

Consumer and Family Member Survey  
Report for the TSIG  
Needs Assessment/ Resource Inventory

**Office of Program Evaluation and Research  
Ohio Department of Mental Health**

**Final Report – June 12, 2006**

## **EXECUTIVE SUMMARY**

In order to include consumers' and family members' perspectives in the Needs Assessment and Resource Inventory for Ohio's Transformation State Incentive Grant (TSIG), a survey was conducted with attendees at Ohio's NAMI conference (see Appendix A for Survey). The survey was completed by 102 consumers and 88 family members of consumers. Additionally, attendees at a pre-NAMI Conference "New Day" Workshop were asked to fill out a two-question response card (see Appendix B). Cards were completed by 100 attendees (mental health professionals, consumers, family members, and advocates). Some key results are presented by New Freedom Commission Goal.

### **Goal 1: Americans Understand that Mental Health is Essential to Overall Health**

- Consumers and family members indicated a need for public education about mental illness in order to overcome stigma. Approximately three-quarters of consumers (71.0%) and family members (75.9%) indicated that they had experienced stigma related to mental illness.
- Consumers and family members indicated a lack of integration between services for their physical health and mental health and that treatment needs to shift from a medical model toward a more holistic approach.
  - 59.8% of consumers agreed that their family doctor asked about their mental health.

### **Goal 2: Mental Health Care is Consumer and Family Driven**

- Respect for consumers is paramount for increasing consumer involvement. 65.3% of consumers indicated that they had been treated with dignity and respect at the mental health agency.
- Consumers indicated a need for more choices, more coordination of services and more service providers. Specifically they indicated more family and consumer input in planning, more peer-run services, better coordination of related services such as vocational and housing assistance, more case managers, and decreased waiting time to see psychiatrists.
  - 50.0% of consumers agreed that their needs had driven treatment planning.
  - 46.9% of consumers agreed that their input was used in treatment planning.
  - 25.8% of consumers agreed that agency staff spoke with them about their responses on the Outcomes survey.
- Consumers and family members indicated a need for a recovery focus in the mental health system and that current providers need training about recovery.
  - 66.3% of consumers and 52.5% of family believe that staff at the mental health agency believe in consumer recovery.

### **Goal 3: Disparities in Mental Health Services are Eliminated.**

- Consumers and family members indicated the need for empathy and understanding of different needs of persons with mental illness across the life-span.
- Cultural competence includes not only a person's ethnic culture, but also disabilities such as sight or hearing impairments.
  - 40.0% of consumers indicated that their culture was taken into account in treatment planning

- 14.7% of consumers specifically indicated trouble receiving services that fit with their culture
- There is a need for services for persons living in rural areas and a need for funding parity across counties. Rural areas face particular barriers to getting services due to public transportation issues.
  - 23.5% of consumers indicated trouble getting services near their home.

**Goal 4: Early Mental Health Screening, Assessment, and Referral to Services are Common Practice.**

- Consumers and family members identified needs for appropriate mental health services for children and within schools, screening on trauma-related illness, integrated treatment programs for mental health and substance abuse, and screening for mental health in primary health care settings and across the life-span.

**Goal 5: Excellent Mental Health Care is Delivered and Research is Accelerated**

- There is a need to receive a higher quality of services and a need for quality indicators to drive system improvement.
  - 58.8% of consumers agreed that they received high quality services; 34.1% of family members indicated receiving high quality services at the mental health agency.
- Consumers and family members indicated a need for increased information dissemination and training on available evidence-based practices, and training on trauma-based mental health treatment. They also indicated a need for funding to support implementing evidence-based practices.

**Goal 6: Technology is Used to Access Mental Health Care and Information**

- There is a need for integrated information systems that share client information and treatment histories across agencies, to ultimately facilitate better care.

**The results of the Consumer and Family Member Survey underscore the relevance of the goals set forth by the President’s New Freedom Commission on Mental Health. A prevailing theme throughout the comments was a need for a system based on the principles of recovery and resiliency. Additionally, consumers emphasized the need to become more active in the direction of their own treatment and be provided with additional supportive services.**

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# CONSUMER AND FAMILY MEMBER SURVEY REPORT FOR THE TSIG NEEDS ASSESSMENT/ RESOURCE INVENTORY

## INTRODUCTION

In order to include consumers' and family members' perspectives in the Needs Assessment and Resource Inventory for Ohio's Transformation State Incentive Grant (TSIG), an informal consumer survey was conducted with attendees at Ohio's NAMI conference (see Appendix A for Survey). Additionally, attendees at a pre-NAMI Conference "New Day" Workshop were asked to fill out a response card with two-questions (see Appendix B).

Because the survey and card were done with a sample of participants at a Transformation conference sponsored by NAMI, these results indicate major interests and goals for Transformation held by key stakeholders in the Ohio mental health system but may not be representative of all mental health consumers in Ohio.

## METHODS

Surveys and cards were provided in each of the NAMI conference and pre-conference attendees' packets. The surveys and cards were anonymous, and did not ask for any identifying information about location or diagnosis. Surveys and cards were returned to the ODMH table at the conference.

The questionnaire was three pages and included 12 closed-ended items and three open-ended items. Respondents indicated how much they agreed with each statement (strongly disagree, disagree, neither agree nor disagree, agree, and strongly agree). For the purposes of this report, responses were collapsed into three categories: 1) strongly disagree or agree, 2) neither agree nor disagree, and 3) agree and strongly agree.

The card included two open-ended questions. One question was included in both the survey and card, "In order for there to be better services for persons with mental illness, what needs to change?" Another question not included in the survey was, "Other than money, what do you think is the number one problem in the mental health system?"

