NEEDS ASSESSMENT IN MENTAL HEALTH SERVICE PLANNING

Edna Kamis-Gould, Ph.D. and Shulamith Minsky, Ed.D.

ABSTRACT: This article discusses multiple approaches to mental health needs assessment and the utilization of results in service planning and systems management. Conceptual and methodological issues are described as are the uses of the findings in planning and allocation of resources.

Planning efficient and effective public mental health services must be based, at least in part, on a coherent, well thought through process of needs assessment (Bell, Lin, & Goldsmith, 1988; Goldsmith, Lin, Jackson, Manderscheid, & Bell, 1988b). This is because needs assessment identifies gaps in service systems and maximizes the fit between demand for and supply of services. Unmet needs create inaccessible and unresponsive service systems; over supply contributes to inefficiency and excessive costs. The purpose of mental health needs assessment is, therefore, to estimate the prevalence of mental disorders in a defined area or segment of the population, and the corresponding needs and expected demand for services. Examination of the degree to which population subgroups with equal levels of needs utilize services helps identify barriers to and inaccessibility of services.

Accounts of needs assessment methods in the literature can be grouped into four major categories (Ashbaugh, Hoff, Schneider, Goldstrum, & Manderscheid, 1983; Cagle, 1984; Goldsmith, Lin, Bell, & Jackson, 1988b; Goplerud, 1986; Maddock, Daley, & Moss, 1988): (1) epidemiologic survey(s) of a representative sample of the population; (2) projections of future demand for
services, based on prior patterns of service utilization, i.e., \textit{rates under treatment (RUT)}; (3) systematic elicitation of input from \textit{key informants (KIs)} and other stakeholders; and (4) \textit{social area analysis (SAA)}, i.e., the derivation of estimates of prevalence from known associations between social area characteristics (e.g., population composition, poverty, unemployment, etc.) and prevalence of disorders that will require interventions and services.

Epidemiologic surveys, such as the Epidemiologic Catchment Area (ECA) projects (Regier et al., 1984; Robins & Regier, 1991) are probably the most valid form of mental health needs assessment (Holzer, Goldsmith, Jackson, & Swanson, 1988). Sound epidemiologic surveys, however, require special data collection on the prevalence of diagnoses and their correlates and are often extensive and expensive. States may use results from existing surveys in synthetic estimates that tailor the epidemiologic data to local population characteristics.

Key informants' surveys are easier to conduct and make respondents feel that they are part of program development, especially when the needs assessment is limited in scope or in geographical location. Such surveys, however, tend to suffer from biased input because respondents often emphasize the services in which they are involved. It is also difficult to integrate the responses when surveys tap the views of informants such as family members, service providers, consumers, educators, clergy, among others, who have different perspectives.

Derivations based on rates under treatment (RUT) tend to perpetuate inequities, because of continued patterns of allocations and service practices. In addition, it is difficult (if not impossible) to identify service gaps and unmet need on the basis of prior service utilization. Exclusive use of RUT, therefore, tends to work against promoting innovative service options (Bloom et al., 1988; Holzer et al., 1988).

Unlike the methods of epidemiologic surveys, KIs and RUT, social area analysis produces indirect estimates of need, but employs public domain, readily available data, such as census statistics. While this method does not lend itself to prioritizing specific services or programs, it is especially suited to providing an overview of a large system and the proportional needs of its components. The use of available data and quick and easy procedures make social area analysis attractive and suitable for public systems.

In this article we describe several approaches and methods of needs assessment employed by the New Jersey Division of Mental Health and Hospitals during the last decade. The models and activities described include:

- a statewide, proportional needs assessment model, reflective of global need for mental health services and for service resource allocation
- a local, county-based, assessment of need for specific mental health programs
- a step-down model to estimate the number of persons with serious and/or persistent mental illness (SPMI) required by Public Law 99–660, and