Community Mental Health Association- Clinton, Eaton, and Ingham Counties

SVSU RPW 324 Client Project:

Usability Report and Recommendations for Redesign of the CMHA-CEI Website

Credits

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Executive Summary

The Community Mental Health Authority of Clinton, Eaton, and Ingham Counties (CMHA-CEI) provides behavioral health and developmental disability services and resources to the residents of its service area. One way residents can learn of its services is through its website ceicmh.org. Our team conducted a functional analysis of the site in the areas of contact information, service information, and crisis information. The main goal was to understand where and why users either succeeding or struggling.

We used three different research methods, comparative analysis, card sorting, and talk-aloud protocol, to help us understand the CMHA-CEI website's design and functionality. The goal of using these research methods was to show us user experience in real-time, using methods that complemented each other that would produce for us the best results.

What we learned about the CMHA-CEI website is that while it has good bones, it just isn't performing to its highest potential. There are several pain points throughout the website that vary from aesthetic issues to informational exclusion and inconsistencies.

We recommend a multitude of quick fixes, renames, and more intensive eliminations to help with confusion and clutter throughout the website. These recommendations are all based upon the results we gathered from the research methods we implemented and are supported by testimonials, graphs, screenshots, photos, and video clips or highlight reels.

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Introduction

Our client is the Community Mental Health Association for Clinton, Eaton, and Ingham (CMHA-CEI) counties. This community mental health service has 1,000 employees working at over 50 sites and serve as a public safety net for those who are underinsured or uninsured. They service over 12,000 people a year, including those who suffer from mental illness, addiction, and those who are emotionally or behavioral challenged, or experience intellectual or developmental disabilities.

Our clients, Joel and Chelsea, believed their website is outdated and that their audience is not able to efficiently find their services and resources, which could put their community members at a higher risk of crisis. They requested our help to confirm their theory and make recommendations based on it, but not to actually become involved in redesigning the site.

Joel and Chelsea expressed that there were three key issues that they had with the site. From these issues, we formed our research questions, which are as follows: how useful is the website in terms of accessing the services provided by CMHA-CEI; what are users expecting to find when using/visiting this interface; and how does this interface compare with other user interfaces that offer similar services?

The objective of usability testing the Community Mental Health website is to thoroughly examine the website to discover where it is lacking in connecting with the users/audience. This report reviews how we determined the accessibility of the site using comparative analysis, card sorting, and talk aloud protocol. The goal of the report is to provide feedback to the administrators of the website that will assist them in improving the user interface to better connect with the community in which they serve.

Methods

We used three research methods:

- **comparative analysis,**
- **card sorting,** and
- **talk-aloud protocol.**

They each tested a different aspect of the site and allowed us to cross-reference our results.

A **comparative analysis** is when comparable items are viewed side-by-side and similar functions are tested, which we did on four different CMHA websites, including the CEI's site. Joel and Chelsea gave us examples of three other CMHA sites, the Detroit Wayne (dwmha.com), Saginaw (sccmha.org), and Central Michigan websites (cmhcm.org), that they thought were well developed, so we analyzed and compared them to the CMHA-CEI website. Conducting a comparative analysis between CMHA-CEI's website and those of three other mental health authorities gave us a more holistic view of how useful mental health authority websites can be and what should change on CMHA-CEI's website. It also informed our study of what worked well on CMHA-CEI's website.

Card sorting is a method "that you can use to explore how participants group items into

categories and relate concepts to one another, whether for digital interface design or a table of contents" (Martin, pg. 26). For this project, we wrote down the first two tiers of the CMHA-CEI website navigation bar onto cards and asked participants to sort them according to how it made logical sense to them. This gave us insight into how participants would look at the site and want it organized and also showed us patterns, which helped us understand what was working and what category was a problem area. The card sorting method was helpful because it did show us what parts of the navigation bar/menu were working well for the site and what parts were issues. Using this method, we were able to generate a few different suggestions as to how reorganizing the navigation bar would benefit the website.

The last method we used, and arguably the most important, was our **talk-aloud protocol**. A talk-aloud protocol is when participants volunteer to be recorded, using specialized software, while working through various scenarios on an interface. The talk-aloud protocol is the most important because it validates the researchers' concerns about the problem areas of an interface—the CMHA-CEI website. For this project, we asked five participants to sit down and go through the CEI website, following various hypothetical scenarios, to test how usable the website is (Talk-Aloud Scenarios and Tasks, Appendix pg. 17). We used the software program Silverback 3 to record our participants as they tested the site because it not only records video and audio feedback, it records clicks on the site as well. Recording the clicks was especially important because it uncovered potential problem areas, for example, if it took a while for a participant to click on a link it could mean that there is an issue with navigation. Additionally, the talk-aloud protocol videos or highlight reel helped us gain credibility for the suggestions we made to improve the website because we have evidence that things within the website are not working.

We wanted to use methods that would complement each other in order to gain the most insight on what the website already does well and what it needs help with. Comparative analysis, card sorting, and talk-aloud protocols are all complementary methods because they build upon each other. The things we noted as issues in the comparative analysis, became problem areas for our participants in the talk-aloud protocols, and the reasons why tended to be because of the patterns we found in our card sorting results.