## Respondents

The Consumer and Family Member Survey was completed by 200 individuals\*: 102 consumers, 88 Family members of consumers, and 10 additional respondents that were self-identified as service providers or advocates (see Table 1). Subsequent results presented in this report aggregate responses into consumers (adult and youth consumers), and family members (family members of an adult or child consumer). Graphs display percentages for each question. Tables 2 – 4 provide actual numbers of responses (see pages 20-21). Cards were completed by 100 pre-conference attendees (mental health professionals, consumers, family members, and advocates).

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\* An additional 28 surveys were added to this report that were mailed in after the conclusion of the conference. These additions change the numbers and percentages from the previous report published May 18, 2006.

Table 1. Survey Respondents.

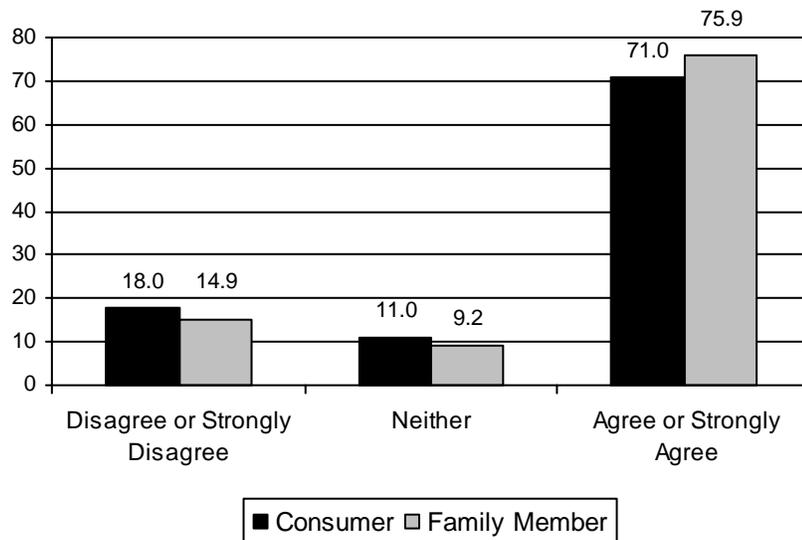
	N	%
Adult consumer	100	50.0
Youth consumer	2	1.0
Family member of an adult consumer	76	38.0
Family member of a child consumer	12	6.0
Other	10	5.0

## GOAL 1: AMERICANS UNDERSTAND THAT MENTAL HEALTH IS ESSENTIAL TO OVERALL HEALTH

### Stigma

Consumers' and family members' open-ended responses indicated a need for **public education about mental illness** in order to overcome stigma. Additionally, approximately three-quarters of consumers (71.0%) and family members (75.9%) indicated that they had experienced stigma related to mental illness (see Figure 1).

Figure 1. I have experienced stigma about my or my family member's mental health problems.



*“We need to increase [public] education. One sees the pink ribbon and automatically increases awareness of signs/symptoms of Breast Cancer and same for Heart Disease, when one sees the red dress pins. If a strong campaign is pursued to increase community education and awareness there could be an increase in use of good mental health services.” – Participant comment*

## Emphasis on Mental Health Similar to Physical Health

Consumers' and family members' open-ended responses indicated that treatment needs to shift from a medical model toward a **more holistic approach to care**.

Responses also indicated a lack of **integration between services** for their physical health and mental health and the need for collaboration among all state systems in Ohio to address the needs of persons with mental illness.

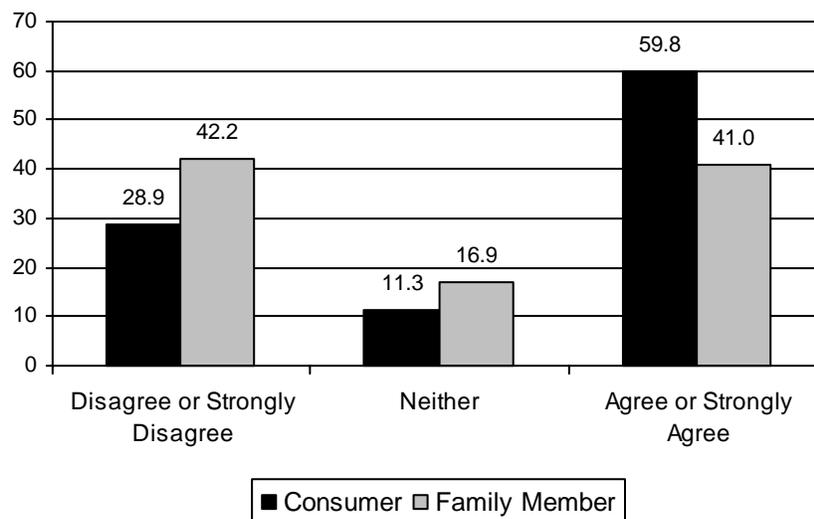
*"There is a lack of education in the community regarding the signs and symptoms of mental illness and the wonderful advances medicine has made to recovery. If the system could actively educate all levels there might be a greater number of people willing to ask for help."*

*– Participant comment*

When responding about whether their family doctor asked about mental health in addition to physical health, consumers' and family members' responses differed significantly (see Figure 2 and Table 2).

- More consumers (59.8%) than family members (41.0%) agreed or strongly agreed that their family doctor asks about their mental health.
- More family members (42.2%) compared with consumers (28.9%) indicated that their family doctor does not ask about mental health.

Figure 2. My family doctor asks about my mental health as well as my physical health.



