
2007 Consumer Survey Results with Selected Comparisons to the 2006 Consumer Survey Results

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2007 Consumer Survey Results Compared to the 2006 Consumer Survey Results

Executive Summary

In order to include consumers' and family members' perspectives in the ongoing transformation efforts of Ohio's Transformation State Incentive Grant (TSIG), an informal consumer survey was conducted in several locations. The survey was administered to a sample of participants at both consumer and family member conferences (Ohio Advocates for Mental Health [OAMH] and National Alliance on Mental Illness [NAMI] Ohio), presentations by the Project Director for the TSIG and at a Consumer Operated Service. Accordingly, these results indicate major interests and goals for mental health transformation held by key stakeholders in the Ohio mental health system but may not be representative of all mental health consumers in Ohio.

This report compares the survey results from a 2006 administration of the questionnaire with those of this 2007 time frame. The 2007 questionnaire changed very little in content from the 2006 version (see Appendix A for the 2007 survey and Appendix B for the 2006).

The 2006 questionnaires were administered at the annual NAMI conference (May 2006) and at a presentation given by the TSIG project director. The 2007 questionnaires were administered at the NAMI Annual Conference in May 2007, at the Ohio Advocates for Mental Health Annual Conference in August 2007, and a Consumer Operated Services (COS) director took copies of the questionnaire from the 2007 OAMH conference and distributed them to consumers at the local COS center in late August. The TSIG Project Director also distributed the 2007 questionnaire at a presentation given to consumers.

There were 200 respondents who completed the 2006 questionnaire and 214 respondents who completed the 2007 questionnaire (see Table 1).

Some key results (for which there are significant differences) follow.

- In 2007 as compared to 2006, considerably fewer consumers (i.e., a drop from 71.0% to 52.7%) *agreed* or *strongly agreed* that they had experienced stigma (see Figure 1a).
- In 2007 as compared to 2006, considerably more family members (i.e., an increase from 30.5% to 77.1%) *agreed* or *strongly agreed* that their family member's needs had driven the treatment plan in the agency (see Figure 3b).
- In 2006, consumers' and family members' perceptions differed significantly in terms of the consumers'/family members' needs driving the treatment plan at the agency. Consumers' responses (2006 mean = 3.38) were significantly higher than family members' responses (2006 mean = 2.79).
- In 2007 as compared to 2006, considerably more family members (i.e., an increase from 43.5% to 77.8%) *agreed* or *strongly agreed* that their family member's input had been used by the agency in the treatment planning process (see Figure 4b).
- In 2007 as compared to 2006, considerably more consumers (i.e., an increase from 25.8% to 45.2%) *agreed* or *strongly agreed* that staff at the mental health agency had talked to them about what they wrote in the Outcomes Survey (see Figure 5a).
- In both 2006 and 2007 consumers and family members differed significantly in their perceptions that staff at the mental health agency had talked to them and/or their family member about what the person wrote in the Outcomes Survey. Consumers' responses (2006 mean = 2.81; 2007 mean = 3.22) were significantly higher than family members' responses (2006 mean = 2.18; 2007 mean = 2.47).

- In 2007 as compared to 2006, slightly fewer family members (i.e., a decrease from 17.5% to 8.3%) *disagreed* or *strongly disagreed* that their family member's cultural background had been taken into account in treatment planning (see Figure 8b).
- In 2006, consumers and family members differed significantly in their perceptions that they and/or their family members were getting high quality services at the mental health agency. Consumers' responses (2006 mean = 3.45) were significantly higher than family members' responses (2006 mean = 2.77).
- In both 2006 and 2007, consumers and family members differed significantly in their perceptions that their family doctor/physical health care provider asked about their mental health as well as their physical health. Consumers' responses (2006 mean = 3.45; 2007 mean = 3.35) were significantly higher than family members' responses (2006 mean = 2.88; 2007 mean = 2.81).
- In 2007, respondents were asked from where/whom they received care for their physical health care needs. The most frequently checked *person* from whom respondents received their physical health care was the "family doctor" (70.0% of consumers and 66.7% of family members checked this item). The next most frequently checked response category was "psychiatrist" (35.9% of consumers and 25.0% of family members checked this item). Almost one-third of consumers indicated that they receive care for their physical health care needs at the "Mental Health Agency".
- In both 2006 and 2007, respondents were asked to respond, "Yes" or "No" to the question, "Have you or your family member had trouble getting mental health services?" Consumers' responses in 2006 were significantly different from their responses in 2007 (see Table 4), with proportionately more consumers indicating "No" trouble getting mental health services in 2007 as compared to 2006. Similarly, family members' responses in 2006 were significantly different from their responses in 2007 (see Table 5), with proportionately more family members indicating "No" trouble getting mental health services in 2007 as compared to 2006.
- In both 2006 and 2007, those respondents who noted, "Yes, they were having trouble getting mental health services" were asked to check all the ways they were experiencing difficulty getting services. See Table 6 for specifics. The most frequently cited troubles experienced, by both consumers and family members, were: *getting the services I want or need*, *getting the services when I need them within a reasonable length of time*, and *having enough insurance or money to pay for the services*.
- In 2007, respondents indicated the three items they thought were the most important to work on to transform mental health services. Consumers and family members agreed on the number one priority, "Stigma and public information," but differed after that (see Table 7 [boxed item represents top priority] and Figure 10).

It is possible that the different respondent pools in 2006 and 2007 (i.e., including the participants attending the 2007 OAMH Annual Conference and the people at the COS) may account for the differences in the results between the 2006 administrations and the 2007 administrations of the questionnaire. For example, the Ohio Advocates for Mental Health (OAMH) conference attendees may not be representative of the consumer population in the State and the environment of the Consumer Operated Service (COS) Center may be more responsive to consumer needs than a non-COS environment. Consequently the differences between the 2006 results and the 2007 results may be artificial in nature and should be interpreted with care.

