Research Article

Factors Affecting Client Satisfaction in a Large Community-based Youth Mental Health Promotion Programme (Yuva Spandana) in Karnataka, India

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A B S T R A C T

Background: Yuva Spandana (YS) is a Youth Mental Health Promotion programme in Karnataka. Under YS, youth facing challenges are provided counselling and support services by trained youth named Yuva Samalochakas and Yuva Parivarthakas at Yuva Spandana Kendras (YSKs). We planned to understand the satisfaction (CS) perspectives of beneficiaries of this mental health promotion model in India.

Method: Telephonic interviews were conducted among 140 randomly selected clients who visited YSKs between August and October 2018. Multivariate Linear Regression was done with CS as the outcome and several hypothesised variables as potential exposures that contribute towards CS. All variables that were significantly associated with the outcome (p < 0.10) in univariate and which altered the β-coefficient of at least one preceding variable by 10% were retained in the final model.

Results: For every unit increase in cleanliness score at YSK, CS increased by 30%. For every unit increase in level of confidentiality maintained, CS increased by 26%. CS increased among clients who felt multiple options were provided "to a great extent" and "to a moderate extent" to resolve their issue/ problem.

Conclusion: Cleanliness, level of confidentiality maintained, and providing multiple options at YSK are associated with increased CS among clients.

Keywords: Youth Mental Health Promotion, Client Satisfaction, Mental Health Promotion, Youth Programme, Yuva Spandana

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Introduction

The largest youth population in the world is found in India.[1] This is poised to increase further in the coming decades. Nearly 70% of India's population is under 35 years.[2] Youth constitute approximately 30% of the population of India and Karnataka.[3] Youth of today face a lot of challenges related to social, psychosocial, behavioural, and mental health issues. Newer challenges such as emerging cultural transition (increasing nuclear families from otherwise traditional joint family systems), liberalisation, free-market economy, globalisation, communication and media add to this. Nearly 10-30% of youngsters today suffer from health behaviours that affect health negatively and conditions like dietary disorders, substance abuse, violence, suicide, accidents, high-risk behaviours, depression, and common mental disorders.[4,5] Most often multiple behaviours and conditions coexist leading to diseases of multi-factorial causation. Since young people are the backbone of any economy, focused health promotion programmes for this age group become a necessity.

Yuva Spandana (meaning responding to youth) is a programme that addresses the need for dedicated support systems to address and support issues related to youth and their families in Karnataka. It is a Karnataka state Youth Policy 2012 initiative by the Department of Youth Empowerment and Sports, Government of Karnataka.[6]It is a community-based youth mental health promotion services programme, which is implemented with the help of guidance centres known as "Yuva Spandana Kendras" (YSK) (meaning centres responding to youth). These YSKs are located in every district stadium all over Karnataka. Trained youth called Yuva Samalochakas (YS) (youth counsellors) and Yuva Parivarthakas (YP) (meaning change agents of youth) offer counselling in YSKs free of cost. Yuva Parivarthakas run sensitisation programmes to generate awareness on the issues and challenges faced by the youth across the district in places where the youth are available. These sensitisation programmes not only focus on creating awareness on youth issues but also provide information to the potential beneficiaries on the availability of services at YSKs. Post sensitisation programme, clients visit YSKs to seek guidance services. At YSKs, Yuva Samalochakas provide guidance to clients and help clients resolve their issues.

Yuva Spandana programme was started in 2014 and is in the sixth year of implementation. More than twelve thousand clients have received guidance at YSKs. Hence, there is a strong felt need to understand the factors associated with client satisfaction. This understanding will provide important insights to improve client satisfaction and programme services across Karnataka. This study is planned to assess the factors associated with client satisfaction at YSKs across Karnataka.

