact at scheduled date and time for the telephone structured interview. Each participant was informed that the telephone structured interview would take place in a date and time convenient. Additionally, it was clearly stated that the telephone structured interview would be based on a questionnaire investigating the needs and the views of carers regarding the satisfaction of their needs by the Psychological sector of Psychiatric Department of “Vostaneio” General Hospital. Finally, the participants were informed that each telephone structured interview would not last more than 30 minutes.

Telephone structured interviews

Fifty telephone structured interviews were conducted using a structured questionnaire designed in order to identify the needs and the level of satisfaction of families and carers of people with learning disabilities with the Psychological sector of the Psychiatric Department of “Vostaneio” General Hospital in Mytilini, Greece. The telephone interviews were based on a combined semi-structured and open-ended interview technique using a questionnaire designed to address the aims of the study. The questionnaire was developed and pilot tested with 10 participants in order to address the particular needs and the views of families and carers of people with learning disabilities regarding the level of their satisfaction with service provision by the Psychological sector. The questionnaire designed for the purpose of the telephone structured interviews, used a thorough review of literature and in association with the results of the pilot study included three basic areas of interest. Three basic areas provided an outline for addressing families’ and carers’ needs and perceptions: a) the contact with the Psychological sector b) the satisfaction of the families’ and carers’ emotional needs c) the perceptions regarding the overall quality of service provision. Internal validity has been checked by the results of the pilot study and by distributing the questionnaire to the Greek researchers within the field of learning disabilities and to the co-authors of the large study conducted in the Psychological sector of the Psychiatric Department of “Vostaneio” General Hospital measuring the patients perceptions regarding the quality of care provided by the particular mental health service. This resulted in additional adjustments before the production of the final version.

All the structured interviews were conducted by phone. Telephone interviews ranged between 25 – 35 minutes and took place during the months May to July 2009. Quantitative and qualitative methodologies were used in order to present more representative results and voice...
the perspectives of families and carers of people with learning disabilities regarding service provision. The questionnaire designed for the purpose of the study included closed-ended questions regarding the demographic information of the participants and more analytically factors such as: 1) sex 2) age 3) ethnicity 4) marital status 5) educational level 6) profession 7) residence. To assess the characteristics of the participants, multiple choice questions were used on a five-point scale. These multiple choice questions referred to the service contact and included 1) the number of contacts of the participant with the particular mental health service 2) the reason for contacting the particular mental health service 3) the level of learning disability of the person the participant cares for.

Contact with the service

The contact with the Psychological sector of the Psychiatric Department of “Vostaneio” General Hospital was measured using closed-ended questions. These questions were based on the CASC questionnaire (Comprehensive Assessment of Satisfaction with Care 1998) and on the questionnaire used in a different study measuring the level of satisfaction of patients with “Evaggelismos” General Hospital (Niakas and Gnardellis 2000). The eight questions included in this area referred to the level of families’ and carers’ satisfaction with the procedures that need to be followed in order to contact and use the services of the Psychological sector. Each question was rated on a five point scale (Likert scale) ranging from: strongly dissatisfied (coded 1), dissatisfied (coded 2), not satisfied/or dissatisfied (coded 3), satisfied (coded 4), very satisfied (coded 5).

Emotional needs

The emotional needs of families and carers of people with learning disabilities were measured utilising quantitative and qualitative methods. The closed-ended questions were based on the CASC questionnaire (Comprehensive Assessment of Satisfaction with Care 1998) and on the questionnaire used in a different study measuring the level of satisfaction of patients with “Evaggelismos” General Hospital (Niakas and Gnardellis 2000). These questions referred to the level of satisfaction of families’ and carers’ emotional needs by the Psychological sector of the Psychiatric Department. Each question is rated on a five point scale (Likert scale) ranging from: strongly dissatisfied (coded 1), dissatisfied (coded 2), not satisfied/or dissatisfied (coded 3), satisfied (coded 4), very satisfied (coded 5).