Background

In order to include consumers' and family members' perspectives in the ongoing transformation efforts of Ohio's Transformation State Incentive Grant (TSIG), an informal consumer survey was conducted in several locations. The survey was administered to a sample of participants at both consumer and family member conferences (Ohio Advocates for Mental Health [OAMH] and National Alliance on Mental Illness [NAMI] Ohio), presentations by the Project Director for the TSIG and at a Consumer Operated Service. Accordingly, these results indicate major interests and goals for mental health transformation held by key stakeholders in the Ohio mental health system but may not be representative of all mental health consumers in Ohio.

This report compares the survey results from a 2006 administration of the questionnaire with those of this 2007 time frame. The 2007 questionnaire changed very little in content from the 2006 version (see Appendix A for the 2007 survey and Appendix B for the 2006). Each questionnaire was three pages in length. The 2006 version included 12 closed-ended items and three open-ended items. The 2007 version included 12 closed-ended items (11 items were identical to the previous version) and two open-ended questions (one of which was identical to the previous version). Respondents indicated how much they agreed with each statement (i.e., 1 = strongly disagree, 2 = disagree, 3 = neither agree nor disagree, 4 = agree, and 5 = strongly disagree).

Demographic Data

There were 200 respondents who completed the 2006 questionnaire and 214 respondents who completed the 2007 questionnaire (see Table 1). In describing themselves, the majority (2006, 50.0%; 2007, 79.0%) of respondents indicated they were adult consumers (see Table 2). Family members of adult consumers were the next largest respondent group, with 76 (38.0%) individuals in 2006 and 29 (13.6%) individuals in 2007. Family members of youth consumers were represented in the sample, with 12 (6.0%) individuals in 2006 and eight (3.7%) individuals in 2007. In each of the 2006 and 2007 administrations, there were only two (approximately 1.0%) respondents who checked "youth consumer". There was a small number of respondents who checked "other" in both 2006 and 2007.

Table 1. Description of Respondents

	2006 N (%)	2007 N (%)
Adult Consumer	100 (50.0)	169 (79.0)
Youth Consumer	2 (1.0)	2 (0.9)
Family Member of an Adult Consumer	76 (38.0)	29 (13.6)
Family Member of a Youth Consumer	12 (6.0)	8 (3.7)
Other	10 (5.0)	6 (2.8)
Total	200 (100)	214 (100)

The 2006 and 2007 questionnaires were administered at the NAMI Annual Conference in May, where there were 152 (76.0%) respondents in 2006 and 59 (27.6%) respondents in 2007 who provided input (see Table 2 below). In addition, in order to garner additional consumer input, the 2006 and 2007 versions were distributed at presentations given by the TSIG Project Director with 48

(24.0%) people responding in 2006 and 25 (11.7%) people responding in 2007. The 2007 version of the questionnaire was also distributed at the Ohio Advocates for Mental Health Annual Conference in August, where 68 (31.8%) individuals responded. A Consumer Operated Services director took copies of the questionnaire from the 2007 OAMH conference and distributed them to consumers at the local COS center in late August. There were 62 (29.0%) individuals at the COS who returned the questionnaire.

Table 2. Location of Completing the Questionnaire

	2006 N (%)	2007 N (%)
NAMI Conference	152 (76.0)	59 (27.6)
TSIG Project Dir. Presentation	48 (24.0)	25 (11.7)
OAMH Conference	N/A	68 (31.8)
Consumer Operated Service Center	N/A	62 (29.0)
Total	200 (100)	214 (100)

These different respondent pools in 2006 and 2007 may account for the differences in the results between the 2006 administrations and the 2007 administrations of the questionnaire. For example, the Ohio Advocates for Mental Health (OAMH) conference attendees may not be representative of the consumer population in the State and the environment of the Consumer Operated Service (COS) Center may be more responsive to consumer needs than a non-COS environment. Consequently the differences between the 2006 results and the 2007 results may be artificial in nature and should be interpreted with care.

Respondent Results

Respondents at both time points (2006 and 2007) were asked to indicate their level of agreement with several statements about their experiences with the mental health system. Respondents indicated how much they agreed with each statement (i.e., 1 = strongly disagree, 2 = disagree, 3 = neither agree nor disagree, 4 = agree, and 5 = strongly agree). Those responses and comparisons follow in Figures 1 through 9. For ease of graphic presentation in this report, responses were collapsed into three categories: 1) strongly disagree or disagree, 2) neither agree nor disagree, and 3) agree and strongly agree. For computation of differences across dates of administration (2006 versus 2007) and across consumers versus family members, the data were *not* collapsed so as to maintain the variability.

Experience of Stigma

Figure 1a. I have experienced stigma about my mental health problems.