Material and Methods

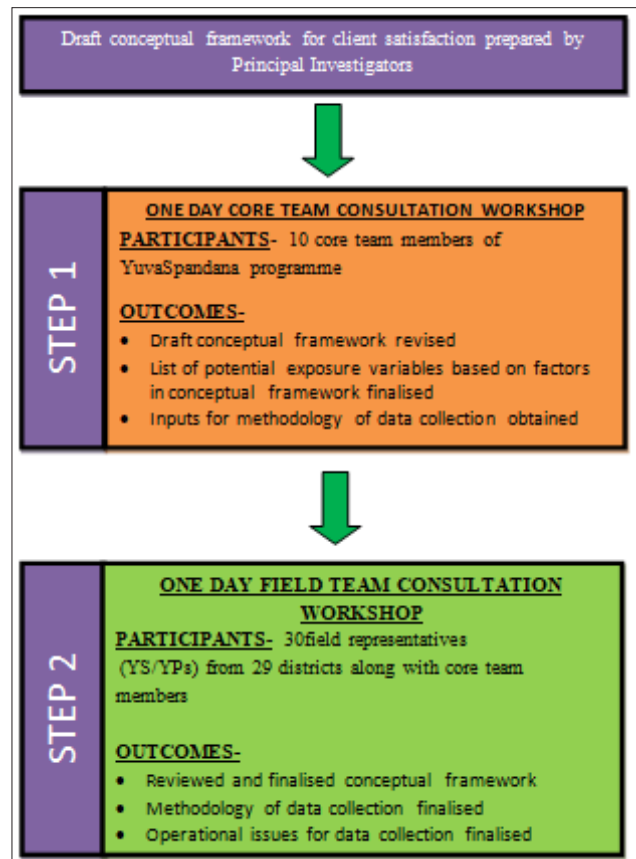The preparatory phase involved a core team consultation and a field team consultation (Figure 1).

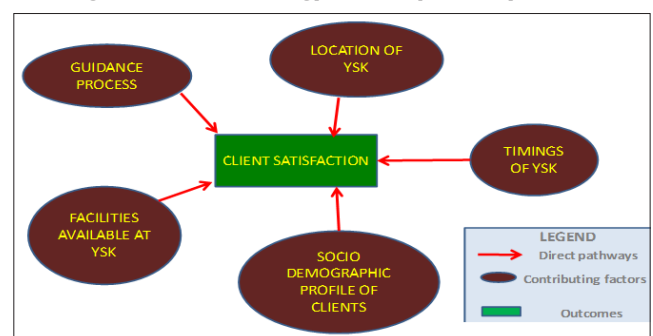**Figure 1.Methodology for Preparatory Phase**

Figure 2.Final Conceptual Framework to assess Factors affecting Client Satisfaction

In the preparatory phase, a conceptual framework of factors influencing client satisfaction and finalisation of the methodology of data collection for the study was evolved. A draft conceptual framework on factors influencing client satisfaction was initially developed by principal investigators paying attention to the numerous programme activities of Yuva Spandana which affect client satisfaction. Figure 2, shows the conceptual framework finalised post experts and core team deliberations. It shows the contributing

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potential exposure variables for client satisfaction within Yuva Spandana.

We adopted a cross-sectional study design along with the utilisation of secondary data for the study. All clients who visited YSKs in all districts across Karnataka from 1st August 2018 to 31st October 2018 were considered study subjects.

Simple random sampling was adopted for the selection of study subjects. Random numbers were generated using Microsoft Excel for Windows "randbetween" command. All first-time clients attending YSKs between 1st August 2018 and 31st October 2018 formed the sampling frame (903 clients). The sample size was estimated to be 450 assuming the prevalence of client satisfaction at 50% and absolute precision of 5% with 95% confidence. A non-response of 20% was assumed and rounded off to the nearest higher whole number. The sample size was calculated using the openepi platform (2) for sample size calculation.

Data Collection

A client-specific interview schedule was developed to assess client satisfaction. This schedule included questions on the location and timing of YSKs and on the process of guidance received at YSK. The investigator along with trained core team members collected primary data through telephonic interviews during November 2018-January 2019. All sampled respondents were contacted over phone to conduct the interview. A minimum of 3 attempts to contact the clients were made at 3 different time points. Failures to contact them even after 3 attempts were treated as non-response.

All core team members administering the questionnaire were rigorously trained to administer the client satisfaction interview schedule and the same was piloted prior to data collection. All interviewers were trained to ensure confidentiality and uniformity in data collection. They were also trained on the consent procedure and telephonic interviewing skills.

In addition, we used secondary data available from computerised management information system (CMIS) particularly created for the programme Yuva Spandana. Requisite secondary data was utilised from sensitisation forms, resource mapping forms, registration forms, client visit forms and phone calls format. Data on facilities available at YSKs was pooled from monthly reports, availability of Yuva Samalochakas and Yuva Parivarthakas, conduct of District Advisory Committee meeting, Karnataka Development Programme, media (including newspaper, life skills programme etc.) and training related data.

The study was approved by the Institute Ethics Committee of NIMHANS vide letter No.NIMH/DO/ETHICS COMMITTEE MEETING/2018, DATED 10/01/2019. Informed consent was taken from all the respondents.