The evaluation of families and carers’ emotional needs were measured by open-ended questions in order to give to this population the opportunity to voice their perceptions and participate in the service planning and development. The questions were based on the Psychiatric Care Satisfaction Questionnaire (1999), a questionnaire tested for its validity and reliability in a large study (Barker and Orrell 1999). Validity was tested by distributing the questionnaire to the Greek researchers within the field of learning disabilities and to the co-authors of the large study conducted in the Psychological sector (Spyrou 2009). The open-ended questions permitted the development of different descriptive categories that are being analysed in the data analysis section.

Overall quality of service provision

The level of satisfaction and the evaluation of families and carers of people with learning disabilities regarding the overall quality of service provision were measured using open-ended questions.
ended and closed-ended questions. These questions were based on the Verona Expectations for Care Scale (VECS) and the Verona Service Satisfaction Scale (VSSS), instruments designed to measure expectations and satisfaction with community based psychiatric services in patients and relatives (Ruggeri and Dall’Agnola 1993).

Each closed-ended question is rated on a five point scale (Likert scale) ranging from: strongly dissatisfied (coded 1), dissatisfied (coded 2), not satisfied / or dissatisfied (coded 3), satisfied (coded 4), very satisfied (coded 5)

The open-ended questions permitted the development of different descriptive categories that are being analysed in the data analysis section.

Data analysis

As a result of the restricted number of participants, the data analysis was conducted utilising the SPSS 17 programme. The models used were the chi-square tests and the pearson’s correlation in order to reflect the degree of relationships between the different variables. The open-ended questions of the telephone structured interviews were analysed in accordance with the methods outlined by Strauss and Corbin (1990). During the process of open coding, descriptive categories were developed to represent the basic needs and perceptions of families and carers of people with learning disabilities regarding the services offered by the Psychological sector. With respect to the emotional needs the answers were classified in the categories: a) psychological support b) counseling c) psychological support for the person they care for d) financial support through the evaluation of intelligence e) lack of support f) lack of psychological help. Finally, with respect to the overall quality of service provision the answers were classified in the categories: a) satisfaction with the hygiene and technical infrastructure b) safety of the service c) services for people with special needs and d) sufficiency of staff and personnel.

Results

Given the fact that the present study is the first study, conducted in the Psychological sector of the Psychiatric Department, focusing on the perceptions and needs of families and carers of people with learning disabilities, the characteristics and the demographic data of this population are very significant for the design of policy strategies and therapeutic treatments adapted to these data.

Characteristics and demographic data of the participants

Sex factors: Fifty family members and carers were included in the study. The majority of the sample were females (F = 31) while the number of men participants was 19 (M = 19). More analytically 62% of the participants were females while men consisted of the 38 % of the sample.

Age factors: From the data analysis significant findings related to the age characteristics of families and carers of people with learning disabilities arise. Most participants having used the service of the Psychological sector of the Psychiatric Department were in the 41-50 age bracket and more analytically the 36% of the sample, being followed by the participants in the 31-40 age bracket and the 51-60 age category. Each of these categories consisted of the
20% of the sample. The third age category was the family members and carers aged 61-70 with a percentage of 14%, being followed by the age bracket of 70 and above, a category consisting of the 6% of the sample. The last category was the less than 30 age bracket, corresponding to the 4% of the participants.

**Ethnicity:** With respect to the ethnicity factor, the vast majority of carers/parents of people with learning disabilities who visit the particular mental health service are Greek citizens representing the 92% of the sample. The other patients have Albanian origin but live in Greece for a long period and correspond to the 8% in the present study. No other origins were present in the data analysis.

**Marital status:** The majority of the participants were included in the married category consisting of the 62% of the sample, being followed by single and widowed service users. Each of these categories represented the 12% of the participants. Divorced family members and carers corresponded to the 10% of the sample while in separation participants consisted of the 4%.

**Educational level:** During the data analysis, different educational brackets were apparent corresponding to the Greek educational levels. Some levels were unified and more concrete educational brackets were developed that could be applied to different educational systems. The vast majority of family members and carers having used the Psychological sector were graduates of primary schools representing the 50% of the participants. The graduates of secondary schools represented the 32% of the family members and carers and only the 18% of the sample has graduated from college, university or has accomplished any postgraduate studies.