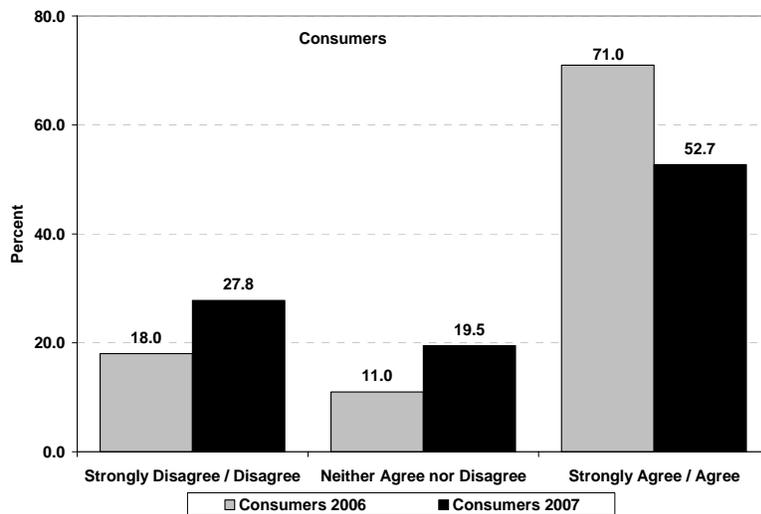


Figure 1a. In 2007 (black bar) as compared to 2006 (grey bar), considerably fewer consumers (i.e., a drop from 71.0% to 52.7%) *agreed or strongly agreed* that they had experienced stigma.

- From 2006 to 2007, improvement was demonstrated in consumers' perceptions of experiencing stigma about their mental health problems. There is a significant difference between the 2006 mean (3.80) and the 2007 mean (3.34), which coincides with the large reduction in consumers from the 2006 to the 2007 survey administration who *agreed or strongly agreed* that they had experienced stigma.

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

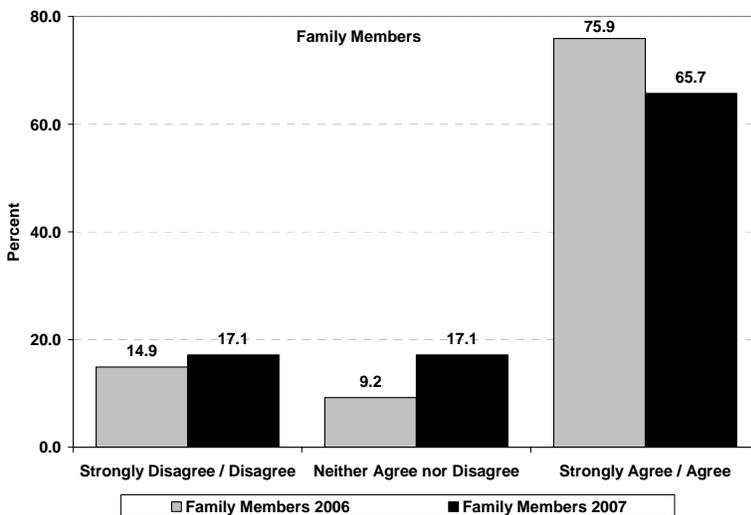


Figure 1b. In 2007 (black bar) as compared to 2006 (grey bar), fewer family members (i.e., a drop from 75.9% to 65.7%) *agreed or strongly agreed* that they had experienced stigma.

Treated with Dignity and Respect

Figure 2a. I have been treated with dignity and respect at the mental health agency.

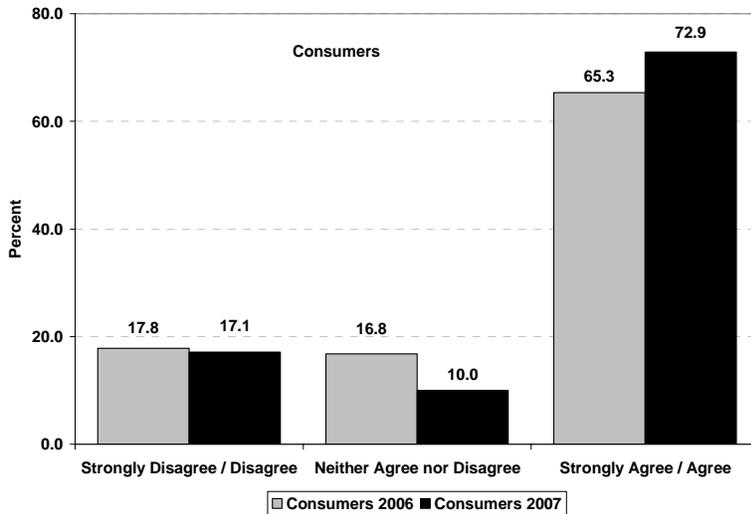


Figure 2a. In 2007 (black bar) as compared to 2006 (grey bar), more consumers (i.e., an increase from 65.3% to 72.9%) *agreed or strongly agreed* that they had been treated with dignity and respect at the agency.

Figure 2b. My family member has been treated with dignity and respect at the mental health agency.

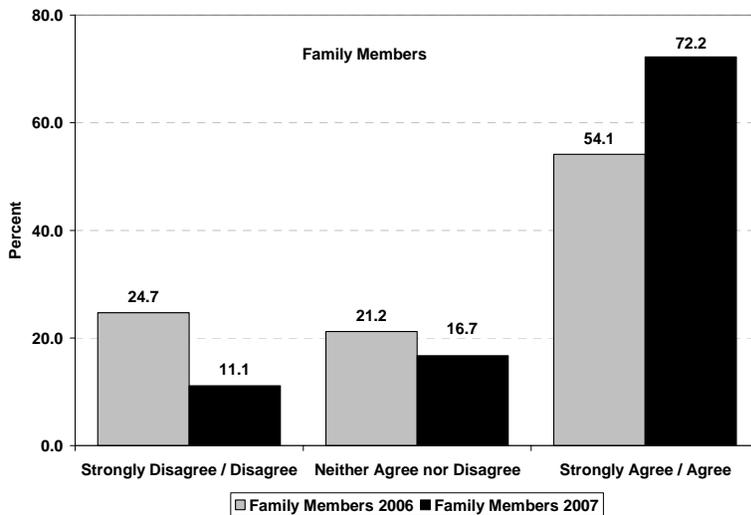


Figure 2b. In 2007 (black bar) as compared to 2006 (grey bar), more family members (i.e., an increase from 54.1% to 72.2%) *agreed or strongly agreed* that their family member had been treated with dignity and respect at the agency.