## GOAL 2: MENTAL HEALTH CARE IS CONSUMER AND FAMILY DRIVEN

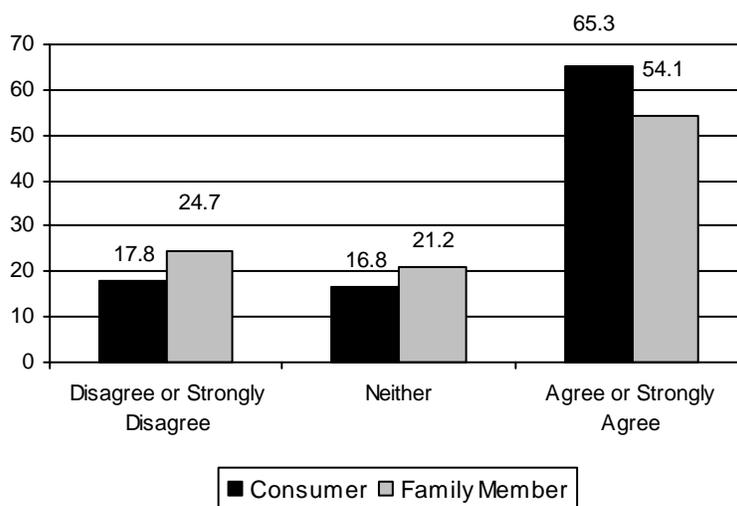
### Respect for Consumers

Involvement of consumers and family members in deciding treatment options rests on the foundation of mutual respect among consumers, family members, and mental health providers.

According to the consumer and family member survey, consumers (65.3%) and family members (54.1%) generally indicated that they had been treated with dignity and respect (see Figure 3 and Table 2). Although, there were some consumers (17.8%) who indicated that they did not feel they had been treated with respect, and about one-quarter of family members who indicated that their family member had not been treated respectfully.

*“An overall attitude of hope has to be instilled everywhere. Attitudes: from the provider/planner point of view, we need to shift our orientation from ‘caretaker’ to ‘facilitator’ mode. The other half of the equation is for recovery. Families and their loved ones need to shift from the ‘patient/consumer’ orientation to ‘decision maker(s) regarding my health condition and prospects for recovery’ orientation.”*  
– Participant comment

Figure 3. I have or my family member has been treated with dignity and respect at the mental health agency.



### Individual Plans of Care

According to the New Freedom Commission report (2003), a transformed mental health system will include a well-planned, coordinated array of services and treatments in a single plan of care that is a highly personalized and individual program that will include treatment and supports oriented toward recovery and resiliency (pg. 8).

An overwhelming number of open-ended responses by consumers and family members indicated a need for personalization in their treatment. They indicated a need for more choices, more coordination of services, and for more service providers.

- Consumers and family members want more **input in planning** their services and treatment.
- Consumers indicated they need an option to **select peer-run services**.
- **Fragmentation of services** and a **lack of coordination** of services are significant barriers to change.
- There needs to be more **coordination of related services** such as vocational assistance, housing assistance, and family and other support services. Consumers and family members also indicated a need not only for formal supports but also informal supports (e.g., family, friends, and consumer-run services).
- Consumers and family members overwhelmingly indicated a need for **more service providers and more case managers**, and that the wait is too long to see a psychiatrist.

*“You wouldn’t brush your teeth without toothpaste - we shouldn’t provide ‘treatment’ without peer/family and informal support. The problem with the system is that not all direct care providers and their supervisors either believe this and/or are willing to make the changes needed to have them embrace this philosophy.” – Participant comment*

According to survey responses, significantly more consumers (50.0%) than family members (30.5%) indicated their needs had driven the treatment planning (see Figure 4 and Table 2).

Similarly, almost half of consumers (46.9%) and family members (43.5%) agreed that consumer input was used by the agency in treatment planning; one quarter of consumers (26.5%) and one-third of family members disagreed (31.8%) (see Figure 5 and Table 2).

One potential avenue for providers and consumers to plan treatment options together is discussing client Outcomes data. Figure 6 presents results related to staff at the mental health agency discussing Outcomes responses with consumers. Consumers’ and family members’ survey responses significantly differed on reports of discussing Outcomes (see Table 2).

- One-quarter of consumers (25.8%) agreed that Outcomes were discussed at the mental health agency; more than half of family members (56.3%) indicated that Outcomes were not discussed.

However, due to privacy rules, only family members of child consumers should have first-hand knowledge about use of Outcomes at the mental health agency. Thus the larger percentage of family members who disagreed about use of Outcomes should be interpreted cautiously, given that most of the family member questionnaires were from family members of *adult* consumers.

Figure 4. My or my family member's needs have driven the treatment plan in the agency.

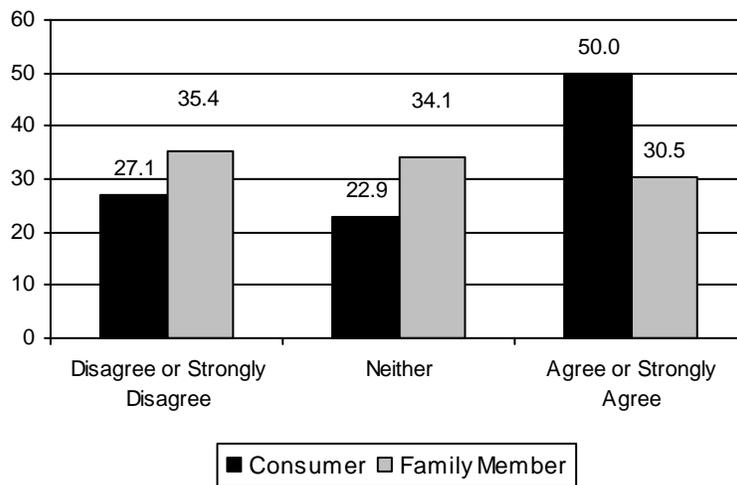


Figure 5. My or my family member's input has been used by the agency in the treatment planning process.