Statistical Analysis

Multivariate linear regression was done with client satisfaction as the outcome. The factors in the conceptual framework developed by the core team and field consultation were considered hypothesised exposure variables. Exposure variables that were significant at 10% level (p<0.10) in univariate analysis were considered suitable for inclusion in the multivariate analysis. In multivariate linear regression analysis, each suitable variable was included one after the other utilising a forward stepping process. Those variables which were significant at 5% level (p<0.05) and altered the regression coefficient of at least one preceding variable by 10% when included in the multivariate analysis were retained in the final model. Further, a comparison of every model was performed with the preceding model by likelihood ratio test before finalising the multivariate model.

Results

Out of the randomly selected sample clients for telephonic interviews, 140 respondents (31%) completed interviews (Table 1). Approximately 28% (127) of respondents were not traceable. These include clients who had barred incoming calls, and whose calls were not reachable, or were unanswered. One-fifth of the respondents (90) were not available during all 3 attempts made to contact them.

The mean age of interviewed clients was 20.24 years (SD=4.82years). Majority (43.57%) of those who completed the interview belonged to the age group of 16-20 years. Of the total sampled respondents, majority (285, 63.33%) were male and almost 3/4th of males (104) completed the interview. Approximately 3/4th of the total respondents had completed high school. One-fourth of those who completed the interview were unemployed. Nearly 60.0% were students. One-tenth of those who didn't complete the interview were unemployed, and about 84.84% were students (Table 2).

Clients accessing services at YSK were seeking guidance for 1 or more of the 6 issues addressed under Yuva Spandana. Six issues addressed in this programme included Education and Academic (E&A) issues, Personality Development issues (PD), Health and Lifestyle (H&L) issues, Relationship issues (RI), Gender, Sex and Sexuality (GSS) issues, and Safety issues (SI). Among the factors affecting client satisfaction,location, timing, ease of finding the way to YSK along with levels of cleanliness and comfort at YSK were found to be statistically significant in univariate analysis (Table 3). Those clients who felt they were able to tell/share all that they wanted to share at YSK, those who felt multiple options were provided to resolve their issue/ problem, and the client's perception of the level of confidentiality maintained at Yuva Spandana Kendra increased client satisfaction.

Table 4 shows that providing multiple options to resolve

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issues during guidance, level of perceived cleanliness of YSK, and perceived level of confidentiality maintained by guidance providers at YSK were the factors associated with increased client satisfaction among the beneficiaries of Yuva Spandana in Karnataka. For those who felt multiple options were provided "to a great extent" to resolve their issue/ problem, the satisfaction score increased by 1.2 times (Adj β = 1.2; 95% CI=0.15, 2.24), compared to those who felt multiple options were provided "to some extent". For those

clients who felt multiple options were provided "to a moderate extent" to resolve their issue/ problem, the satisfaction score increased by 0.92 times (Adj β = 0.92; 95% CI=-0.01, 1.86) compared to those who felt multiple options were provided "to some extent". For every unit increase in cleanliness of YSK, the client satisfaction increased by 30% (β = 0.30; 95% CI=0.11, 0.50). For every unit increase in the level of confidentiality maintained at YSK, as perceived by the client, client satisfaction increased by 26% (Adj β = 0.30; 95% CI=0.09, 0.43).

Table 1.Results of Client Satisfaction Interview

Result	No. of clients	Percentage
Interview completed	140	31.11
Respondent not available	90	20.00
Respondent not traceable	127	28.22
Interview partially completed	9	2.00
Others*	84	18.67
Total	450	100

*Wrong telephone numbers, those who had never visited YSKs, and those who refused interviews were categorised under others.

Table 2.Socio-demographic Profile of Clients who visited YSKs during August-October 2018

	Result of Interview						Chi-square test p value
	Total Clients		Interview completed		Others		
	N	%	n	%	N	%	
Total number of beneficiaries (N=450)	450	100	140	31.11	310	68.89	
Mean age of clients in years	20.2	6.66	20.24	4.82	19.27	5.72	
< 16	60	13.33	20	14.29	40	12.9	< 0.001
16-20	255	56.67	61	43.57	194	62.58	
21-25	87	19.33	41	29.29	46	14.84	
26-30	33	7.33	16	11.43	17	5.48	
≥ 31	15	3.33	2	1.43	13	4.19	
Gender							
Female	165	36.67	36	25.71	129	41.61	< 0.001
Male	285	63.33	104	74.29	181	58.39	
Education							
Primary education not completed	15	3.34	4	0.89	11	2.44	0.9586
Primary education completed/ higher primary education not completed	35	7.78	10	2.22	25	5.56	
Higher primary education not completed	70	15.56	24	5.33	46	10.22	
High school completed and above	330	73.33	103	22.89	227	50.44	
Marital status							
Currently married	34	7.56	18	12.86	16	5.16	0.104
Others	1	0.22	0	0	1	0.32	
Unmarried	415	92.22	122	87.14	293	94.52	

