

### **308: A randomised controlled trial to test the effect of three interventions on response rates to a postal survey of mental health service users**

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#### **Objective:**

To evaluate the effects of three interventions on response rates to a mental health service user experience survey.

#### **Methods:**

Pickier Institute Europe runs the Advice Centre for the NHS (National Health Service) Patient Survey Programme. As part of this work, we have developed a mental health service user experience questionnaire to be used in a postal survey for all NHS trusts providing mental health services in England. Response rates to this survey have been approximately 40 to 50% and, while this compares very favourably with response rates to other service user satisfaction surveys carried out in NHS mental health organisations, it falls short of the minimum 60% target which is set and achieved in many other NHS trust surveys.

This randomised trial took place in autumn 2003. Random samples of mental health service users aged 16-65 on Care Programme Approach (CPA) lists (n=781) in two English NHS Mental Health trusts were selected. Service users were randomised to one of three groups: Group 1 (n=261): the standard method for the NHS national survey programme: two reminders to non-responders, no advance letter, no gift voucher; Group 2 (n=260): the standard method, with an additional advance letter. Group 3 (n=260): the standard method, with an advance letter and £2 (approximately €3) in gift vouchers enclosed with the first questionnaire. A third reminder was sent to the non-responders in Groups 1, 2 and 3, and these post-third reminder groups became Groups 4, 5 and 6 respectively. A comparison of response rates before and after this intervention allowed us to test the effect of a third reminder for each group. We also compared service users' evaluations of their care in all groups.

#### **Results:**

Response rates varied between 51% for Group 1 (standard method) and 59% for Group 6 (Advance letter, gift voucher; three reminders to non-responders). The largest single effect on response rate was the gift voucher. Group 3 had a response rate 7.7% higher than Group 2, but the difference was reduced with the addition of the third reminder, so the response rate for Group 6 was 4.4% higher than that of Group 5. The effect of the advance letter was small, in that the response rate for Group 2 was 1.7% higher than that of Group 1, and the response rate for Group 5 was 2.9% higher than that of Group 4. The third reminder raised response rates by just 1.5%. There were no significant differences between the experimental groups in the evaluations of their care. In other words, neither gift vouchers, nor advance letters, nor third reminders made them more or less positive in their evaluations.

#### **Conclusions:**

Of the three tested interventions, the one most likely to enhance response rates is the inclusion of a gift voucher with the first questionnaire, and the third reminder is likely to have the smallest effect. However, it should be noted that, with the sample size normally required for the national survey programme (850), this would typically add around 25% to the cost of carrying out the survey. The inclusion of incentives or advance letters do not appear to have significant effects on service users' actual responses as measured by their evaluations of their care.