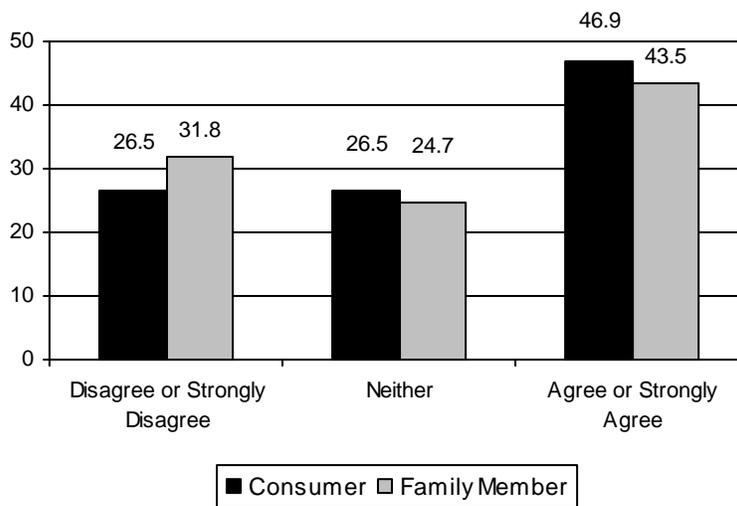
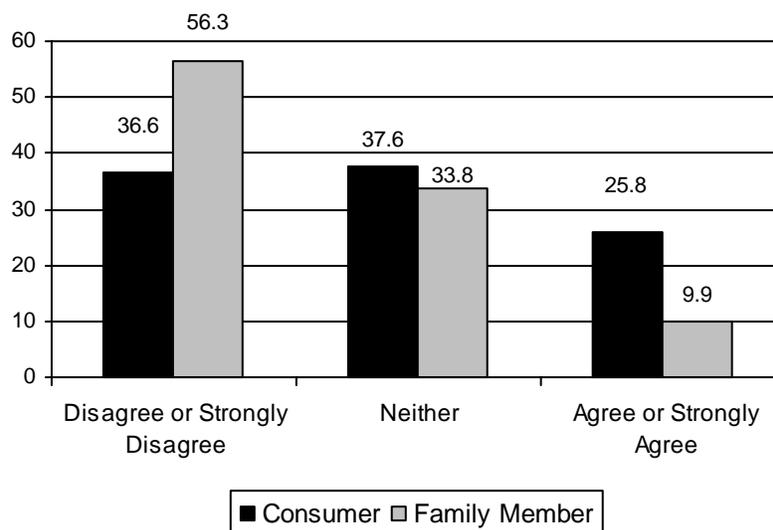


Figure 6. Staff at the mental health agency has talked to me or my family member about what I or my family member wrote in the Outcomes survey.



*“The recovery vision needs to FLOOD the consciousness/ awareness of Ohio citizens (legislators, consumers, families, providers, etc). All citizens should be considered ‘stakeholders’.” – Participant comment*

### **Involvement of Consumers and Families in Orienting System to Recovery**

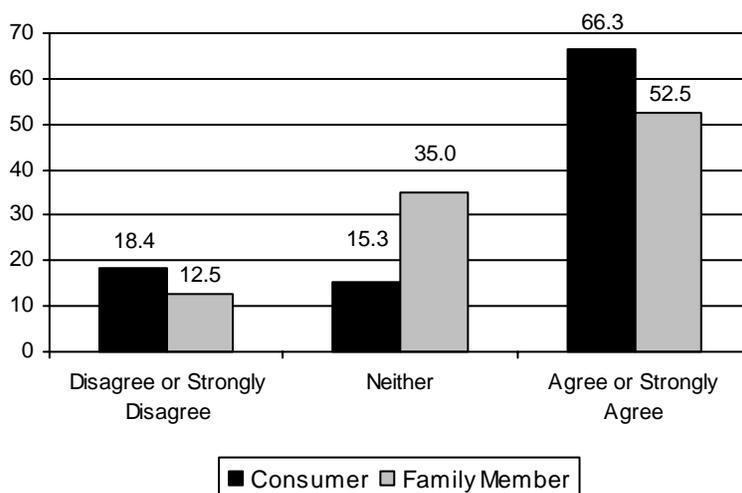
Consumers’ and family members’ open-ended responses indicated a need for a **recovery focus** in the mental health system and that current providers need training about recovery.

*“We need the recovery model to be expanded, deepened, researched, taught, encouraged, shaped, broadened, strengthened, and celebrated.” – Participant comment*

According to the survey, consumers and family members of consumers differ significantly on their perceptions of provider’s views on recovery (see Figure 7 and Table 2).

- More consumers (66.3%) than family members (52.5%) agreed that mental health agency staff believe in consumer recovery.

Figure 7. Staff at the mental health agency believe that consumer recovery is possible.



### GOAL 3: DISPARITIES IN MENTAL HEALTH SERVICES ARE ELIMINATED

#### Cultural Competence

Consumers and family members indicated that the needs of all consumers are not understood by the mental health community. They specifically identified the need for **empathy and understanding** of different needs across the life-span (e.g., the aging population may have different needs than young adults).

Consumers' and family members' open-ended responses identified **cultural competence** as a significant need in the mental health system.

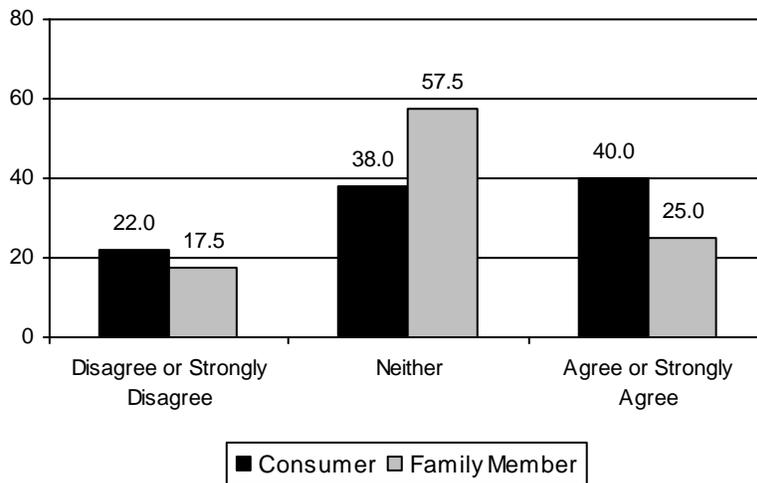
They indicated that **cultural competence is more than race**; it includes providing services that fit within a person's ethnic culture and background, religious upbringing, economic environment and disabilities, such as consumers who are deaf or hard of hearing.

