Journal of the Georgia Public Health Association

Volume 2 | Number 1 Article 2

Spring 2007

Clinicians' Perception of Inmates' Satisfaction With Mental Health Services

Original Research: INMATES AND MENTAL HEALTH SERVICES

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Abstract

A growing body of literature addresses the mental health needs of prison inmates; however, very little research has examined mental health services among this population. Based on the Behavioral Model of Health Services Use (Andersen Model), the current study examined clinicians' perception of inmates' satisfaction with mental health services. The study's main objective was to identify the effect of three major groups of predictor variables (predisposing, enabling, and need) on clinicians' perception with inmates' satisfaction with mental health services. The study utilized an exploratory, survey methodology. Although only a few variables were found to be statistically significant in the multivariate analyses, the findings of the study are a significant step in beginning to understand satisfaction of mental health services by inmates. The link between satisfaction and treatment outcome has great significance in the correctional environment, where staff and inmates may tend to see each other as adversaries.

jGPHA (2007), Volume 1, Number 1
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INTRODUCTION

The goal of this study was to describe mental health clinicians' perception of inmates' satisfaction with mental health services. A growing body of literature addresses the mental health needs of this popuation; however, very little research has examined mental health services among prison inmates (Morgan, et al., 2004; Steadman, et al., 1991). The current study takes a step in the process of examining satisfaction with mental health services in a correctional environment. Hence, the current study contributes to a body of literature that examines the complex issues related to prison mental health services (a sector of public mental health). The study was conducted at mental health units located within the Georgia Department of Corrections (GDC).

U.S. Correctional System

The U.S. jail and prison population has more than doubled since 1985. In 1985 jails and prisons held an estimated 313 persons per 100,000 United States residents. In 1996 the number of inmates had increased to 615 men and women per 100,000 residents, or one in every 163 residents (Bureau of Justice Statistics, 1997). The latest data show that there are 726 persons per 100,000 residents (Bureau of Justice Statistics, 2004). Hence, the criminal justice "explosion" has continued into the new millennium.

Along with the increase in the prison and jail population, the number of inmates with mental disorders (prevalence rate) has increased substantially. Correctional officials and researchers have noted that a significant number of inmates suffer from a mental disorder (Beck & Maruschak, 2001; Daniel, Robins, Reid, & Wifley, 1988; Diamond, Wang, Holzer, Thomas, & Cruser, 2001; Dvoskin & Steadman, 1989; Hodgins & Cote, 1990; Steadman, Fabisiak, Dvoskin, & Holohean, 1987; Teplin, 1990; Torrey, 1995). Much of the increase in the number of mentally ill inmates has been attributed to the criminalization of persons suffering from a mental illness (Teplin & Voit, 1996). Despite the reason for the increase, there are twice as many persons with serious mental illness in jails and prisons as opposed to state mental hospitals (Torrey, 1995).

There is a belief that the prevalence of serious mental illness in correctional systems is between 6% and 15% (Elliott, 1997); however, there have been reports of mental disorders among prison inmates as high as 35% (Baskin, Sommers, & Steadman, 1991). Several factors account for the various rates, including differing definitions of mental disorder (Severson, 1992) and methodological limitations (Metzner, Cohen, Grossman, & Wettstein, 1998; Roesch, Ogloff, & Eaves, 1995). For example, many studies have not utilized probability sampling.

The influx of inmates suffering from a mental illness presents numerous challenges. Most notably, prison officials have had to reexamine their missions (Butterfield, 1998). Although the primary purpose of prisons is still punishment of offenders, prison staff should be prepared to provide treatment to inmates who suffer from a mental disorder.

Satisfaction with Mental Health Services

Consumer satisfaction has received a great deal of attention over the past two decades. Driving much of the attention has been the need and desire to focus on outcomes of health and mental health services. During the 1970s, many evaluators pushed for the inclusion of satisfaction ratings as a component of human service program evaluation (Larsen, et al., 1979). More recently, examination of consumer satisfaction in mental health services has increased due to clinicians' and researchers' desire to have an understanding of outcomes that reflects the consumer's perspective (Holcomb, et al., 1998). As a result of the increasing need and desire to include the client in the evaluation of programs, information on consumer satisfaction is

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DOI: 10.20429/jgpha.2007.020102

becoming increasingly available (Pandiani, Banks & Schacht, 2002).