Needs Driving the Treatment Plan

Figure 3a. My needs have driven the treatment plan in the agency.

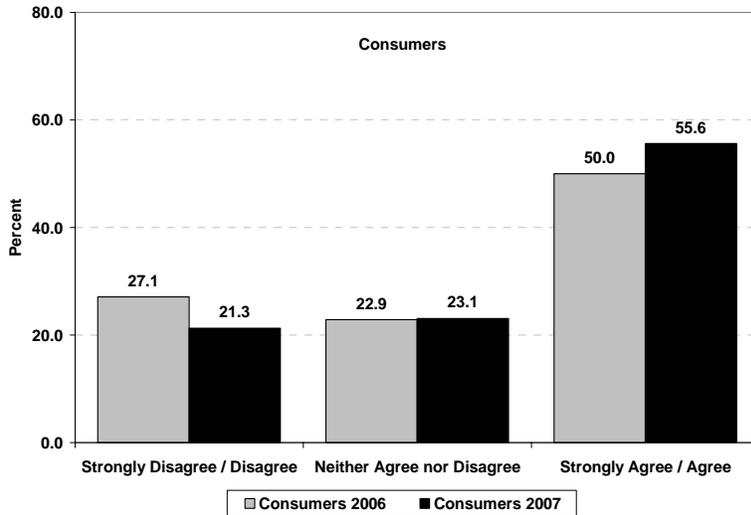


Figure 3a. In 2007 (black bar) as compared to 2006 (grey bar), more consumers (i.e., an increase from 50.0% to 55.6%) *agreed* or *strongly agreed* that their needs had driven the treatment plan in the agency.

Figure 3b. My family member's needs have driven the treatment plan in the agency.

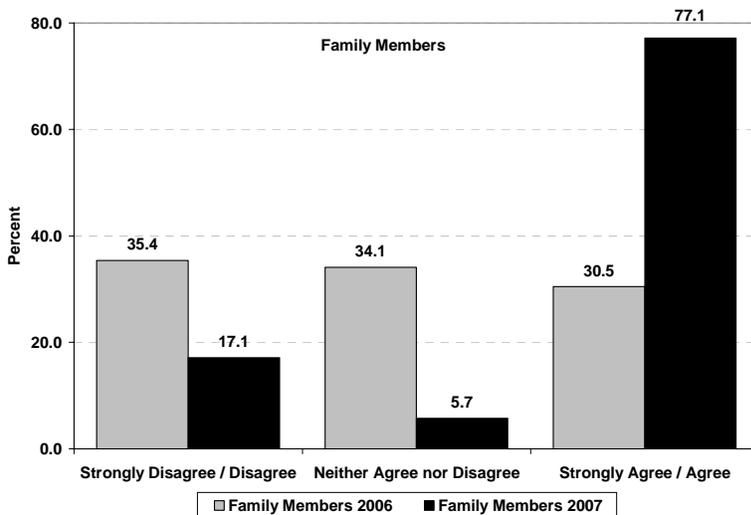


Figure 3b. In 2007 (black bar) as compared to 2006 (grey bar), considerably more family members (i.e., an increase from 30.5% to 77.1%) *agreed* or *strongly agreed* that their family member's needs had driven the treatment plan in the agency.

- From 2006 to 2007, family members' responses demonstrated improvement in perceptions that their family members' needs had driven the treatment plan in the agency. That is, there is a significant difference between the 2006 mean (2.79) and the 2007 mean (3.71), which coincides with the large increase in family members who *agreed* or *strongly agreed* that their family members' needs drove the treatment plan in the agency.

In 2006, consumers' and family members' perceptions differed significantly in terms of the consumers'/family members' needs driving the treatment plan at the agency. Consumers' responses (2006 mean = 3.38) were significantly higher than family members' responses (2006 mean = 2.79).

Input being Used in Treatment Planning

Figure 4a. My input has been used by the agency in the treatment planning process.

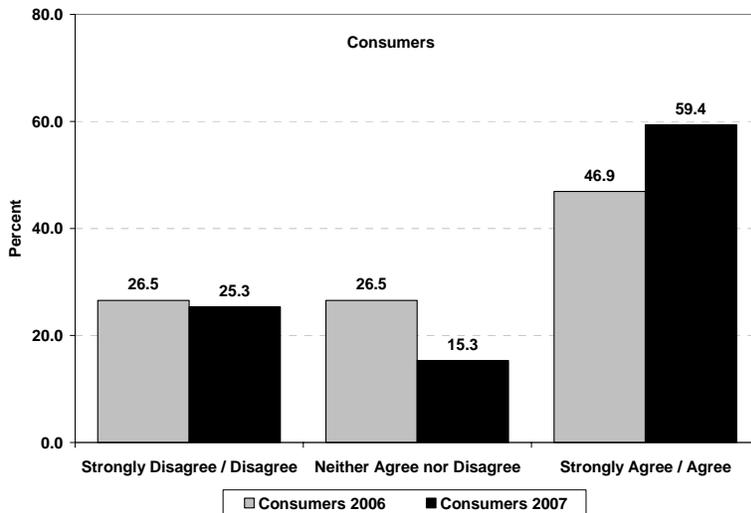


Figure 4a. In 2007 (black bar) as compared to 2006 (grey bar), more consumers (i.e., an increase from 46.9% to 59.4%) *agreed or strongly agreed* that their input had been used by the agency in the treatment planning process.