The comparative analysis was an interpretive method, where we were able to really dive into the CEI website, along with the three other CMHA websites, so that we could fully understand the design of each website and establish the standard that CMHA websites are held to. Of the three methods, card sorting, and the talk-aloud protocol were narrative-driven, which is useful because we get to see and hear the immediate reactions of our participants. This allowed us to validate the suggestions we made to improve the site. These methods and the results they produced, lends us credibility as researchers and allows the client to understand the website at a deeper, more personal level.

Results

We found many positive aspects of the website. From the comparative analysis, we learned that CMHA-CEI is generally on par with the standards of the other sites in the region. The crisis hotline number is in the upper right corner of the site in a contrasting color. As well, the "Services" tab was within the first three tabs on the main navigation bar. Other good practices we noted were that most of the important information is found above the fold of the homepage, most pages have adequate info regarding services, and most websites include the credentials

of staff. One user in particular noted that this lends credibility to the services that they provide to their respective communities.

Comparative Analysis

Of the four websites we analyzed, we found that overall Central Michigan's site was the best designed both functionally and aesthetically. Central Michigan's site had two design strategies that we find really effective. First, their crisis hotline number was very easy to find, it's at the upper righthand corner of the site and is in a large font with a contrasting color to the color scheme of the page. It draws your eye right away and once you see it, you know exactly what it is for. The second design strategy was that they included a "Mental Health" tab in their navigation bar, which brings a drop down menu of different disorders, which then links you to outside resources to gain more knowledge on the topic. **Figure 6** displays both of these design strategies (Appendix, pg. 11).

Each of the websites had things working well for it, and this paragraph will outline the generalizations of the websites that had shared positive things working for them. Two-thirds of the other websites included a "Providers" tab in their navigation bar, while CEI's did not. Additionally, the other three websites were more mobile friendly than our client's site because they had a more responsive design. Responsive design is when the site content will shrink or expand when the window is resized, this applies both on both the desktop and mobile websites.

Figure 1. Observations from Comparative Analysis	
Assessment	Content and Design
CEI's website was up to the standards of other websites in the region	Each website had their strengths and weaknesses
Central Michigan's website was the most well done	Crisis hotline number design; included resources about disorders themselves
Each website besides CEI's and Saginaw's had a "Providers" tab	Helps navigation for users who may be on the site specifically for providers' info
All the other sites were more mobile friendly	Each has a responsive design

Card Sorting

We had four participants for this method and we hoped the results would yield patterns to help us make suggestions to improve the website. There were three patterns that made themselves evident in the photos, the first being each participant had a stack of cards that they weren't sure where they went, so they put them either in News or Community Resources, the second being the "Services" tab was categorized within the first three tabs of the navigation bar, and the third pattern being "Getting Started" was placed in different categories as well. **Figures 7-10** displays the images captured of the card sorting results (Appendix, pg. 11-14).

Figure 2. Observations from Card Sorting	
Assessment	**Content and Organization**
Each participant had a stack of "throw away" cards	Call for eliminating unnecessary and/or unimportant tabs
"Services" tab was categorized within the first three tabs	Users understand the value of the priority placement of "Services" in the navigation bar
"Getting Started" tab was often misplaced	Users did not understand what "Getting Started" meant without context

Talk-Aloud Protocol

Each test lasted about twenty minutes and the time it took to complete each scenario varied with each participant. It was common among our five participants that the most time-consuming task was the task concerning "Autism Support". There were many issues that arose when our participants worked through the scenarios of the talk-aloud protocol tests. Clickable tabs confused many subjects, as they assumed they had to click to get the drop downs to work instead of letting the next tier of navigation pop up by hovering on the drop down tabs. None of the participants scrolled down on the homepage initially, so they are missing important things like the behavioral health screening graphic. Some of the titles of the links are misleading, such as "Families Forward", where all of our participants looked first in "Families Forward" when looking for "Autism Services". Our participants all had difficulty finding the crisis hotline number on the homepage. The graph of phone numbers on the homepage was placed well, but it became an issue when our participants noticed that all the numbers are the same.

Figure 3. Observations from Talk-Aloud Protocol	
Interactivity	**Content and Design**
Clickable tabs confused many participants as it would take them to a new page	Drop down menu is opened by hovering, not clicking. This wasn't immediately clear
None of the participants scrolled down on the homepage initially	Participants missed important information that was found below the fold
Some of the titles of the links are misleading so participants were going to the wrong places	Calls to rename links like "Families Forward and "Community Services for the Developmentally Disabled"
Participants all had difficulty finding the crisis hotline number on the homepage	Not designed well, not eye catching enough. Calls for a redesign of the link
The graph of phone numbers became problematic when our participants noticed that all the numbers are the same	Phone numbers that are the same for each service was confusing. Calls for a reworking of services numbers

Recommendations

Comparative Analysis

These are the recommendations for your website based upon the results of our comparative analysis. They are as follows:

- improve the functionality of slideshow;
- eliminate "Our Service Areas" on the homepage;
- fix the formatting of headings on "Corrections Substance Abuse" page;
- create a specific tab for "Mental Health" disorders in the navigation bar; and
- create a "Providers" tab.

Our first recommendation for the CEI's website is that the slideshow under the navigation bar could generally be made more functional, with each slide being clickable and leading to important information. Though you can pause the slideshow to read the information given, no user is going to take the time to pause, read, and resume for each picture. You could put really important things, like the behavioral health screening graphic or make a graphic for your adult mental health services to put in the slideshow and make them linkable. That way, you are providing information to your users that is helpful and you're making it more aesthetically pleasing as well. You wouldn't even have to eliminate all your text within each of the photos, but you will want to keep your sentences between ten and twenty words for ease of reading for your users.