Larsen, et al. (1979) described three reasons for assessing consumer satisfaction. First, they state that when the client's perspective is taken into account, the evaluation of services is more complete. Second, legislative mandates were created to include consumers in the evaluative process. Finally, many mental health programs are publicly funded, leaving poor consumers with practically no alternatives to receive mental health services elsewhere. Thus, service decisions that relate to quality, adequacy, and appropriateness don't include consumer input. In addition to the above reasons for assessing consumer satisfaction, McCarthy, Gelber & Dugger (1993) noted that policy-makers believe that consumer satisfaction data can be useful in managing program development and resource allocation.

The above decisions have important implications for consumers who receive mental health services within the correctional environment. Almost nothing is known about consumer satisfaction with mental health services in the correctional environment. Although there is a proliferation of research about satisfaction with mental health services in the general population, a search of the literature revealed no studies of satisfaction of services within the correctional system. Some studies peripherally touched on the issue of satisfaction by examining health-related grievances by prison inmates (Anno, 1997). Other related studies have included satisfaction with involuntary treatment (Spensley, et al., 1980), and assessment of the relationship between consumer evaluation of community mental health services and incarceration after treatment in a statewide system of care (Pandiani, Banks & Schact, 2002). Finally, one study has focused on inmates' perception of mental health services, but did not specifically examine satisfaction with services (Morgan, Rozycki & Wilson, 2004).

Research Purpose

Conducting research in a correctional environment can be challenging yet rewarding. The impetus for this study came from the first author's experience of working in corrections as a correctional officer and later as mental health therapist. This study focused on the impact of a group of independent variables, selected on the basis of Andersen's Behavioral Model of Health Services Use (1995), on satisfaction with mental health services. The study's purpose was to identify variables from within the three domains of predisposing, enabling and need factors, and then test the influence of these variables on clinicians' perception of inmates' satisfaction with mental health services. Analyses were conducted specifically to address a set of exploratory research questions.

Given current regulations regarding use of prisoners in research, it is extremely difficult to study prisoners. Because it is so difficult to obtain permission to collect data directly from prisoners, we decided as a first step to study clinicians' perceptions of prisoners' satisfaction with their services. While clinicians' perception cannot be assumed to be the same as inmates, their perception can still be useful to evaluate services. Whenever prisoners can be studied, it would be interesting to see how clinicians views match inmates' as related to satisfaction with services.

Conceptual Framework

The current study utilized the Behavioral Model of Health Services use (also known as the Andersen model). The Andersen model (1995) is categorized as a systems model and is one of the most widely used frameworks for studying health services use (Proctor & Stiffman, 1998). The model focuses on three categories of variables that predict service use and outcomes such as satisfaction: predisposing, enabling, and need. Predisposing variables are client and service provider (clinician) characteristics that may influence use and outcome. Enabling

variables are those that are hypothesized to positively affect outcomes. For example, in many studies, having health insurance is an enabling variable. However, that variable is not relevant in the correctional setting. The enabling variables chosen for this study have been shown to be correlates of outcome. For example, the experience of the clinician and working (therapeutic) alliance forged with the client. Racial match has been hypothesized as reducing disparities in service use and outcomes for minority clients. Need variables relate to the clinical condition of the clients. Figure 1 summarizes the independent variables as to whether they are need, enabling, or predisposing in the Anderson model.

Figure 1

Independent variables by classification

Predisposing	Enabling	Need
Age	Region of Institution	Mental Health Level
Gender of Clinician	Number of Clients	Diagnosis
Gender of Clients	Clinician's MH Experience	
Race / Ethnicity of Clinician	Clinician's Correctional Experience	
Race / Ethnicity of Clients	Racial Match	
Education of Clinician	Gender Match	
Professional Affiliation	Working Alliance	

Research Questions

1. What are clinicians' perception of inmates' satisfaction with mental health services?
2. Does an association exist between any of the predictor variables (predisposing, enabling, and need) and clinicians' perception of inmates' satisfaction with mental health services?

METHODOLOGY

Study Setting

The Georgia Department of Corrections (GDC) has approximately 53,000 inmates (8th largest in the U.S.), with more than 8,000 inmates receiving mental health services. There are thirty-eight state prisons in the state of Georgia. Thirty-five prisons are for men, and three are for women. A majority of the prisons are located in "rural" as opposed to "metropolitan" areas, especially many of the prisons built since the 1980s.