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

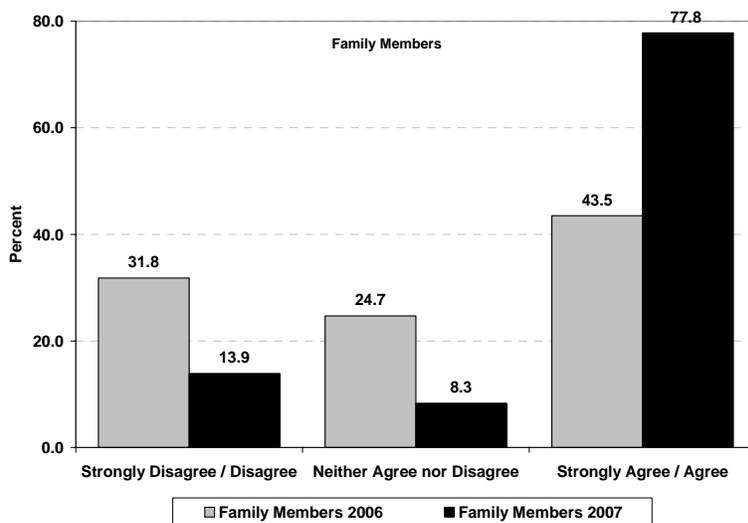


Figure 4b. In 2007 (black bar) as compared to 2006 (grey bar), considerably more family members (i.e., an increase from 43.5% to 77.8%) *agreed or strongly agreed* that their family member's input had been used by the agency in the treatment planning process.

- From 2006 (mean = 3.04) to 2007 (mean = 3.75), family members' demonstrated significant improvement in perceptions that their family members' input had used by the agency in the treatment planning process.

Staff Talking about what was Written in the Outcomes Survey

Figure 5a. Staff at the mental health agency has talked to me about what I wrote in the Outcomes Survey.

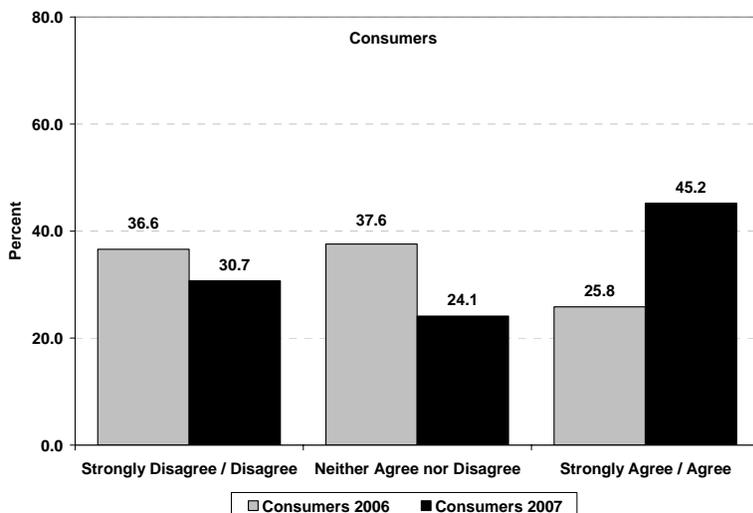


Figure 5a. In 2007 (black bar) as compared to 2006 (grey bar), considerably more consumers (i.e., an increase from 25.8% to 45.2%) *agreed or strongly agreed* that staff at the mental health agency had talked to them about what they wrote in the Outcomes Survey.

- From 2006 (mean = 2.81) to 2007 (mean = 3.22), significant improvement was demonstrated in consumers' perceptions that staff at the mental health agency had talked to them about what they wrote in the Outcomes Survey.

Figure 5b. Staff at the mental health agency has talked to my family member about what my family member wrote in the Outcomes Survey.

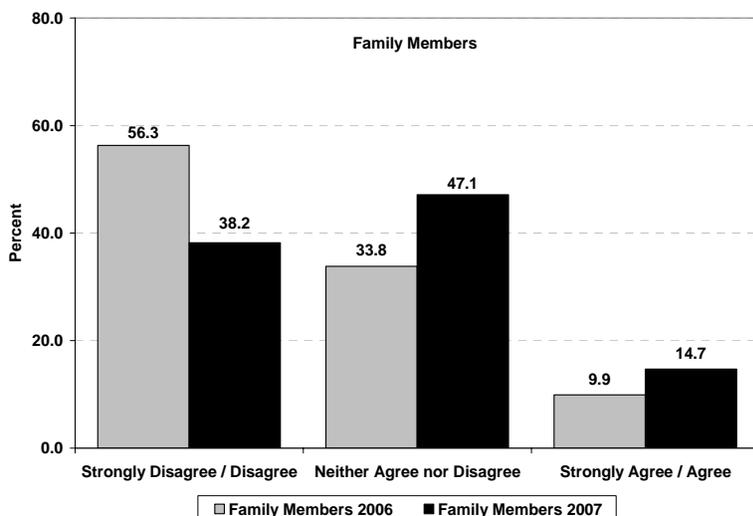


Figure 5b. In 2007 (black bar) as compared to 2006 (grey bar), slightly more family members (i.e., an increase from 9.9% to 14.7%) *agreed or strongly agreed* that staff at the mental health agency had talked to their family member about what s/he wrote in the Outcomes Survey.

In both 2006 and 2007 consumers and family members differed significantly in their perceptions that staff at the mental health agency had talked to them and/or their family member about what the person wrote in the Outcomes Survey. Consumers' responses (2006 mean = 2.81; 2007 mean = 3.22) were significantly higher than family members' responses (2006 mean = 2.18; 2007 mean = 2.47).