Our second recommendation is that your "Our Service Areas" on the homepage should be removed, due to this information being the bulk of your "Services" tab. This can assist with reducing clutter on the homepage and also allowing more relevant information to be located easier. One example of this is the behavior screening option.

Our third recommendation is that you change the underlined headings in the "Corrections Substance Abuse" page, to just regular text with no underline. Underlining headings signifies to the users that the text is a link, especially because the way these headings are formatted now they look exactly like the links on your homepage, and the headings are not clickable on this page. **Figures 11** and **12** showcase why this is an issue and should be resolved (Appendix, pg. 15).

Our fourth recommendation is to create a specific tab for mental health disorders and have that be distinct from a partners or referrals tab, like the tab Central Michigan's site has. The information you include can be anything from information your organization has to outside links you find credible from other websites online. Including this important information will give your users more resources and information on the different disorders CMHA-CEI treats, like bipolar 1 and 2 or depression, and you could even state on those pages that your association does treat these disorders. Additionally, it could help a user who is on the site to get help for their mental health but might be too afraid/unsure/confused/etc. to speak to someone at that moment.

Our fifth recommendation is to create a "Providers" tab because your "Provider Resources" page is so chock full of information and hidden away under Community Resources. This isn't a

bad thing, but we agree that it would serve your website, and your providers, more purpose to have their own separate tab. Since the various options under each drop down was one of the issues that made navigating the website difficult, separating "Provider Resources" will decrease the diversion of attention for non-provider users.

Card Sorting

These are the recommendations for your website based upon the results of the card sorting method. They are as follows:

- second tier topics that are not relevant to the typical user should be put into a broader information page, such as the main page of each heading;
- "Calendar of Events" should be moved into the "Community Resources" tab;
- "Employee of the Month/Year" should be moved to "Employment";
- rename the "Getting Started at CMHA-CEI" topic under the "Services" tab; and
- Eliminate the third and fourth drop down menus within the navigation bar.

Our first recommendation is that many topics in the drop down menus of your navigation bar could be rolled into the clickable top link's main page to reduce clutter and confusion. For example, "Annual Reports," could be put into your "About Us" page because that's where the broader information is about the association. This will help consolidate and refine the cluttered drop down menu and it will resolve the pattern of the participants having "throw away" cards that were placed under categories just to place them somewhere. **Figure 4** on page 7 includes our official recommendations for each heading and their topics that should be included on the heading's main page.

Our second recommendation is that "Calendar of Events" should be put under "Community Resources", as it pertains more to things that are going on in the community than it does to "News". Our participant who had the best understanding of your website, who is an inpatient therapist at a mental health institution in Saginaw County, suggested this change. She said, "I don't know why they have their calendar in news? If there are events happening within the community, I would think to go to the "Community Resources" tab before I would go to the "News" tab.".

Our third recommendation is that "Employee of the Month/Year" should go under your "Employment" tab. Though this may be thought of as news for your employees, 100% of our participants put this card under employment (Appendix, **Figures 7-10**, pg. 12-14).

Our fourth recommendation is that, without the context, "Getting Started at CMHA-CEI" is too broad of a title, as two of our participants put this under "Employment" and another put it in "About Us". The only participant who placed this under the correct tab was the participant who is also a therapist and refers to many counties' CMHA websites daily. Additionally, in our talk-aloud protocols, we had a scenario where the participants were seeking treatment for the first time, but none of them went to the "Getting Started at CMHA-CEI" link in the services tab. We recommend that you to rename this page "First Time Patients" to indicate that this is the link you are supposed to click if you've never sought treatment with CMHA-CEI before.

Our fifth recommendation is that you eliminate the third and fourth drop down menus of your navigation bar. We didn't even include these menus in our card sorting because of the information overload. We all agree that the extra drop down menus make the navigation bar more cluttered and confusing than it needs to be. If you click on the links of your drop down menu in the "Services" tab, it gives you the information you would've seen in the third or fourth drop down menus towards the bottom of the pages. If you click on the "Locations" tab in the drop down menu of the "Contact Us" tab, the page gives you all of the locations by county, in alphabetical order. There is a fourth drop down menu within the "Locations" drop down menu for the "Transitions Locations" addresses, but those addresses are located within the main page of the "Locations" page. All these extra, unneeded menus are muddying up your navigation bar and the aesthetics of your homepage.

> This suggestion will take some time, as it is a multi-step solution, but it will be worth it in the long run.

The only pages eliminating these extra menus would not work for are the "Board of Directors" page and the "Mid-State Health Network Board" (MSHN) page and the drop down menus that accompany them. However, the "Board" page could be easily fixed by putting links to things like "Program & Planning Committee" or "Executive Committee" on the main page of the Board. As far as the "Mid-State" page goes, the link to the actual page is broken, it takes you back to the home screen. After you fix that issue, you can add in any information about the MSHN and their website and documents.