GDC's mental health program is operated in a "managed care" format with services being provided at seventeen of its thirty-eight institutions. GDC's mental health administrators' understanding of managed care parallels that of Dziegielewski, Shields, and Thyer (1998). According to Dziegielewski, et al. (1998), "managed care implies careful pretreatment assessments (including but not limited to the diagnosis of mental disorders), the use of structured outcome measurement tools, including patient satisfaction" (p 287). The program is administered by the GDC central office under the direction of a state mental health (MH) director. Currently, the state MH director is a doctoral level clinical psychologist with many years of experience in the correctional setting. At each institution, the MH program falls under the direct operational authority of the Deputy Warden for Care and Treatment. There is also a MH director responsible for administering the local MH program at each facility.

RESEARCH DESIGN

This study utilized a cross-sectional design to examine clinicians' perception of inmates'

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DOI: 10.20429/jgpha.2007.020102

satisfaction with mental health services. Clinicians were used as respondents because of difficulties getting Institutional Review Board (IRB) approval to study prisoners. Although inmates would have made a better respondent group, examining satisfaction data via clinicians is still an appropriate method. Other studies have examined the clinicians' perception of consumer satisfaction, but those studies also examined the consumers' perception (Bloom & Trautt, 1978; Distefano, Pryer, & Garrison, 1980). Bloom & Trautt (1978) found that clients were more impressed with mental health services, but the clinicians in their study tended to have a deflated view of the services they provided. In contrast, Distefano, et al. (1980) found a high correlation (.75) between clinicians' perception of clients' satisfaction and the clients' reported satisfaction. We used a cross-sectional, correlational design in the current study to examine only the clinicians' perception. Thus, the current study lays the foundation for future studies that will explore inmates' satisfaction with mental health services.

Study Sample

A convenience sample was used for this study. The data came from a sample of mental health service providers/clinicians who work in the Georgia Department of Corrections (GDC). Prior to conducting the study, we met with key mental health staff members (i.e., state mental health director and facility mental health directors). The staff members were introduced to the study in a detailed presentation. During this time, questions were encouraged and any points of confusion were clarified. The state mental health director subsequently drafted a letter to all facility mental health directors explaining the study. A copy of this letter was included with the survey instrument, along with a letter from us. At the time of data collection, the GDC employed 341 clinicians at seventeen prisons where mental health services are provided (186 Master's degree, 26 Ph.D.s, 27 M.D.s, 78 psychiatric nurses, and 24 activity therapists). Thus, there was on average about twenty clinicians per prison; of course, some institutions (based on the number of inmates and level of overall need) require more staff than others. No other background data were provided by the GDC for the purpose of acquiring a sample for the study (e.g, age, race/ethnicity, or gender of clinicians). The final sample consisted of 107 respondents (30% of the total clinical staff), with 59 females and 45 males (3 respondents did not indicate gender). No information was obtained on any of the nonparticipants. The respondents were not compensated for their participation in the study.

Measures

The questionnaire consisted of four different sections: 1) working alliance, 2) perceived consumer satisfaction, 3) evaluated need, and 4) demographic information. A letter was attached explaining the purpose of the study and instructions on how to complete the questionnaire. Respondents were informed that participation was on a voluntary basis. Respondents were also informed that all information was anonymous and confidential. The questionnaire was pilot tested with the GDC mental health director, the program development consultant from the GDC office of health services, and the mental health directors at various prisons. Although the persons who participated in the actual pilot test were not actively providing clinical services within the GDC, all had done so in the past. Thus, each understood the type of mental health services potential study participants currently provide. It took approximately 20-25 minutes to complete the 6-page questionnaire.

Operationalization of Dependent Variable

Perceived consumer satisfaction: The dependent variable was perceived consumer satisfaction. This variable was measured by asking the clinicians to describe how a majority of their clients would respond to a satisfaction item. [e.g., How would you rate the services received from (therapist's name) 1 = excellent, 2 = good, 3 = adequate, 4 = disappointing, 5 = very disappointing].

Operationalization of Independent Variables

Working alliance: The Working Alliance Inventory (Therapist Form) (Horvath & Greenberg, 1989) was adapted for use in a prison environment and incorporated into the questionnaire for the participants to complete. The final version of this newly adapted scale consisted of 36 items like the original scale developed by Horvath & Greenberg. Clinicians were asked to focus on the typical (average) client on their caseload. The ratings were made on seven-point scales ranging from never (1) to always (7). Items that were worded positively indicated views consistent with a more positive working alliance, and items worded negatively indicated views consistent with a more negative working alliance. Prior to summing the items, negative items were reverse coded. The final 36-item scale had an alpha reliability of .93, and no items were dropped from the original item-pool. Higher scores indicated a stronger working alliance, and lower scores indicated a weaker working alliance.