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Occupation							
Others	33	7.33	20	14.29	13	4.19	<0.001
Student	349	77.56	86	61.43	263	84.84	
Unemployed	68	15.11	34	24.29	34	10.97	

Table 3.Univariate Analysis of Location and Timing of Yuva Spandana Kendra affecting Client Satisfaction

Client Satisfaction	N	%	Mean	SD	β coefficient	p value	95% CI
YSK is ideally located	127	91.37	8.02	1.73	0.27	0.635	(-0.84-1.37)
Extent of visibility of YSK name boards							
To a great extent	34	24.29	8.62	1.54	0.78	0.341	(-0.84-2.41)
To a moderate extent	75	53.57	8.05	1.36	0.22	0.78	(-1.33-1.77)
To some extent	20	14.29	6.7	2.96	-1.13	0.191	(-2.84-0.57)
Not displayed	6	4.29	7.83	2.32	reference		
Not answered	5	3.57	6.8	3.7	-1.03	0.359	(-3.25-1.19)
Convenience of timings of YSK							
Very convenient	56	40	8.11	1.95	0.77	0.354	(-0.87-2.42)
Convenient	78	55.71	7.87	1.85	0.54	0.513	(-1.08-2.16)
Inconvenient	6	4.29	7.33	2.8	reference		
Ease of finding way to YSK	140	100	7.83	1.99	0.22	0.007*	(0.06-0.38)
Level of cleanliness at YSK	140	100	8.28	1.55	0.46	< 0.001*	(0.27-0.66)
Level of comfort at YSK	140	100	8.21	1.67	0.38	< 0.001*	(0.20-0.57)
Extent to which the client shared all that s/he wanted to share at YSK							
To a great extent	60	42.86	8.33	1.99	1.76	0.014*	(0.36-3.17)
To a moderate extent	71	50.71	7.83	1.54	1.26	0.076	(-0.13-2.65)
To some extent	7	5.00	6.57	2.07	reference		
Felt that s/he was provided with multiple options to resolve issue/ problem at YSK							
To a great extent	43	30.71	8.7	1.9	2.24	< 0.001*	(1.162-3.31)
To a moderate extent	82	58.57	7.85	1.5	1.39	0.007*	(0.38-2.40)
To some extent	13	9.29	6.46	2.3	reference		
Level of confidentiality maintained at YSK	140		7.95	1.93	0.5	< 0.001*	(0.36-0.65)

*Significant at or below 10% (p≤0.10), suitable to be included in the multivariate model. β= Regression co-efficient for univariate simple linear regression; SD=Standard Deviation; CI=Confidence Interval; YSK= YuvaSpandana Kendra

Table 4.Multivariate Linear Regression Analysis of Factors affecting Client Satisfaction

	Mean	SD	Adjusted β coefficient	p value	95% CI
Extent to which multiple options were provided to resolve your issue/ problem					
To a great extent	8.7	1.9	1.2	0.025	(0.15-2.24)
To a moderate extent	7.85	1.5	0.92	0.054	(-0.01-1.86)
To some extent	6.46	2.3	reference		
Level of cleanliness at YSK	8.28	1.55	0.3	0.003	(0.11-0.50)
Level of confidentiality maintained	7.95	1.93	0.26	0.003	(0.09-0.43)

Adjusted β= Adjusted for all other variables; SD=Standard Deviation; CI=Confidence Interval; YSK= YuvaSpandana Kendra

Discussion

Yuva Spandana, a youth mental health promotion programme, has been developed and is being implemented by the primary stakeholders (youth) themselves. The programme was designed through a stakeholder consultation workshop where over 70% of the participants were young. All YSs and YPs working in the programme

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are aged between 20 to 35 years. It is the first-ever youth mental health programme in the country. This programme has reached over 44 lakh youth across the state through its sensitisation programmes. In 4 years, this state-wide programme has provided guidance to over 12 thousand beneficiaries who have received guidance at 30 YSKs. This study showed the level of cleanliness at YSKs, providing multiple options to the clients to resolve their issues/problems during guidance, and maintaining confidentiality during the process of guidance were significantly associated with satisfaction among clients attending YSKs in Karnataka.