*“Providers must understand that cultural competence is not just skin color - sexual orientation, ability, age, economic class; cultural competence means recognizing that everyone is different - grows up in different environments.”*  
 – Participant comment

Survey responses indicated a significant difference between consumers' and family members' perceptions of adjusting treatment planning by cultural background (see Figure 8 and Table 2).

- More than one-third of consumers (40.0%) agreed that their cultural background was taken into account.
- About one-fifth of consumers (22.0%) disagreed that their cultural background was taken into account.
- Some consumers (14.7%) indicated trouble receiving services that fit with their culture (see Table 4).

Figure 8. My or my family member's cultural background is taken into account in treatment planning.



### Geographic Disparities

Consumers' and family members' open-ended responses indicated a need for services for persons living in rural areas. They also indicated a need for **funding parity** across counties. Funding and treatment options differ across counties in Ohio, with some counties providing more services than others.

Geographical disparities exist in part due to **transportation difficulties** for persons living in areas without the population to support public transportation. Consumers' and family members' open-ended responses indicated that transportation was a barrier to receiving services.

The majority of survey respondents indicated difficulty with **access to services** overall. Over half (58.9%) of consumers indicated trouble getting mental health services (see Figure 9). There was a significant difference between consumers' and family members' responses; a greater percentage of family members (79.1%) indicated trouble getting services (see Table 3).

When asked about specific difficulties receiving services (see Figure 10 and Table 4):

- Over one-third of consumers (41.2%) and family members (39.8%) indicated trouble getting the services they want or need.
- One-third of consumers (33.3%) and family members (36.4%) indicated trouble having enough insurance or money to pay for services.
- Over one-third of consumers (40.2%) and almost one-half of family members (48.9%) indicated trouble getting services within a reasonable length of time.
- Approximately one-quarter of both consumers (23.5%) and family members (28.4%) indicated trouble getting services near their home.

Figure 9. Have you or your family member had trouble getting mental health services?

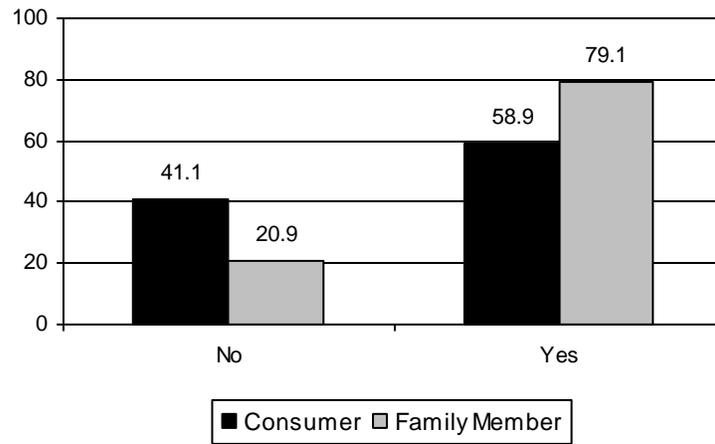
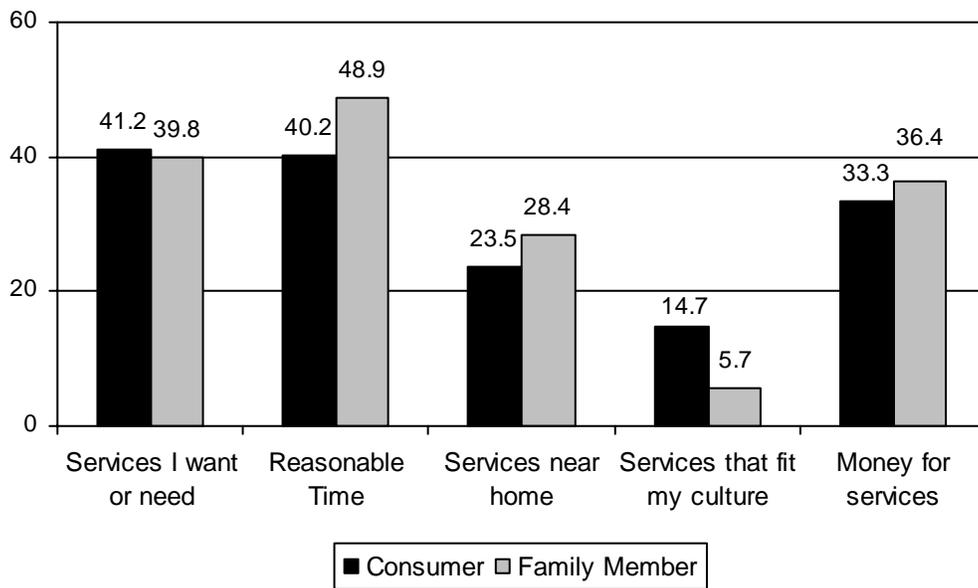


Figure 10. Which ways have you or your family member had trouble getting mental health services?



## GOAL 4: EARLY MENTAL HEALTH SCREENING, ASSESSMENT, AND REFERRAL TO SERVICES ARE COMMON PRACTICE

Consumers' and family members' open-ended responses included needs in each of the following areas consistent with those identified by the New Freedom Commission:

- Consumers and family members identified the need for appropriate **mental health services for children**, and the need for more services and screening for mental health issues in schools.
- Respondents identified a need for **screening on trauma-related illnesses**.
- Consumers and family members also indicated a need for available **integrated treatment programs for mental health and substance abuse** problems.
- Respondents also indicated a lack of **screening for mental health in primary health care settings**.
- Consumers and family members indicated a need for increased **screening across the life-span** for mental disorders.