Clinicians were also queried about various background variables to look at differences among the clinicians. The background variables included: Age (actual age of the clinician), Sex (sex of the clinician), Sex of Clients (sex of the clients on the clinician's caseload), Race/Ethnicity (race/ethnicity of the clinician), Education (highest level of education the clinician has obtained), Professional Affiliation (the profession which the clinician is most affiliated), Race/Ethnicity of Clinician's Caseload (each clinician was asked to describe her caseload regarding race/ethnicity. Specifically, the clinician was asked the race/ethnicity of the majority of her clients at the present time), Number of clients on the clinician's caseload (actual number of clients assigned to the clinician's caseload at the time of the study), Therapist's Mental Health Experience (therapist's mental health experience was measured by the total number of years of mental health experience each therapist had) and Therapist's Correctional Experience (therapist's correctional experience was measured by the total number of years of correctional experience each therapist had).

Evaluated Need: The level of need for mental health services was based on the GDC classification of mental health levels: level I, level II, level III, level IV, level V and level VI. Lower levels denote less need and higher levels denote greater need. Clinicians were asked to give the percentage of their caseload at each level at the time of the study. Clinicians were also asked to list the most prevalent diagnosis given to inmates on their caseload. Region: Region of state where prison is located (Northern, Central and Southern). These regional designations were developed by the GDC.

RESULTS

Descriptive Analyses

The mean age of the sample was 43.5 years (SD = 10.5, Range = 25-68, Median = 44). The men in the sample were older with a mean of 46.8 years (SD = 9.7, Range = 26-68, Median = 49.0). The mean age for women was 41.0 years (SD = 10.4, Range = 25-62, Median = 40.0). The mean number of years providing mental health services was 13.0 (SD = 10, Range = .50-40, Median = 10). Men tended to have more years of providing mental health services with a mean of 15.1 years (SD = 10.8, Range = 1-40, Median = 12.0), while women had a mean of 11.4 years (SD = 9.2, Range = .50-36, Median = 9.0). Likewise, men tended to have more years of experience in corrections with a mean of 7.1 years (SD = 5.6, Range = .50-18, Median = 5.0), while women had a mean of 4.5 years (SD = 3.9, Range = .50-14, Median = 3.0). The differences in length of time providing mental health services and in years of experience in corrections are likely accounted for by the age difference. The overall sample mean for years of experience in corrections was 5.6 (SD = 4.8, Range = .50-18, Median = 3). Statistical differences (based on gender) of some of the variables are included below in the bivariate section. Table 1 summarizes the characteristics of the sample.

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DOI: 10.20429/jgpha.2007.020102

Table 1

Background Characteristics of Sample

Characteristics	Frequencies (n=107)	%
Gender		
Female	59	55.1
Male	45	42.1
Race		
White	66	61.7
Black / African American	30	28.0
American Indian / Alaska Native	2	1.9
Asian / Pacific Islander	1	0.9
Other	2	1.9
Age		
20-29	12	11.2
30-39	24	22.4
40-49	30	28.0
50-59	28	26.1
60-69	5	4.6
Professional Affiliation		
Counseling	49	45.8
Psychology	31	29.0
Psychiatry	6	5.6
Social Work	6	5.6
Activity Therapy	4	3.7
Nursing	4	3.7
Marriage & Family Therapy	1	0.9
Highest Level of Education		
Associates	1	0.9
Bachelors	9	8.4
Masters	76	71.0
Doctorate (MD, PhD)	19	17.8
Racial Breakdown of Caseload		
Majority African American	53	49.5
Majority White	25	23.4
Equally Split	12	11.2
Number of Inmates Assigned to Caseload		
0 - 19	13	12.1
20 - 39	43	40.1
40 - 59	25	23.3
60 - 79	6	5.6
80 - 99	3	2.8
100 +	8	7.4
Years of Experience Providing MH Services		
0 - 10	56	52.3
11 - 20	27	25.2
21 - 30	16	14.9
31 - 40	6	5.6
Years of Experience in Corrections		
0 - 10	83	77.5
11 - 20	20	18.6

The scores for working alliance ranged from 110 to 186 (maximum = 252). The scores were normally distributed with a mean of 160.4, mode of 158, and median of 161. There was no statistically significant difference in scores between females and males.

Seventy percent of the participants responded that inmates on their caseload would report that level of satisfaction would be good. Fifteen percent of the participants responded that inmates would report that services were excellent. Finally, 15% of the participants responded that inmates on their caseload would report that services were adequate. None of the participants believed that inmates would state that mental health services are disappointing nor very disappointing, the two most negative responses that could be ascertained about level of satisfaction. Table 2 presents the findings of perceived inmate level of satisfaction for the sample.