Figure 4. Recommendation to Revise Navigation Bar						
(Words in **bold** are the headings for the navigation bar)						
About Us	**Services**	**Comm. Resources**	**News & Discussion**	**Providers**	**Employment**	**Contact Us**
Board of Directors	Crisis Services	Calendar of Events	*If Calendar of Events is moved to Community Resources and Employee of the Month/Year moved to Employment, you wouldn't need a dropdown for this menu at all. Users who click on News and Discussion will expect to see a newsletter.*	*You wouldn't need to have a drop down menu for the providers tab. Any information they would need, they can just click on the heading's link and it'll take you right to the already well-crafted page.*	Staff Login	Locations
Accredit-ation	First Time Patients	Advocacy			Job Openings	Customer Service
Mid-State Health	Adult Mental Health	Medicaid Information			Employee Month/Year	*Recipient Rights and Clinical Records should be rolled into the main Contact Us page. You could organize these by putting them in a column on the right side of the page.
Quality & Complia-nce	Child/Fam. Services	Guardianship Information			Diversity	
Annual Reports, Publicati-ons, Funding, FOIA, and Dictionary should be rolled into the About Us page.*	Developm-ental Disability Serv.	Referring To CMHA-CEI			*FAQ should be rolled into the Employment page. We believe it would be beneficial to put Volunteer and Intern/Practicum into the Job Openings page.*	
	Sub. Abuse Services	Healthcare Update				
	Pharmacy Services	Mental Health First Aid				

These are the recommendations for your website based upon the results of our talk-aloud protocols. They are as follows:

- improve the phone numbers provided on the homepage and include them on each of the services pages;
- rename "Families Forward";
- rename "Community Services for The Developmentally Disabled"; and
- improve the crisis hotline link.

Our first recommendation is to improve the phone numbers provided on the homepage and include them on each of the services pages. The phone numbers found in the graphic for "Contact Us for Services" on the homepage were confusing because they were all the same. While having the contact information upfront and obvious is useful, it should not be the sole source of information. It would be more useful to have the main number once and then have it again on each page, rather than forcing users to go back to the home page. Though you don't control what the phone numbers are, you could include a statement like, "Please call [xxx-xxx-xxxx] to speak with a receptionist on how to get started with [service offered and if they'll be redirected/put on hold/etc.]." on each of the services pages. This is something that will clarify to the user what number is correct to call, who they'll be speaking to, and what to expect once they get ahold of someone. Not having the contact information on the individual page for the services was a common complaint among the participants of our talk-aloud protocols.

Our second recommendation is to clarify what "Families Forward" is. When asking our participants to find information for "Autism Support" every participant clicked on "Families Forward" to start with. We believe that a simple rename of this topic will fix this problem and we suggest you change it to something like "Children's Mental Health", "Children's Services", or "Child and Family Services". This will indicate to the user that if they are seeking help for a child, they should click that link. It would still make sense to introduce that page as Families Forward, so long as you introduce the organization with a simple heading at the top of the page.

Our third recommendation is to rename the topic of "Community Services for the Developmentally Disabled". We believe part of the reason our participants didn't click this link initially when looking for "Autism Support" is because the name of the link is too long, and they didn't read the whole thing when they were skimming their options. We suggest that you trim the name down to simply "Developmental Disability Services" because that will help the user understand more immediately what that link will be about.

Figure 5 on page 9 is a highlight reel for you to view to help support our second, third, and fourth recommendations. The caption of the video tells you the timestamps for when you start and stop the video, as it is a compilation of two separate issues we wanted to showcase for you. The first part of the video is meant to support suggestions two-three and the second part of the video is meant to support suggestion four.

Our fourth recommendation is that your crisis hotline link needs to be improved on the homepage. Though the placement and red color of the banner that you have now is standard to the rest of the CMHA websites in the region, it still could be improved. Our subjects all had difficulty finding it because none of them clicked on the banner when we went through our crisis scenario. One thing that is especially troubling is that the banner doesn't immediately tell the user that if you click on it, you will find the crisis hotline number. However, once the banner is clicked it

Figure 5. Highlight Reel. 0:00-1:33 are examples of participants struggling with "Autism Support". 1:34-2:08 is one participant discussing the "crisis hotline banner" and what it is lacking.

does bring down a drop down that we thought was designed well and provided a lot of information. We have three different suggestions on how you can redesign this critical feature of your website.

> Any of these suggestions will improve your site, but we are quite partial to the first suggestion we provide here.

The first suggestion is to have the green drop down menu down by default. Because it spans across the whole screen and the color draws your eye more than the red banner, it is more noticeable.

Suggestion two is that the mental health crisis banner should be redesigned to mimic Central Michigan's design by making the font larger and only having the hotline number there.

Our third suggestion is to create a floating widget on the side of the screen that scrolls with you, but only show the hotline number and make the font larger.

This concludes the recommendations we have made for your site. If you have any questions please contact Emily Brown (eebrown2@svsu.edu), Grace Swain (gejarabe@svsu.edu), Brian Fox (bvfox@svsu.edu) and Raymond Allen (rtallen@svsu.edu). If you wish to participate in further usability studies with SVSU, please contact Dr. Scott Kowalewski (sjkowele@svsu.edu).