Staff Believing Consumer Recovery is Possible

Figure 6a. Staff at the mental health agency believes that consumer recovery is possible.

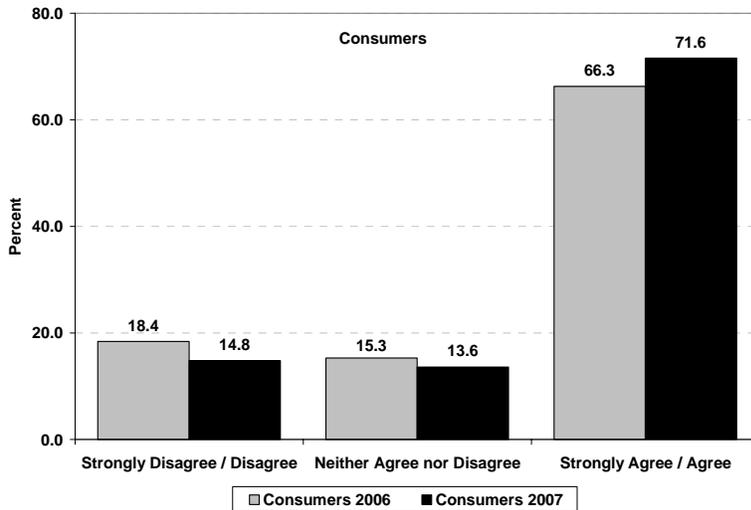


Figure 6a. In 2007 (black bar) as compared to 2006 (grey bar), slightly more consumers (i.e., an increase from 66.3% to 71.6%) *agreed or strongly agreed* that staff at the mental health agency believes that consumer recovery is possible.

Figure 6b. Staff at the mental health agency believes that consumer recovery is possible.

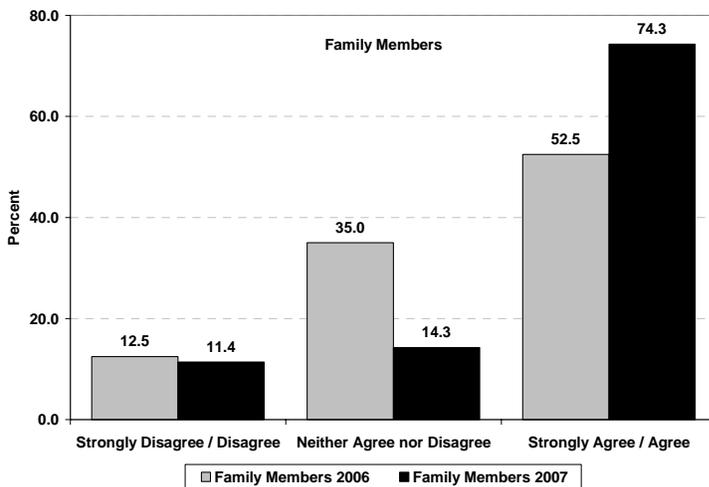


Figure 6b. In 2007 (black bar) as compared to 2006 (grey bar), considerably more family members (i.e., an increase from 52.5% to 74.3%) *agreed or strongly agreed* that staff at the mental health agency believes that consumer recovery is possible.

Cultural Background Taken into Account

Figure 7a. My cultural background is taken into account in treatment planning.

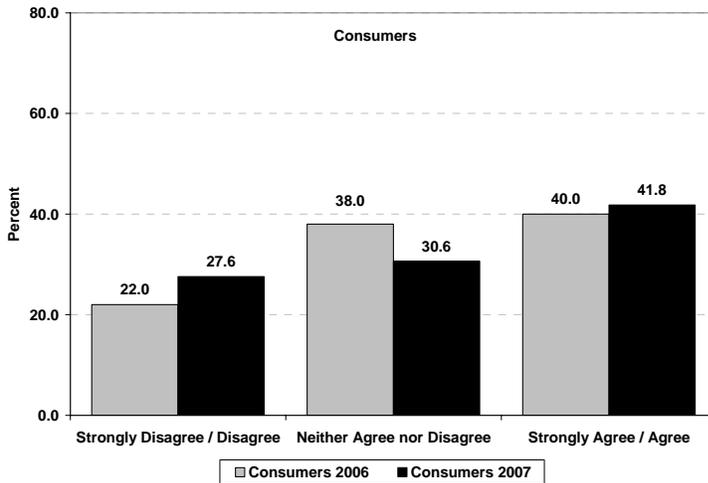


Figure 7a. In 2007 (black bar) as compared to 2006 (grey bar), slightly more consumers (i.e., an increase from 22.0% to 27.6%) *disagreed* or *strongly disagreed* that their cultural background had been taken into account in treatment planning.

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

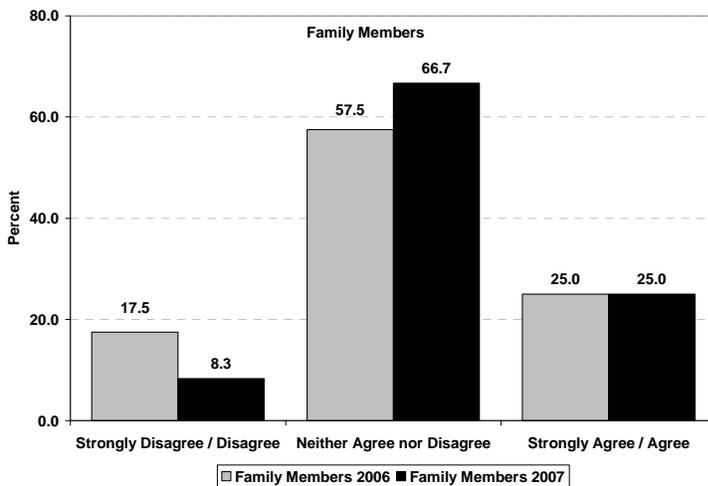


Figure 7b. In 2007 (black bar) as compared to 2006 (grey bar), slightly fewer family members (i.e., a decrease from 17.5% to 8.3%) *disagreed* or *strongly disagreed* that their family member's cultural background had been taken into account in treatment planning.