**Profession:** With respect to the professional level of family members and carers participating in the survey, the 38% of the sample was unemployed, a percentage that becomes even higher and reaches the 46% when the retired category is added. 22% of the sample worked in the private sector while a 16% worked full-time in the public sector, being followed by farmers corresponding to the 10% of the sample. The remaining professional categories were the workers and the merchants consisting of the 4% and 2% of the sample respectively.

**Permanent residence:** After data analysis was conducted, the results regarding the permanent residence of family members and carers having used the service of Psychological sector have demonstrated that the vast majority of this population lived in a village in a distance of at least 45 minutes away from the city of Mytilini and “Vosatneio” General Hospital, a majority that consisted of the 50% of the sample. The 20% of the users of the Psychological sector lived in a town in a distance of 30 minutes away from the city of Mytilini and only 30% of the sample was permanent residents of the city of Mytilini.

**The level of learning disability:** With respect to the level of disability of the person with learning disabilities the family members care for, 54% of the persons having used the Psychological sector had a family member or are carers of a person with profound learning disabilities. Severe learning disability represented the 30% of the sample being followed by the mild learning disability which corresponded to the 16% of the sample.

**Number of contacts with the particular service:** With respect to the number of contacts with the particular mental health service, the family members and carers of people with learning
disabilities have visited the Psychological sector more than once. More analytically, the 70% of the sample had contacted and used the particular service several times during the period 2006-2009 while the 22% had contacted the Psychological sector in two occasions during the same period. Only the 8% of the participants have used only once the particular mental health service.

Reason for using the particular service: The vast majority of the family members and carers of people with learning disabilities having contacted the Psychological sector of “Vostaneio” General Hospital required the evaluation of intellectual ability in order to obtain the financial benefits. That majority consisted of the 86% of the sample being followed by the participants who contacted the particular mental health service requiring counseling and support for the person they care for and represented the 12% of the sample. Only the 2% asked for a therapeutic treatment and support.

The level of satisfaction of family members and carers of people with learning disabilities with the Psychological sector of the Psychiatric Department of “Vostaneio” General Hospital was measured as indicated above using four different parameters.

Level of satisfaction with the contact with the Psychological sector

The data analysis of the telephone structured interviews showed that family members and carers were significantly satisfied with their contact with the Psychological sector of “Vostaneio” Hospital.

Chi-square analysis was used to reflect the possible associations between the variables such as sex, age, ethnicity, marital status, educational level and residence with the level of satisfaction with the contact with the Psychological sector.

There is statistically significant association between the educational level and the level of satisfaction with the contact with the psychological sector. The participants who were primary school graduates appeared less satisfied with the behavior of the professional and the staff they contacted in order to arrange their appointment in the Psychological sector compared to the high school graduates and the university graduates (χ² (4)= 9.524; p= 0.049< 0.05).

Family members and carers rated their satisfaction regarding the contact with the particular service including different aspects of their contact. 82% of the participants expressed a satisfaction with the facilitation offered in order to arrange an appointment, followed by a 10% of the sample who rated their satisfaction at a high level. Only 4% reported a medium level of satisfaction and 4% of the participants appeared dissatisfied with the facilitation offered for the arrangement of their appointment with the service.

84% of the family members and carers appeared satisfied with the behavior of the professional and the staff they contacted in order to arrange their appointment with the Psychological sector. 12% indicated that they were very satisfied with the behavior of the staff and only the 4% of the participants reported a medium level of satisfaction. With respect to the time family members and carers had to wait till the date their appointment was arranged, 48% appeared neither satisfied/ nor dissatisfied demonstrating a medium level of satisfaction. 34% of the sample expressed their satisfaction with the time they had to wait till
the date of their appointment, being followed by 14% of family members and carers rating their satisfaction at a high level.

The vast majority of family members and carers and more specifically the 90% reported their satisfaction with respect to the duration of the person’s they care for assessment / evaluation. 8% of the participants appeared neither satisfied/ nor dissatisfied being followed by the 2% of the sample who expressed a level of dissatisfaction with the duration of the particular assessment.