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Appendix

Figure 6. Central Michigan's Home Page (chmcm.org)
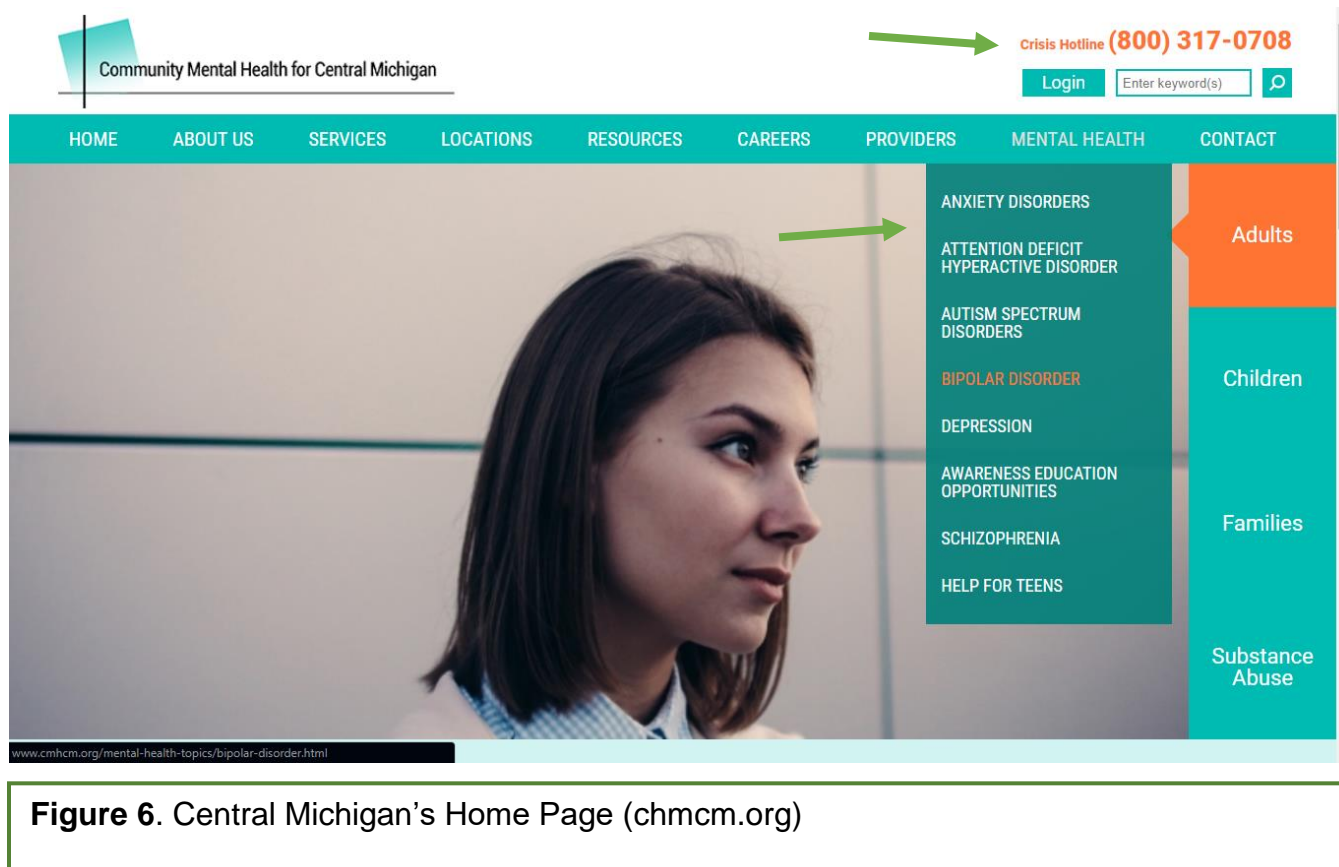