Receiving Quality Services

Figure 8a. I feel I am getting high quality services at the mental health agency.

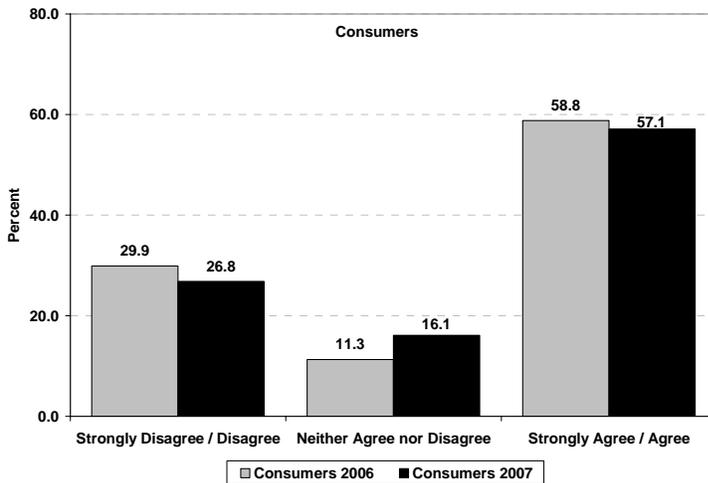


Figure 8a. In 2007 (black bar) as compared to 2006 (grey bar), slightly fewer consumers (i.e., a drop from 58.8% to 57.1%) *agreed or strongly agreed* that they are getting high quality services at the mental health agency.

Figure 8b. I feel my family member is getting high quality services at the mental health agency.

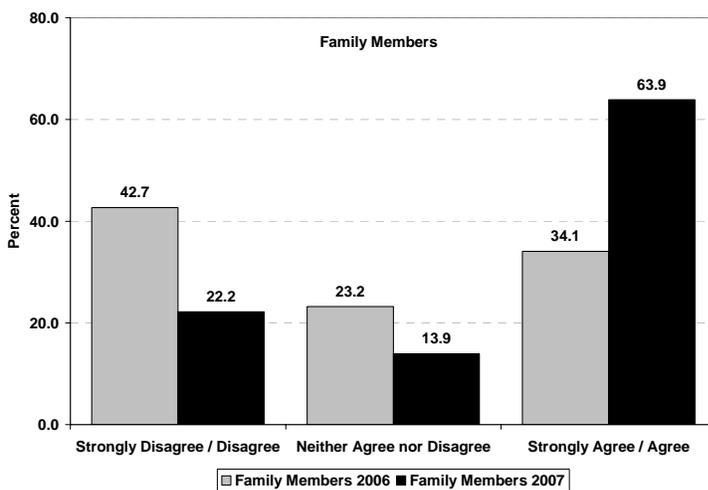


Figure 8b. In 2007 (black bar) as compared to 2006 (grey bar), considerably more family members (i.e., an increase from 34.1% to 63.9%) *agreed or strongly agreed* that their family member is getting high quality services at the mental health agency.

- From 2006 (mean = 2.77) to 2007 (mean = 3.53), family members demonstrated significant improvement in perceptions that their family member is getting high quality services at the mental health agency.

In 2006, consumers and family members differed significantly in their perceptions that they and/or their family members were getting high quality services at the mental health agency. Consumers' responses (2006 mean = 3.45) were significantly higher than family members' responses (2006 mean = 2.77).

Physical Health Care Needs

Wording of this item was slightly altered from 2006 to 2007. The phrase “family doctor” was replaced with “physical health care provider”.

Figure 9a. 2006 Item: My family doctor asks about my mental health as well as my physical health. 2007 Item: The physical health care provider asks me about my mental health as well as physical health.

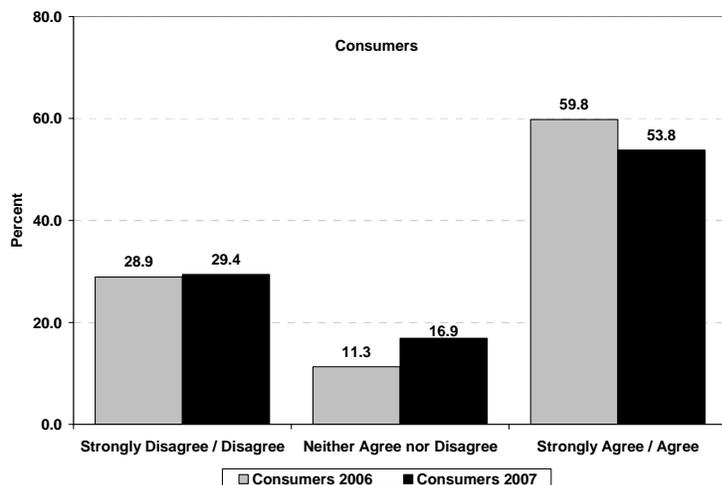


Figure 9a. In 2007 (black bar) as compared to 2006 (grey bar), fewer consumers (i.e., a drop from 59.8% to 53.8%) *agreed or strongly agreed* that their physical health care provider asked about their mental health as well as their physical health.