Table 2

Clinicians' Perception of Inmate Level of Satisfaction (Sample)

Characteristics	n = 107	%
Excellent	16	15.0
Good	75	70.0
Adequate	16	15.0

When examining satisfaction across the various regions, we found a significant difference in how the clinicians perceived the level of inmate satisfaction. The northern and central regions were more closely aligned with the total sample, whereas the southern region had a greater deviation. Most interesting about the southern region was the fact that a large proportion of the respondents stated that most of the inmates on their caseload would report that the services received by the clinician would be adequate. Clinicians in the southern region had the smallest percentage of clinicians responding that inmates on their caseloads would report that services are good or excellent. There is no clear cut explanation for these differences in the regions. Approximately 50% of the clinicians in the southern region responded that the majority of inmates on their caseload were receiving level III mental health services. Additionally, clinicians in the southern region tended to have the highest proportion of inmates on their caseload diagnosed with a psychotic disorder. Thus, it is possible that level of need is a factor in why clinicians in the southern region believed that a greater proportion of inmates would report that services are only adequate. Table 3 presents the findings of inmate level of satisfaction for the various regions.

Bivariate Analyses

Given that the current study was exploratory, we conducted t-tests to see if the gender differences among the background variables (noted earlier) were statistically significant. There was a statistically significant difference between females and males on three of the variables: age, years of experience providing mental health services, and years of experience working in corrections. Perhaps the significant gender differences are because employment for women in corrections is a fairly new phenomenon, especially working in positions that have been traditionally held by men.

The second research question to be examined in this study was the association of the predictor variables (predisposing, enabling, and need) with clinicians' perception of their clients' satisfaction with prison mental health services. Each independent variable was tested at the bivariate level to assess its relationship with the clinicians' perception of

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DOI: 10.20429/jgpha.2007.020102

Table 3

Clinicians' Perception of Inmate Level of Satisfaction (Regions)

Characteristics	Frequency (n = 107)	%
Northern Region		
Excellent	4	12.1
Good	29	87.8
Central Region		
Excellent	8	19.5
Good	26	63.4
Adequate	5	12.1
Southern Region		
Excellent	4	11.4
Good	20	57.1
Adequate	11	31.4

inmate satisfaction. Once again, for the purpose of the bivariate analyses an artificial dichotomy was created for some of the independent variables. Other independent variables were collapsed in order to have fewer categories. Although clinicians' perceptions of inmate satisfaction were measured at the ordinal level, it is presumed that there is an equal distance between the range of responses in the scale and the scale is treated as interval data. We used an α = .10 level of statistical significance.

Table 4 presents the results of the bivariate analyses of all the independent variables with clinicians' perception of inmate satisfaction. Different types of statistical analyses were utilized because of the level of measurement for the different independent variables. None of the predisposing or need variables were statistically significant. Only two of the enabling variables, geographic region and working alliance, were statistically significant. There was a moderate positive correlation (.478) between working alliance and clinicians' perception of inmate satisfaction. As a result, an increase in working alliance also revealed an increase in the level of satisfaction (based on clinicians' perception). There was also a statistically significant relationship between geographic region and clinicians' perception of inmate satisfaction. A one-way analysis of variance (ANOVA) of regional differences on satisfaction yielded a significant F of 3.68, which indicated that there was a statistically significant difference among the three regions on satisfaction ($p<.05$). A Tukey post hoc multiple comparison test indicated that there were statistically significant mean differences between the northern and southern regions.

Multivariate Analyses

Remaining consistent with the exploratory nature of the current study, multivariate analyses were conducted. Stepwise multiple regression was employed to test the direct effect of the predictor variables on clinicians' perception of inmates' satisfaction with mental health services. The order in which predictors were included was determined solely by their empirical relationships with the dependent variable and other predictors (Licht, 1995). As noted in the bivariate analyses, many of the variables were collapsed or recoded to create dichotomous categories. Region was transformed into two dichotomous dummy predictor variables coded 0 for the absence and 1 for the presence of a given category. The northern and central regions served as the dummy variables, with the southern region serving as the reference variable. Therefore, region was entered as two dummy variables. Region 1 and Region 2 were entered into the regression analysis as separate predictors. Only one variable, working alliance, remained in the final model. Working alliance was significant at the α = .01 significance level (b = .34). The overall R^2 was .12, indicating that this final model accounted for 12% of the variance in clinicians' perception of inmates' satisfaction