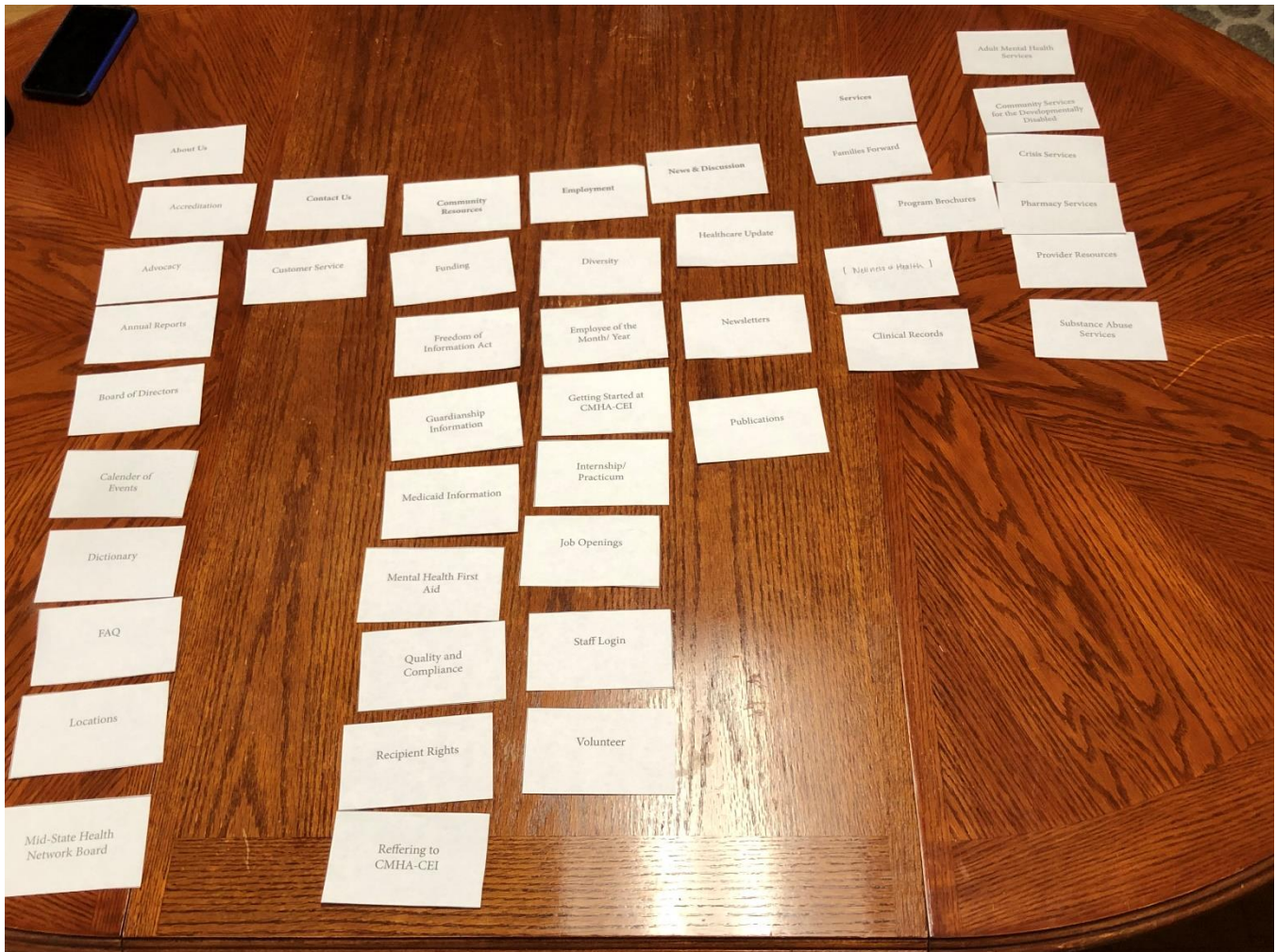
Figure 7. Card Sorting Participant 1
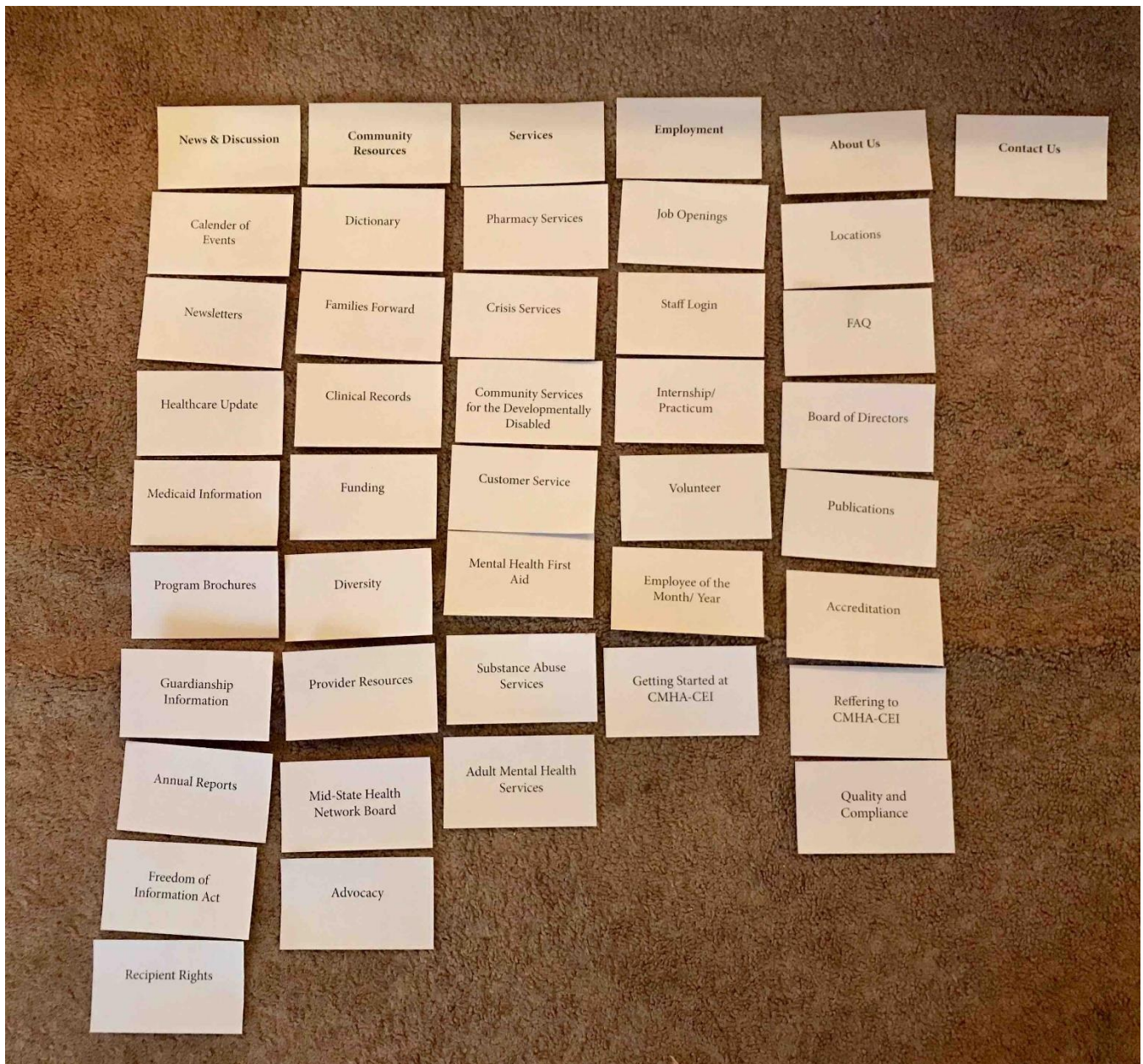
Figure 8. Card Sorting Participant 2