Significant indicators regarding the level of satisfaction with the contact with the Psychological sector were considered the interest of the professionals to listen to reasons for contacting the service and the needs of family members, the human relationships being developed between the professionals and the family members and carers and the professional qualifications of the staff working in the Psychological sector. With respect to the interest of the professionals, the 92% of the participants expressed their satisfaction with the interest being demonstrated by the professionals in order to listen to the reasons for contacting the particular mental health service and their needs. Regarding the relationship being developed between the professionals and the family members and carers, the vast majority representing the 84% of the population appeared satisfied with the particular parameter. A high level of satisfaction was rated by 14 % of the participants, while a percentage of 2 % appeared dissatisfied. Finally, the family members and more specifically the 94 % demonstrated their satisfaction with the professional qualifications of the staff working in the Psychological sector while the 6 % appeared very satisfied with the particular qualifications.

Level of satisfaction of emotional needs

The majority of family members and carers of people with learning disabilities appeared neither satisfied / nor dissatisfied regarding the different aspects of the satisfaction of the emotional needs. Generally a medium level of satisfaction was expressed by the participant.

Chi- square analysis was used to reflect the possible associations between the variables such as sex, age, ethnicity, marital status, educational level and residence with the level of satisfaction of the emotional needs by the Psychological sector.

With respect to the interest being demonstrated by the mental health professionals in order to listen to the emotional needs and difficulties of family members and carers, 62 % of the sample answered that they were neither satisfied /nor dissatisfied and expressed a medium level of satisfaction with the service, being followed by the 38 % who appeared satisfied with the particular aspect of the mental health service.

With respect to the management of the family members’ and carers’ emotional needs and difficulties by the mental health professionals, the majority of the participants representing the 52 % demonstrated neither satisfaction / nor dissatisfaction and a medium level of satisfaction was expressed. 40 % of the sample expressed their satisfaction with the management of their emotional needs by the mental health professionals and 8 % appeared dissatisfied.
Regarding the treatment suggested by the mental health professionals, the 70 % of family members and carers appeared neither satisfied / nor dissatisfied and only 30 % expressed their satisfaction with the treatment suggested.

With respect to the results of the therapeutic plan designed by the professionals, the 60 % of family members and carers expressed neither satisfaction/nor dissatisfaction being followed by the 36 % of the participants who considered the results of the therapeutic plan as satisfactory and the 4 % of the sample who expressed their dissatisfaction with the results.

Open – ended questions indicated how family members and carers viewed the quality of the psychological services offered by the Psychological sector. After data analysis four different categories arouse with respect to the family members’ and carers’ expectations in relation to their emotional needs and difficulties. The family members and carers expected from the Psychological sector: a) support for the management of difficulties for the person they care for b) psychological support for personal difficulties and problems c) counseling d) financial and practical support. The following quotations have been extracted from the analysis of the telephone structured interviews concerning the family members’ and carers’ expectations from the Psychological sector:

“I needed psychological support because I have to handle everything myself and counseling regarding the practical difficulties that I have to confront.” (Female participant)

“Well, I expected support for my sister who faces significant difficulties and support for myself and the family problems that I face.” (Female participant)

“As I’m the only one who cares for J., I need counseling in order to know if I do the right thing. I need financial support too as I am unemployed now.” (Male participant)

The majority of the family members and carers, representing the 72 % of the sample, reported that mental health professionals did not offer them the opportunity and option for psychological support as a part of the therapeutic plan. Only 28 % of the participants indicated that psychological support was offered to them as an option and opportunity with respect to the therapeutic plan designed for them.

When participants were asked whether they would need the option and opportunity for psychological support and the reasons for the particular need, four categories of justifications arouse. The 60% of the sample described the need for psychological support as necessary due to the psychological difficulties and problems they face. The 26 % of the participants described the option of psychological support as necessary due to the significant emotional pressure they face, being followed by 12 % who considered the option of psychological support as significant due to lack of social support and supportive network. Only the 2% of the sample referred to the option of psychological support as unnecessary and indicated that there was no need for that option.