*“There is a lack of screening for and the treatment of children and adults with trauma related illnesses. Traumatic stress is the cause of more than half of all diagnosed “symptom based” mental illnesses.” – Participant comment*

Additionally, consumers' and family members' open-ended responses indicated a frustration with **multiple entry points**, which consumers and family members are left to navigate themselves.

*“Families sometimes have upwards of 8-10 entry points into mental health system (pediatrician office, school, court, etc.), but so often, there is little to no coordination among assessments and service recommendations. This exhausts families, as well as state dollars for services.” – Participant comment*

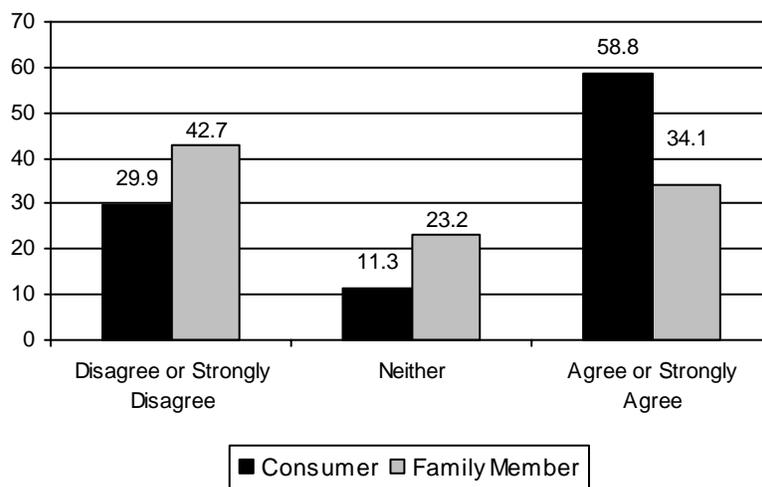
## GOAL 5: EXCELLENT MENTAL HEALTH CARE IS DELIVERED AND RESEARCH IS ACCELERATED

### Quality Mental Health Care

Consumers' and family members' open-ended responses indicated the need to receive a higher **quality of services**. They indicated that current services are not quality-oriented and quality indicators do not drive the system or treatment improvement.

Survey responses indicated that consumers' and family members' perceptions of quality of care received are significantly different (see Figure 11 and Table 2). A higher percentage of consumers (58.8%) reported receiving quality care than family members (34.1%).

Figure 11. I feel I am or my family member is getting high quality services at the mental health agency.



### Evidence-based Practices

Consumers' and family members' open-ended responses indicated a need for increased **dissemination and training on available evidence-based practices**. Responses supported a specific need for training mental health providers on trauma-based mental health treatment and the need for a better understanding of brain injuries.

*“We need a more stable, better trained and more recovery-focused workforce, and more assistance in translating evidence-based and emerging best practices from descriptions on a piece of paper to functioning programs in the community.”*  
 – Participant comment

One problem consumers and family members identified was the **lack of funding** for implementing evidence-based practices or other emerging best practices (e.g., funding for use of Outcomes in treatment planning).

*“Effective evidence-based treatments for traumatic stress need to be integrated into our system of care. Services and treatments for traumatic stress need to be covered by government/federal funding as well as private insurance.”* – Participant comment

## GOAL 6: TECHNOLOGY IS USED TO ACCESS MENTAL HEALTH CARE AND INFORMATION

*“There is a lack of technology use. Systems should be coordinated so that information can be shared between treatment systems. ODJFS/SSA/ LMHC/ MH and State hospitals should be able to access client information for treatment purposes.” – Participant comment*

Consumers' and family members' open-ended responses indicated a need for **integrated information systems**, specifically shared client information and treatment histories across agencies so that transferring providers or services does not result in changes in medication or treatment instructions, and so that all providers have relevant information to determine treatment options.

Consumers and family members also indicated frustrations with access to information.

- Over half of consumers (55.7%) and more than one-third of family members (42.9%) indicated that they have not been able to access necessary information during a mental health crisis (see Figure 12 and Table 2).

Given that many of the family member survey respondents were family members of adult consumers, they may be indicating that they do not have access to information in an emergency because of privacy and consumer consent rules.

While a majority of consumers and family members indicated that they were able to access general information, they accessed information through a variety of sources (see Figures 13 and 14 and Tables 3 and 4). The majority of consumers accessed information through the mental health agency, consumer and family organizations such as NAMI, OAMH, and OFCMH, and family and friends. Family members reported accessing most of their information through consumer and family organizations, but also reported access through the Internet, mental health agency, and newspapers and magazines.

*Figure 12. In a mental health crisis, I have or my family member has been able to access necessary information.*

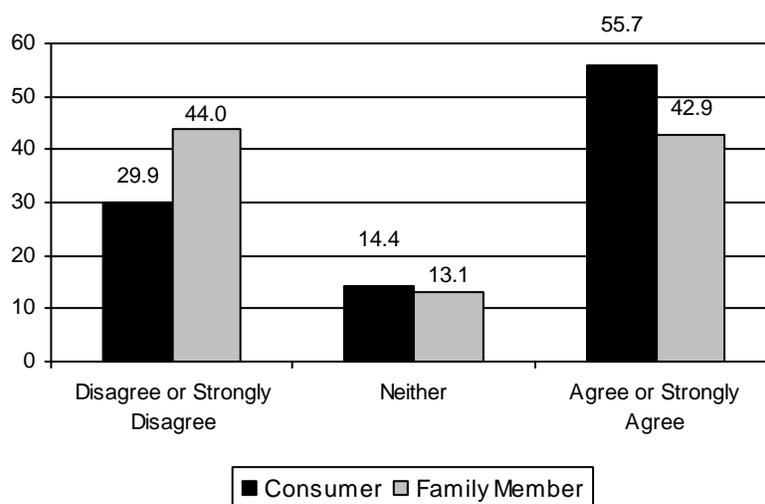


Figure 13. I have been able to access general information about mental health issues.