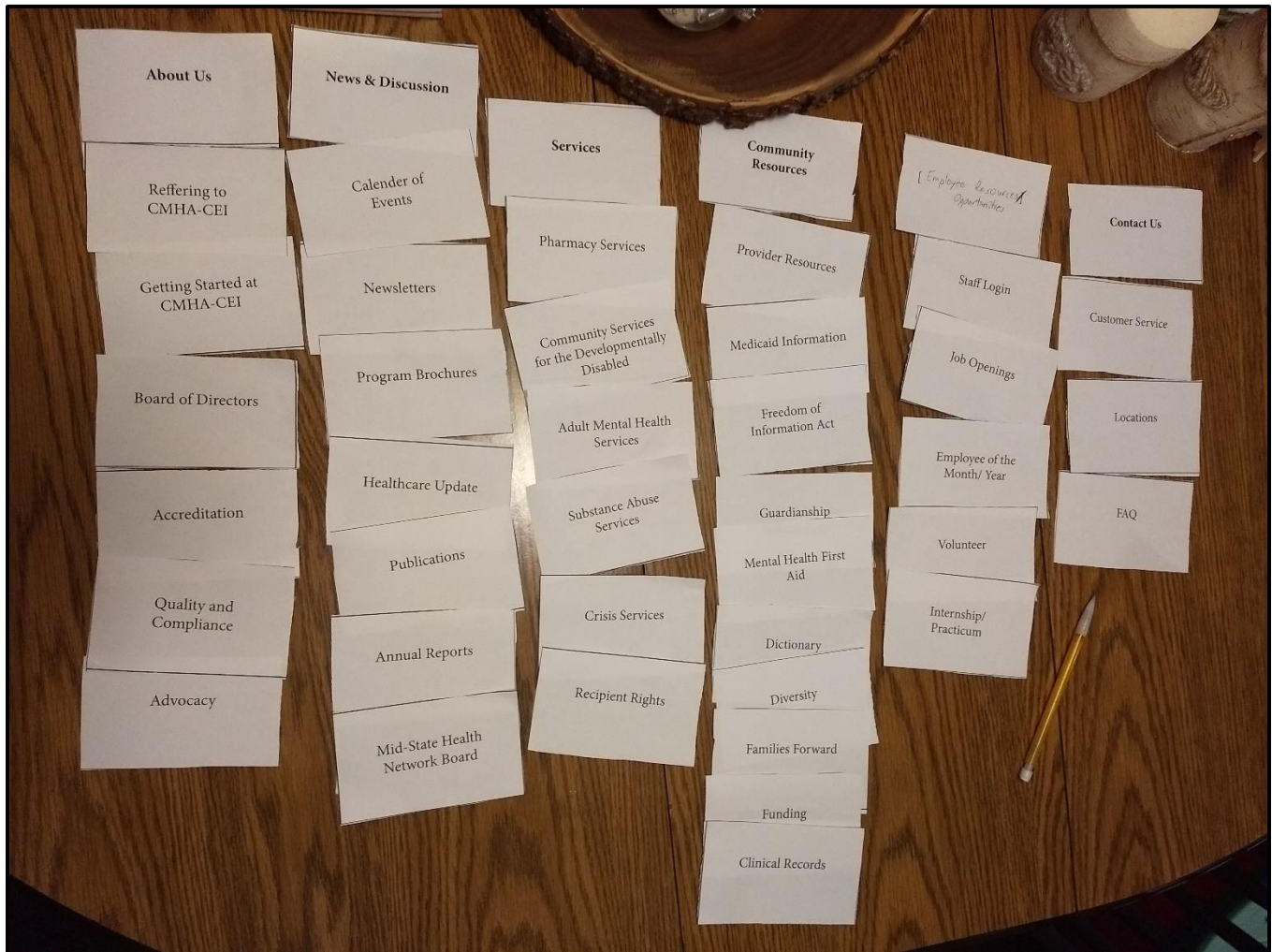
Figure 9. Card Sorting Participant 3
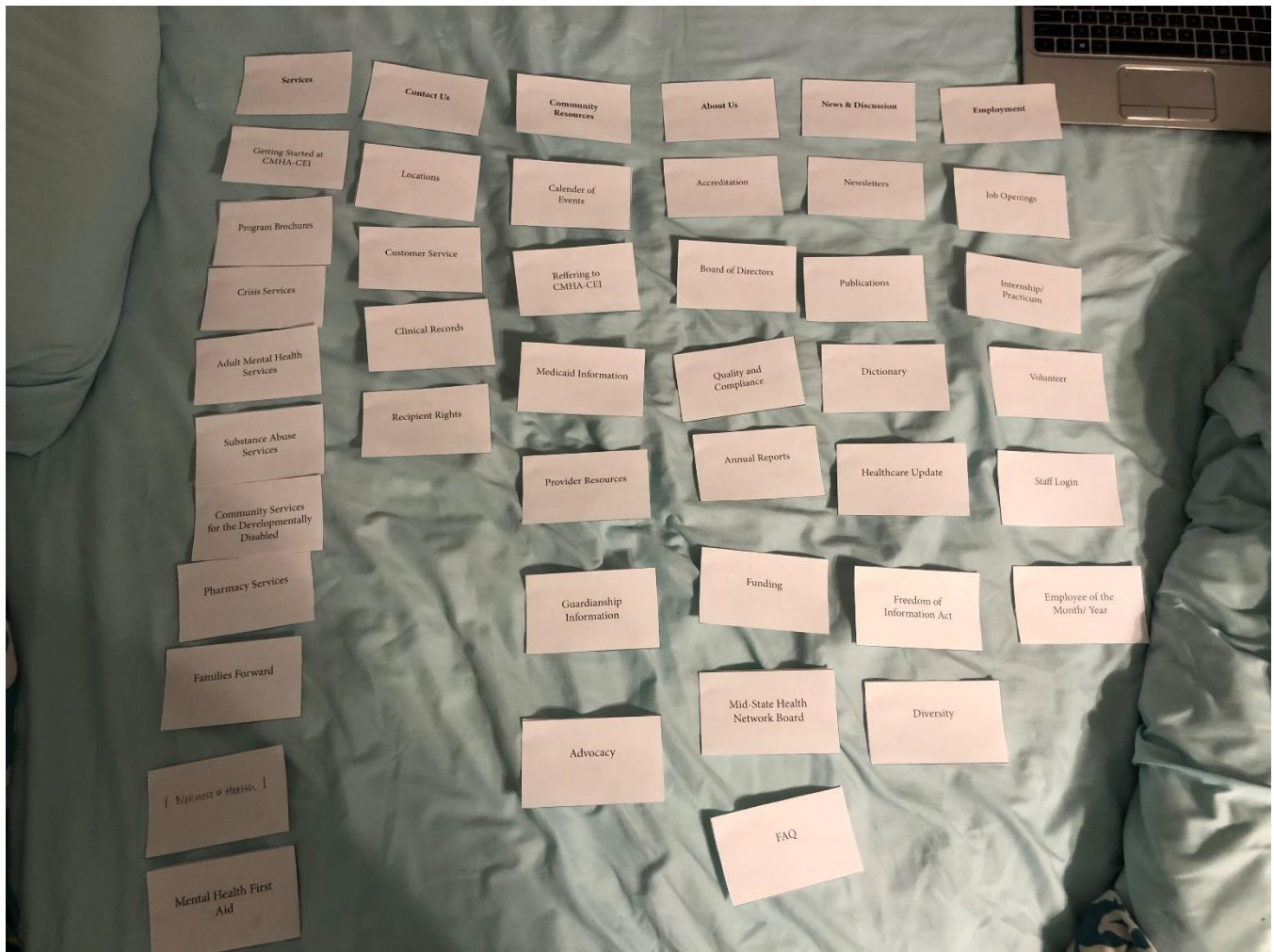
Figure 10. Card Sorting Participant 4