The following quotations have been extracted from the analysis of the telephone structured interviews concerning the family members’ and carers’ perceptions for the need for psychological support offered by the Psychological sector and the reasons for the particular need:
“I would like to have a psychological support as I am the only responsible for everything and I am so fed up with it” (Female participant)

“I would benefit from advices and support regarding familial difficulties” (Female participant)
“*I want someone to talk to because my wife pretends that nothing happens*” (Male participant)

“...I live far away and I cannot attend the sessions, but I don’t think I need this kind of help. I am fine.” (Male participant)

Regarding the level of satisfaction of family members’ and carers’ emotional needs by the Psychological sector the majority of the participants, corresponding to the 62 % of the sample, appeared neither satisfied/ nor dissatisfied, demonstrating a medium level of satisfaction. The family members and carers who expressed their satisfaction regarding their emotional needs consisted of the 34 % of the sample being followed by the 4% who rated the satisfaction of the emotional needs by the Psychological sector at a low level.

When the participants were asked to justify the expressed level of satisfaction of their emotional needs by the Psychological sector different justifications arouse. Family members and carers who appeared neither satisfied / nor dissatisfied and those who expressed low level of satisfaction described their perceptions in two different categories. More analytically, 58 % of the participants referred to the lack of counseling as a significant omission while 42 % did not refer to the particular factor. The 54 % of the sample referred to the lack of psychological support offered by the Psychological sector as the source of their low level of satisfaction while the 46 % did not refer to the particular factor. Family members who expressed their satisfaction with the services offered by the Psychological sector justified their perceptions in two different categories. 24 % of the participants referred to the satisfactory management of their psychological difficulties by the mental health professionals while 76% did not mention the particular aspect of service provision. The 50 % of the sample justified their satisfaction due to the financial support that obtained through the evaluation of intelligence conducted in the Psychological sector while the remaining 50 % did not refer to the particular support.

The following quotations have been extracted from the analysis of the telephone structured interviews concerning the family members’ and carers’ justifications for the level of their satisfaction by the Psychological sector with respect to their emotional needs:

“I needed more time to speak about myself and the problems that I face. I needed more counseling regarding the emotional and practical difficulties in my life” (Female participant)

“...Well, I’m not satisfied with the support offered, I needed more time and more sessions because I have a lot of things in my mind and feel very stressed” (Male participant)

“I feel satisfied because I had the opportunity to talk about what is bothering me and about how difficult my life can be with my cousin’s difficulties” (Female participant)

“I was offered the opportunity for psychotherapeutic sessions but I did not want to... I only wanted to take the evaluation documents” (Male participant)
With respect to omissions of the psychological services offered by the Psychological sector, the 56 \% of the population referred to the lack of psychological support for personal difficulties and problems while the 44\% did not refer to the particular factor. The 38 \% referred to the lack of counseling while the 62 \% did not refer to the particular aspect of service provision. The 26\% considered the lack of support for the person they care for as a significant omission while 74\% did not refer to the particular factor. Only the 28 \% of the participants considered that there were not any omissions in the services offered by the Psychological sector while the 72 \% did not refer to the particular category.

The following quotations have been extracted from the analysis of the telephone structured interviews concerning the family members’ and carers’ perceptions with respect to omissions of the psychological services offered by the Psychological sector:

“I definitely needed more sessions in order to feel better. I feel very depressed the last four months” (Female participant)

“I still have many questions about practical difficulties that I face caring about M” (Male participant)

“My brother needs more help from professionals. I cannot offer to him relief” (Male participant)

“I am satisfied, everything was fine” (Female participant)

Overall quality of service provision

The majority of family members and carers appeared neither satisfied /nor dissatisfied regarding the different aspects of the overall quality of service provision. Chi-square analysis was used to reflect the possible associations between the variables such as sex, age, ethnicity, marital status, educational level and residence with the level of satisfaction with the overall quality of the Psychological sector.

Significant association was found between sex factor with the satisfaction with the hygiene conditions in the Psychological sector. Additionally, significant association was found between the ethnicity and the level of satisfaction with the comfort and the conditions of the waiting room of the Psychological sector. Finally, a significant association between the educational level and the level of satisfaction with the existence of signs facilitating the way to the service was confirmed.