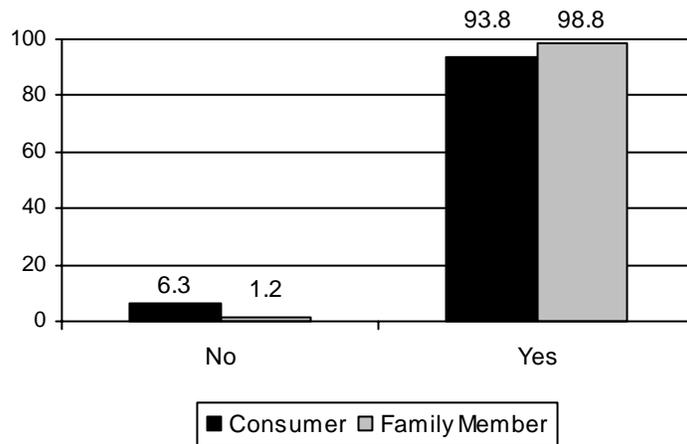
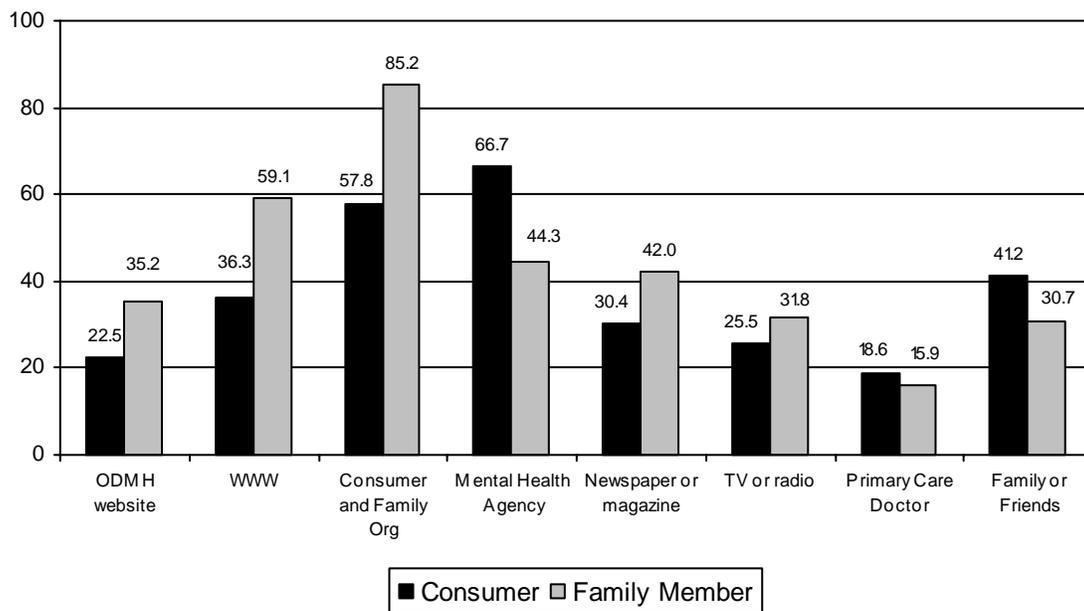


Figure 14. Where have you accessed information about mental health issues?



## **ADDITIONAL COMMENTS NOT ADDRESSED BY GOALS**

Consumers and family members indicated a number of additional comments that support transformation.

- They indicated a need for **prevention** services, not just intervention services.
- Consumers and family members indicated a need for **better financing**, specifically the need for reimbursement of peer-run services.
- Respondents indicated frustration with **varying regulations and policies across systems** (e.g., courts and child welfare).
- Additionally, consumers and family members indicated frustration and a need for a clearinghouse for all mental health information.

Table 2. Results of Consumer Responses by Question

			Disagree or Strongly Disagree		Neither Agree nor Disagree		Agree or Strongly Agree		$\chi^2$
			N	%	N	%	N	%	
<b>Goal 1</b>	Experienced stigma	Consumer	18	18.0	11	11.0	71	71.0	0.56
		Family Member	13	14.9	8	9.2	66	75.9	
	Family doctor asks about mental health	Consumer	28	28.9	11	11.3	58	59.8	6.34*
		Family Member	35	42.2	14	16.9	34	41.0	
<b>Goal 2</b>	Treated with dignity and respect	Consumer	18	17.8	17	16.8	66	65.3	2.47
		Family Member	21	24.7	18	21.2	46	54.4	
	Needs have driven the treatment plan	Consumer	26	27.1	22	22.9	48	50.0	7.07*
		Family Member	29	35.4	28	34.1	25	30.5	
	Consumers' input used in treatment planning	Consumer	26	26.5	26	26.5	46	46.9	0.61
		Family Member	27	31.8	21	24.7	37	43.5	
	Talked to me about Outcomes survey	Consumer	34	36.6	35	37.6	24	25.8	9.07*
		Family Member	40	56.6	24	33.8	7	9.9	
	Think staff believe recovery is possible	Consumer	18	18.4	15	15.3	65	66.3	9.44*
		Family Member	10	12.5	28	35.0	42	52.5	
<b>Goal 3</b>	Cultural background used in treatment planning	Consumer	22	22.0	38	38.0	40	40.0	7.07*
		Family Member	14	17.5	46	57.5	20	25.0	
<b>Goal 5</b>	Receiving high quality services at the Mental Health agency	Consumer	29	29.9	11	11.3	57	58.8	11.41*
		Family Member	35	42.7	19	23.2	28	34.1	
<b>Goal 6</b>	Able to access information in a mental health crisis	Consumer	26	29.9	13	14.9	48	55.2	2.74
		Family Member	34	42.0	11	13.6	36	44.4	

Note. A \* indicates a significant difference between consumers' and family members' responses at the statistical level of  $p < .05$ . The Pearson chi-square ( $\chi^2$ ) statistic is used to test the hypothesis of no association of columns (e.g. responses: neutral vs. disagree; or disagree vs. agree) and rows (e.g. consumer vs. family member). Chi-square is more likely to establish significance if the relationship is strong and the sample size is large, or if the number of values of the two associated variables is large. A probability (p) of less than .05 would indicate a rejection of the null hypothesis, or that there is actually a relationship between the two variables.