Figure 11. Examples of Links. These examples of text are clickable links and they take you to different pages.

Figure 12. Examples of Links. These examples of text are **not** links, they take you nowhere. This can be confusing for users who have seen the links in **Figure 11** and now believe anything formatted as such are links.

Talk Aloud-Protocol Scenarios and Tasks

Scenario 1:
You live in the Ingham county. You are the parent of a four-year-old son who you suspect might have autism. You want to see what resources are available in your county to provide you with more information regarding autism and the services that are available to help your family. You also want to get into contact with the providers of these services to assist the development of your son.

Please attempt the following task on the Community Mental Health website:
1. After coming across the CMHS-CEI website find out what services are available for families who have a child with autism.
2. Get the contact information for some of the providers of these services.

Scenario 2:
You live in Clinton county. You have been addicted to cocaine for two years and you are having trouble getting off the drug and staying clean. You haven't taken the drug in over three weeks, so you're no longer experiencing withdrawal symptoms. Problem is you're itching to relapse, but you don't want to disappoint your family again. You know you need professional help, but you're not sure where to start. You don't want to stay at a facility for multiple days, or weeks, because you have a job and a family that you are responsible for. Group therapy particularly interests you and you don't have a criminal record.

Please attempt the following task on the Community Mental Health website:
1. Find the information page about substance abuse.
2. Find the best-suited treatment program for you.
3. Find the contact information to schedule an appointment.

Scenario 3:
You live in Clinton county. You believe you have an eating disorder since you are extremely concerned about your weight and body image and will regularly skip meals or vomit after meals. You have lost a lot of weight and it is beginning to affect your well-being. Your friends have expressed that they are concerned about your health and have suggested you seek help. You have heard of Community Mental Health and want to seek their help.

Please attempt the following task on the Community Mental Health website:

1. Verify if they will be able to be eligible for their services.
2. Find the number you would call to schedule a Walk-in Appointment

Scenario 4:
You are a student at Michigan State who has been having difficulties with your studies and personal life lately. You've been depressed for some time to the point of self-harming and suicidal ideation over the course of a few tough semesters. You believe you are in crisis and need immediate help, but are afraid to pursue them due to privacy concerns.

Please attempt the following tasks on the Community Mental Health website:

1. Find crisis services information and determine what services they offer for people experiencing psychological crises. What are their confidentiality rules?
2. Find the best way to find immediate help both in person and over the phone. Make note of phone numbers and addresses.
3. It's 11:30 p.m. and you need to talk to someone now. Who can you contact through this website for help?