Regarding the association between sex and the level of satisfaction with the hygiene conditions, the majority of male family members representing the 94,7 \% of the male participants appeared neither satisfied/nor dissatisfied with the particular factor while the 5,3\% of the same population expressed their satisfaction with the particular aspect of service quality. The 58,1\% of the female participants rated their satisfaction at a neither satisfactory/nor dissatisfactory level, being followed by the 38,7 \% who appeared dissatisfied with the hygiene conditions of the Psychological sector and the 3,2 \% who expressed their satisfaction (x2 (2)= 9,677 p= 0,008< 0,05).
Regarding the association between the ethnicity with the level of satisfaction with the comfort and the conditions of the waiting room of the Psychological sector, the 74.9 % of the Greek participants appeared neither satisfied/nor dissatisfied with the particular factor being followed by the 17.4 % who expressed their dissatisfaction with the particular aspect of service provision while the 8.7 % demonstrated their satisfaction. The 50 % of non-Greek participants appeared neither satisfied/nor satisfied with the comfort and the conditions of the waiting room while the remaining 50 % of the same population expressed their satisfaction with the particular aspect (x² (2) = 6.220 p = 0.045 < 0.05).

Regarding the association between the educational level and the level of satisfaction with the existence of signs facilitating the way to the Psychological sector, the 56% of the primary school graduates appeared neither satisfied/nor satisfied with the particular factor, being followed by the 36% of the same population who expressed their satisfaction while the 8% rated their satisfaction at a low level. The 87.5 % of the High school graduates expressed their neither satisfaction/nor dissatisfaction with the particular aspect of service quality, being followed by the 12.5 % of the same population who appeared dissatisfied. Finally, the 55.4% of the University graduates appeared satisfied being followed by the 44.5% of the same sample appeared neither satisfied/nor dissatisfied with the existence of signs facilitating the way to the Psychological sector (x² (4) = 10.785 p = 0.029 < 0.05).

After data analysis, with respect to the existence of signs facilitating the way to the Psychological sector in the “Vostaneio” General Hospital, the neither satisfaction/nor dissatisfaction of the participants existed in a rate up to 64% while satisfied family members and members consist of the 28 % of the sample. Dissatisfaction existed in a rate up to 8 %.

54 % of the participants appeared neither satisfied/nor dissatisfied with the existing services for people with special needs. The dissatisfied participants with the services for people with special needs rate up to 40%. Only 6% of the sample expressed satisfaction with the particular aspect of service provision.

The majority of the participants, consisting of the 72 %, rated their satisfaction at a neither satisfactory/nor satisfactory level regarding the comfort and the conditions of the waiting room in the Psychological sector. Dissatisfaction with the particular aspect existed in a rate up to 16 % being followed by satisfaction signed up to 12 %.

50% of family members and carers appeared neither satisfied/nor dissatisfied with the sufficiency of staff and personnel while the remaining 50 % expressed their dissatisfaction regarding the staff sufficiency.

With respect to the hygiene conditions, 72% of the participants rated their satisfaction at a neither satisfactory/nor dissatisfactory level while 24 % of the sample expressed dissatisfaction with the particular aspect of service provision. Satisfaction existed only in a rate up to 4 %.

Regarding the comfort and the conditions of the office where the evaluation/assessment took place, 62% of the participants appeared neither satisfied/nor dissatisfied being followed by satisfied family members representing the 30% of the sample. Dissatisfaction existed in a rate up to 8%.
Finally, with respect to the overall quality of service provision the answers of the family members and carers in the open – ended question were classified in the categories: a) satisfaction with the hygiene and technical infrastructure b) safety of the service c) services for people with special needs and d) sufficiency of staff and personnel. 48 % of the participants referred to the hygiene conditions and technical infrastructure as significant omissions of the service provision while the remaining 52% did not consider these factors as disadvantages. Safety of the Psychological sector was rated as unsatisfactory by the 20 % of the sample while the 80 % of the participants did not refer to the particular aspect of service provision. Services for people with special needs negatively affected the level of satisfaction of 34 % of the participants while the 66% of the sample did not refer to the particular aspect. Finally, 46 % of the sample considered the sufficiency of staff and personnel as a significant omission while the 54 % of the participants did not refer to the particular factor of the overall quality of service provision.

“The hygiene conditions of the W.C. were awful. You should do something about that!” (Female participant)
“I felt afraid of all these mentally disordered people arguing and felt terrified when the police arrived” (Female participant)
“I found it very difficult to come to the Psychological sector helping my brother with his wheelchair” (Male participant)
“We missed our appointment because the psychologist had to manage a suicidal attempt in the hospital. No one could replace her. There was no psychiatrist in the service.” (Male participant).