Table 3. Results of Consumer Responses by Question (dichotomous)

		No		Yes		Fisher's Exact Test (sig.)
		N	%	N	%	
Had trouble getting mental health services	Consumer	39	41.1	56	58.9	.004
	Family Member	18	20.9	68	79.1	
Able to access general information about mental health issues	Consumer	6	6.3	90	93.8	.124
	Family Member	1	1.2	83	98.8	

Note. A significant difference is found between consumers' and family members' responses if the Fisher's Exact Test value (sig.) is less than .05.

Table 4. Results of **specific trouble** and **access** questions by Consumers and Family Members

	Consumers		Family Members	
	n	% (N = 102)	n	% (N = 88)
Had trouble getting the <b>services I want or need</b>	42	41.2	35	40.2
Had trouble getting services <b>within a reasonable time frame</b>	41	40.2	43	48.9
Had trouble getting services <b>near my home</b>	24	23.5	25	28.4
Had trouble getting services that <b>fit with my culture</b>	15	14.7	5	5.7
Had trouble having enough <b>insurance</b> to pay for services	34	33.3	32	36.4
Accessed information through <b>ODMH Website</b>	23	22.5	31	35.2
Accessed information through <b>World Wide Web</b>	37	36.3	52	59.1
Accessed information through <b>consumer and family organizations</b> (NAMI, OAMH, OFCMH)	59	57.8	75	85.2
Accessed information through <b>Mental Health Agency</b>	68	66.7	39	44.3
Accessed information through <b>newspaper or magazine</b>	31	30.4	37	42.0
Accessed information through <b>television or radio</b>	26	25.5	28	31.8
Accessed information through <b>primary care physician's office</b>	19	18.6	14	15.9
Accessed information through <b>family or friends</b>	42	41.2	27	30.7

**Appendix A.**

NAMI Conference  
New Day Consumer Survey

We would very much appreciate your input about how to improve mental health services in Ohio.



Please check one of the following five items that best describes you. I am:

- an adult consumer                       a family member of an adult consumer or  
 a youth consumer                       a family member of a child consumer  
 other, please describe \_\_\_\_\_

**Please indicate your level of agreement with the following statements by placing an "X" on the appropriate line.**

1. I have experienced stigma about my or my family member's mental health problems.

Strongly Disagree     Disagree     Neither Agree nor Disagree     Agree     Strongly Agree

Please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. I have or my family member has been treated with dignity and respect at the mental health agency.

Strongly Disagree     Disagree     Neither Agree nor Disagree     Agree     Strongly Agree

3. My or my family member's needs have driven the treatment plan in the agency.

Strongly Disagree     Disagree     Neither Agree nor Disagree     Agree     Strongly Agree

4. My or my family member's input has been used by the agency in the treatment planning process.

Strongly Disagree     Disagree     Neither Agree nor Disagree     Agree     Strongly Agree

5. Staff at the mental health agency has talked to me or my family member about what I or my family member wrote in the Outcomes survey.

Strongly Disagree     Disagree     Neither Agree nor Disagree     Agree     Strongly Agree

6. Staff at the mental health agency believe that consumer recovery is possible.

Strongly Disagree     Disagree     Neither Agree nor Disagree     Agree     Strongly Agree

7. My or my family member's cultural background is taken into account in treatment planning.

Strongly Disagree     Disagree     Neither Agree nor Disagree     Agree     Strongly Agree

Next page please

8. My family doctor asks about my mental health as well as my physical health.

Strongly Disagree     Disagree     Neither Agree nor Disagree     Agree     Strongly Agree

9. I feel I am *or my family member is* getting high quality services at the mental health agency.

Strongly Disagree     Disagree     Neither Agree nor Disagree     Agree     Strongly Agree

Why or why not? \_\_\_\_\_  
\_\_\_\_\_

10. In a mental health crisis, I have *or my family member has* been able to access necessary information.

Strongly Disagree     Disagree     Neither Agree nor Disagree     Agree     Strongly Agree

11. Have you *or your family member* had trouble getting mental health services?

No

Yes; if yes, check all the ways below for which your answer is "yes"

Getting the services I want or need

Getting services when I need them within a reasonable length of time

Getting services near my home

Getting services that fit with my culture

Having enough insurance or money to pay for the services

Other; please explain \_\_\_\_\_  
\_\_\_\_\_

12. What barriers have you *or your family member* experienced in trying to get mental health services?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Next page please

13. I have been able to access general information about mental health issues.

\_\_\_\_\_ No

\_\_\_\_\_ Yes; if yes, where have you accessed this information (check all that apply)

\_\_\_\_\_ Ohio Department of Mental Health Website

\_\_\_\_\_ World Wide Web (internet)

\_\_\_\_\_ Consumer and family organizations such as NAMI or Ohio Advocates for Mental Health or Ohio Federation for Children's Mental Health

\_\_\_\_\_ Mental health agency

\_\_\_\_\_ Newspaper or magazine

\_\_\_\_\_ Television or radio

\_\_\_\_\_ Primary Care Physician's Office

\_\_\_\_\_ Family or friends

\_\_\_\_\_ Other; please explain \_\_\_\_\_

14. In order for there to be better services for persons with mental illness, what needs to change?

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15. Any other comments to add?

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**Please return this survey to the ODMH / New Day exhibit table.**

**Thank you very much!**

**Appendix B.**

NAMI Pre-Conference  
New Day Response Card