Table 4

Correlates of clinicians' perception of inmates' satisfaction

Variable	Statistic	Value	Significance
Predisposing			
1. Gender	Pt.-Biserial	-.05	.60
2. Age	Pearson's *r*	.00	.97
3. Race/Ethnicity [1]	Pt.-Biserial	-.07	.43
4. Education	Pt.-Biserial	-.10	.27
5. Prof. affiliation	Pt.-Biserial	-.00	.99
6. Race/Ethnicity [2]	Pt.-Biserial	.11	.29
7. Diagnostic services	Pt.-Biserial	-.07	.44
8. Services to women	Pt.-Biserial	.04	.65
Enabling			
1. Region	*F* (ANOVA)	3.68	.02
2. # of clients	Pearson's *r*	-.01	.88
3. MH experience	Pearson's *r*	.00	.92
4. Correct. experience	Pearson's *r*	-.06	53
5. Working Alliance	Pearson's *r*	.45	.01
6. Racial match	Pt.-Biserial	.04	.69
7. Gender match	Pt.-Biserial	.11	.26
Need			
1. Evaluated need [3]	Pt.-Biserial	-.13	.20
2. Evaluated need [4]	Pt.-Biserial	-.10	.31

[1] Race/ethnicity of clinician

[2] Race/ethnicity of majority of inmates on the caseload

[3] Majority of caseload is at a certain MH level

[4] Most prevalent diagnosis given to inmates on the caseload

with mental health services. It appears that overall, working alliance accounted for most of the explained variance in satisfaction.

DISCUSSION

Although only a few variables were found to be statistically significant in the multivariate analyses, the findings of the study are a significant step in beginning to understand satisfaction of mental health services by inmates. The link between satisfaction and treatment outcome has great significance in the correctional environment, where staff and inmates may tend to see each other as adversaries.

There are some limitations to this exploratory study that must be acknowledged, including the particular sample and the measures used. First, the study participants were clinicians from the Georgia Department of Corrections. Although it is appropriate to measure satisfaction with services from the standpoint of the clinician, direct measurement from the client would have been preferable. Ideally, one would want to study level of satisfaction by examining the perceptions of the clients along with the perceptions of the clinicians. The same concept holds true for examining working alliance, a variable that is shown to be significant in this study. Second, given that this study was conducted in Georgia, the generalizability of the study's findings are limited; results might vary in other states. Third, the study design does not allow for any causal inferences.

Next, as related to interpretation of the findings, the reader should be cautioned about drawing any inferences at an individual

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DOI: 10.20429/jgpha.2007.020102

level. Because this study used ecological correlations (i.e., aggregate-level variables), an ecological fallacy could occur when interpreting the results. That is, it may be a mistake to make an assertion about individuals as the unit of analysis based on the examination of groups (Rubin & Babbie, 2004). Given that the most appropriate data (i.e., individual-level data directly from the inmates) were not available, data in this study were collected from the clinicians. It should be noted that ecological results are no less meaningful, but should be interpreted appropriately (Hammond, 1973).

Finally, the lack of association observed for some of the predictor variables with the criterion variable may be related to operational precision. For example, the use of a single-item measure to assess satisfaction could be seen as a major flaw. One of the major arguments against using single-item measures is that one cannot estimate the internal consistency reliability of single-item measures (Wanous & Reichers, 1996). However, Wanous, Reichers, & Hudy (1997) noted that a total unequivocal rejection of single-item measures may be unwarranted. Their study, like the present study, examined overall satisfaction (except their study examined job satisfaction). They reasoned that because satisfaction is an intermediate construct, a single-item measure may suffice. They define an intermediate construct as one which falls between the extremes of a simple construct (e.g., expectancy) and a more complex construct (e.g., personality). Additionally, they noted that other factors may be considered when determining whether to use a single-item measure in lieu of a multiple-item scale (e.g., situational constraints limit or prevent the use of certain scales, or a single-item measure may be preferable to measure overall satisfaction rather than a scale that is based on a sum of specific facets of satisfaction).

Although the study has the limitations noted above, some of the findings of this exploratory study are consistent with the literature. The results of this investigation do shed partial light on factors that influence satisfaction with services in a correctional environment, and raise questions for future examination. As noted earlier, it would be interesting to see how clinicians views match inmates' as related to satisfaction with services. Also, future studies should be conducted to see how well satisfaction with services may impact other outcome variables such as compliance with treatment.

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