Discussion

The quality cannot be imposed, it results as essential of the sensitised customer and as conscious choice of the constructor of the product or of the provider the service. The results demonstrated a level of satisfaction of family members and carers regarding their contact with mental health service at an average of 74,5 % while a medium level of satisfaction was expressed regarding the satisfaction of family members’ and carers’ emotional needs. Additionally, ambivalent evaluations were expressed regarding the overall quality of service provision. Participants referred to their need for psychological support and to omissions such as: lack of staff, unsatisfactory hygiene conditions, lack of services for people with special needs.

The present study clearly demonstrates the importance of a flexible mental health service, capable of addressing the complex needs of families and carers of people with learning disabilities. The development of a new model of mental health care provision appears necessary. The new model should involve the cooperation of two important services that take place in the island of Lesvos, the Psychological Sector of “Vostaneio” General Hospital and the Counselling Service of the Aegean University. The Counselling Service of the Aegean University, at the present point, plays an educative and preventive role, informing and addressing the needs of professionals working in Primary and Secondary Education.

The cooperation of the two services presented above, can broaden the efficacy and the quality of service provision in a non- rural region such as the island of Lesbos. A new service can develop based on the two entities which have proved their worth and their efficacy. This pioneering structure will cover the gap that exists not only on the part of the diagnosis,
treatment and rehabilitation as well as on the prevention of learning disability. Thus, it consists of an integrated strategy regarding the satisfaction of the needs of people with learning disabilities as well as their families and carers. Specifically, the basic objectives of the new model will include:

**Structure**

On the side of the “Vostaneio” Hospital: A psychiatrist, a psychologist, social worker, speech therapist, health visitor, a nurse, and administrative staff. On the side of the University: A sociologist -psychologist, an educator, 2 psychologists and the Secretary. Servants such as cleaners, postgraduate students, undergraduate students, and volunteers are also important. These specialities will be covered by career officials, who are employed in exclusivity to the new mental health service. The two parties will be represented equally by 7 members in a Board. The Chairman and the Vice-Chairman of the Board can be the Head of “Vostaneio” General Hospital and the Rector of the University of the Aegean. The position of President and Vice-President is valid for 2 years. After two years, these members will change.

**Intervention – Nature of Service Provision**

The new model consists of four main sectors of scientific mode:
(a) Diagnostic Department under the responsibility of “Vostaneio” General Hospital. (b) Therapeutic Department under the responsibility of “Vostaneio” General Hospital (c) Counselling Department under the responsibility of the Aegean University (d) Department of Research and Prevention under the responsibility of the Aegean University.

These sectors aim to facilitate the development of a comprehensive strategy on the service provision for people with learning disabilities and their families and carers. This strategy will be based on prevention, as determined by modern imperatives of psychiatric science and will be focused on all three levels of care (primary, secondary and tertiary). The new model consists of multidisciplinary approach to the domain of learning providing services according to the WHO (World Health Organization). Additionally, the new model for service provision will reduce financial and human resources costs (costs for families travelling in Athens). It is also important to point out that the particular service will permit the development of a network along with other mental health services for learning disability, promoting services and interventions which are not independent, but develop as a supportive ensemble and as main tools for the delivery of mental health services.

**Conclusion**

Family members and carers of people with learning disability raised concerns regarding the level of satisfaction with the mental health service and the quality of service provision. Translating the evaluations and perceptions of the family members and carers into practice is a significant challenge. In aiming the particular challenge it is essential that practitioners and service providers build upon the evaluations and views of family members and carers. The findings of the present study suggest that services should begin to think more broadly and flexibly about what constitutes satisfaction for the service users. It is important, therefore, that they capture family members’ and carers’ perspectives on the quality of new services to provide a sound evidence base about the effectiveness and continuing helpfulness of support.
(Seddon, Robinson, Tommis, Woods et al. 2009). Above all, the present study demonstrated the complex needs of family members and carers, needs and perceptions whose nature should be acknowledged more fully by service providers and services in order to improve the quality of service provision. The present study consists of a stimulus for future research focusing on the participation of this population in the service planning and on the greater collaboration between the practitioners and service users.

References


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