This study is unique in terms of the development of the schedule for data collection and sampling strategy utilised. This involved stakeholder consultation workshops where a conceptual framework of potential factors affecting client satisfaction and questionnaires for interviews were finalised. Telephonic interviews were conducted on 450 randomly selected clients visiting YSKs using simple random sampling, which is known to be a robust sampling method when a sampling frame is available for a homogenous population.[7,8] It avoids selection bias while selecting clients across all 30 districts and the results can be generalised to all clients attending YSKs in Karnataka. Stringent methodology ensured the quality of data collected. Interviewers were provided rigorous training on taking oral consent and conducting interviews.

Multivariate analysis showed providing multiple options to resolve issues during guidance by guidance providers (YS/YP) at YSKs are likely to improve client self-esteem and self-confidence. This, inturn, is likely to improve rapport and adherence of the client and is also likely to facilitate client decision making and issue resolution. All these factors improve client satisfaction. Maintaining cleanliness at YSKs is likely to make the client feel satisfied and comfortable. Cleanliness of the work area is also an indirect indicator of a well-performing setup thereby improving client satisfaction.[9] Level of confidentiality maintained by guidance providers at YSKs is likely to make the client feel protected, trusted, and respected, and hence improves client satisfaction. Yuva Samalochakas are rigorously trained to reinforce the aspect of confidentiality maintained in the Yuva Spandana programme during the guidance process.

This study has a few limitations. The response rate is 31.1% which is considered low. This is known to happen with telephonic interviews.[10] Reasons for non-response in this study are mostly with respect to gaining access to clients. Most of our beneficiaries didn't own cell phones or have access to phones. They had provided phone numbers of their parents/caretakers. These clients were not available during 3 attempts to reach them over telephone. Some beneficiaries were living outside their homes for studies or work. Thus, they were unavailable to be contacted over

phone during the study period. There were also a small number of clients who for various reasons had provided wrong numbers or had registered under fake names during the registration at YSKs. However, the comparison of respondents and non-respondents showed that they had certain similar socio-demographic characteristics except age, gender, and occupation. Impersonation is another challenge in telephonic interviews. However, this is likely to be minimal in this study because interviewers were trained to confirm the identity by cross-checking with the date of registration and other socio-demographic identifiers entered in CMIS at the time of registration at YSKs. Besides, only those clients who had consented to be contacted at the time of registration were sampled for the study. However, this is difficult to rule out. Face-to-face interviews are known to provide high response rates as compared to telephonic interviews.[12] Telephonic interview method was chosen over face-to-face interview because it was found to be feasible considering the large sample size (450), spread across all 30 districts, and the available time frame. Telephonic interviews provided access to a wide geographic area (clients across the state) within a short period of time. In addition, a face-to-face interview would be much more resource-intensive to cover such a large geographic area.

The factors that affect client satisfaction shown in this study facilitate evidence-based strategies to improve client satisfaction under the programme Yuva Spandana. These factors need to be incorporated into the activities of the programme. Henceforth, Yuva Samalochakas and Yuva Parivarthakas need to be trained and strengthened with skills to provide multiple options to facilitate clients to resolve issues during the guidance process. In addition, they need to be trained to maintain confidentiality and communicate the same to clients prior to the process of guidance. This can start with sensitisation programmes where the information on confidentiality is provided to all the beneficiaries in the programme, and re-emphasised when the client visits the centre. The clients need to be explained in detail ways in which confidentiality of all information is maintained under programme Yuva Spandana. The importance of ensuring cleanliness within YSKs needs emphasis and monitoring by the programme team.

The currently available literature on assessing client satisfaction among beneficiaries in a mental health promotion programme is limited. Most available literature assesses service delivery components within clinic settings.[13] Satisfaction levels are known to be subjective. Satisfaction levels of those seeking support at a clinical setting for a felt need (driven by illness/ sickness) vary from those seeking support at a facility that promotes health and are located away from a health care facility as in the Yuva Spandana programme.

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Abbreviations

- CS-Client Satisfaction
- YP-Yuva Parivarthaka
- YS-Yuva Samalochaka
- YSK-Yuva Spandana Kendra
- CMIS-Computerised Monitoring Information System
- E&A- Education and Academic
- H&L- Health and Lifestyle
- PD- Personality Development issues
- RI- Relationship issues
- GSS- Gender Sex and Sexuality
- SI- Safety issues
- Adjusted β- Adjusted for all other variables
- SD- Standard Deviation
- B- Regression co-efficient for univariate simple linear regression
- CI- Confidence Interval

Conclusion

The learning from this study is unique in assessing client satisfaction among healthy individuals in a health promotion facility. This study could be of reference in terms of designing and implementing programmes that emphasise on client satisfaction component in the community setting. Hence, this study will benefit policymakers, implementers, programme managers or anybody who is keen on looking into client satisfaction in large community-based health promotion programmes.

Acknowledgement

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