Figure 9b. 2006 Item: My family doctor asks about my mental health as well as my physical health. 2007 Item: The physical health care provider asks me about my mental health as well as physical health.

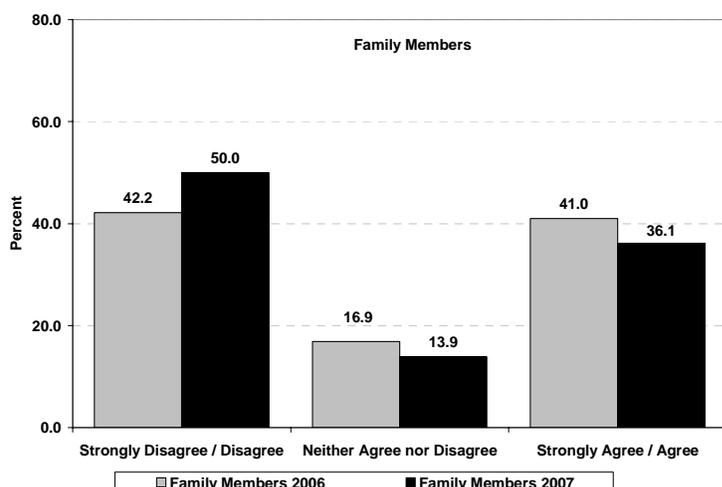


Figure 9b. In 2007 (black bar) as compared to 2006 (grey bar), fewer family members (i.e., a drop from 41.0% to 36.1%) *agreed or strongly agreed* that their physical health care provider asked about their mental health as well as their physical health.

In both 2006 and 2007, consumers and family members differed significantly in their perceptions that their family doctor/physical health care provider asked about their mental health as well as their physical health. Consumers' responses (2006 mean = 3.45; 2007 mean = 3.35) were significantly higher than family members' responses (2006 mean = 2.88; 2007 mean = 2.81).

Person from Whom / Location for Receiving Physical Health Care

In 2007, respondents were asked from where/whom they received care for their physical health care needs. Participants could check all responses that applied; hence, the numbers for each item when added together totals more than the number of respondents. The most frequently checked *person* from whom respondents received their physical health care was the “family doctor” (70.0% of consumers and 66.7% of family members checked this item). The next most frequently checked response category was “psychiatrist” (35.9% of consumers and 25.0% of family members checked this item). Almost one-third of consumers indicated that they receive care for their physical health care needs at the “Mental Health Agency”.

Table 3. Person from Whom / Location for Receiving Physical Health Care

Person from whom or Location for Receiving Physical Health Care	2007	
	Consumers (N = 170) (n / %)	Family Members (N = 36) (n / %)
Family doctor	119 / 70.0	24 / 66.7
Psychiatrist	61 / 35.9	9 / 25.0
Clinic	24 / 14.1	6 / 16.7
Mental Health Agency	54 / 31.8	6 / 16.7
Emergency Room	24 / 14.1	5 / 13.9
Do not receive any physical health care	7 / 4.1	4 / 11.1

Having trouble getting mental health services?

In both 2006 and 2007, respondents were asked to respond, “Yes” or “No” to the question, “Have you or your family member had trouble getting mental health services?” Consumers’ responses in 2006 were significantly different from their responses in 2007 (see Table 4), with proportionately more consumers indicating “No” trouble getting mental health services in 2007 as compared to 2006. Similarly, family members’ responses in 2006 were significantly different from their responses in 2007 (see Table 5), with proportionately more family members indicating “No” trouble getting mental health services in 2007 as compared to 2006.

Table 4. Have consumers had trouble getting mental health services?

Consumers	Have you had trouble getting mental health services?		
	2006 (n / %)	2007 (n / %)	χ^2
No	39 / 41.1	124 / 72.9	26.18 (df = 1) Fisher's Exact Test, p < .000
Yes	56 / 58.9	46 / 27.1	

Table 5. Have your family members had trouble getting mental health services?

Family Members	Have your family members had trouble getting mental health services?		
	2006 (n / %)	2007 (n / %)	χ^2
No	18 / 20.9	18 / 50.0	10.31 (df = 1) Fisher's Exact Test, p < .002
Yes	68 / 79.1	18 / 50.0	

Respondents had trouble getting mental health services

In both 2006 and 2007, those respondents who noted, “Yes, they were having trouble getting mental health services” were asked to check all the ways they were experiencing difficulty getting services. See Table 6 for specifics. The most frequently cited troubles experienced, by both consumers and family members, were: *getting the services I want or need*, *getting the services when I need them within a reasonable length of time*, and *having enough insurance or money to pay for the services* (see Table 6 below). Family members also noted that *getting services in a crisis* was a problem. Additional examination of the data demonstrates a reduction from 2006 to 2007 in the percentage of respondents experiencing trouble getting mental health services.

Table 6. Respondents had trouble getting mental health services ...

Had trouble ...	Consumers				Family Members			
	2006 (N = 102)		2007 (N = 171)		2006 (N = 88)		2007 (N = 37)	
	n	%	n	%	n	%	n	%
1. Getting the services I want or need	42	41.2	33	19.3	35	40.2	8	21.6
2. Getting the services when I need them within a reasonable length of time	41	40.2	28	16.4	43	48.9	13	35.1
3. Getting services near my home	24	23.5	18	10.5	25	28.4	6	16.2
4. Getting services that fit with my culture	15	14.7	16	9.4	5	5.7	1	2.7
5. Having enough insurance or money to pay for the services	34	33.3	28	16.4	32	36.4	10	27.0
6. Getting services in a crisis (only asked in 2007)	N/A		22	12.9	N/A		9	24.3

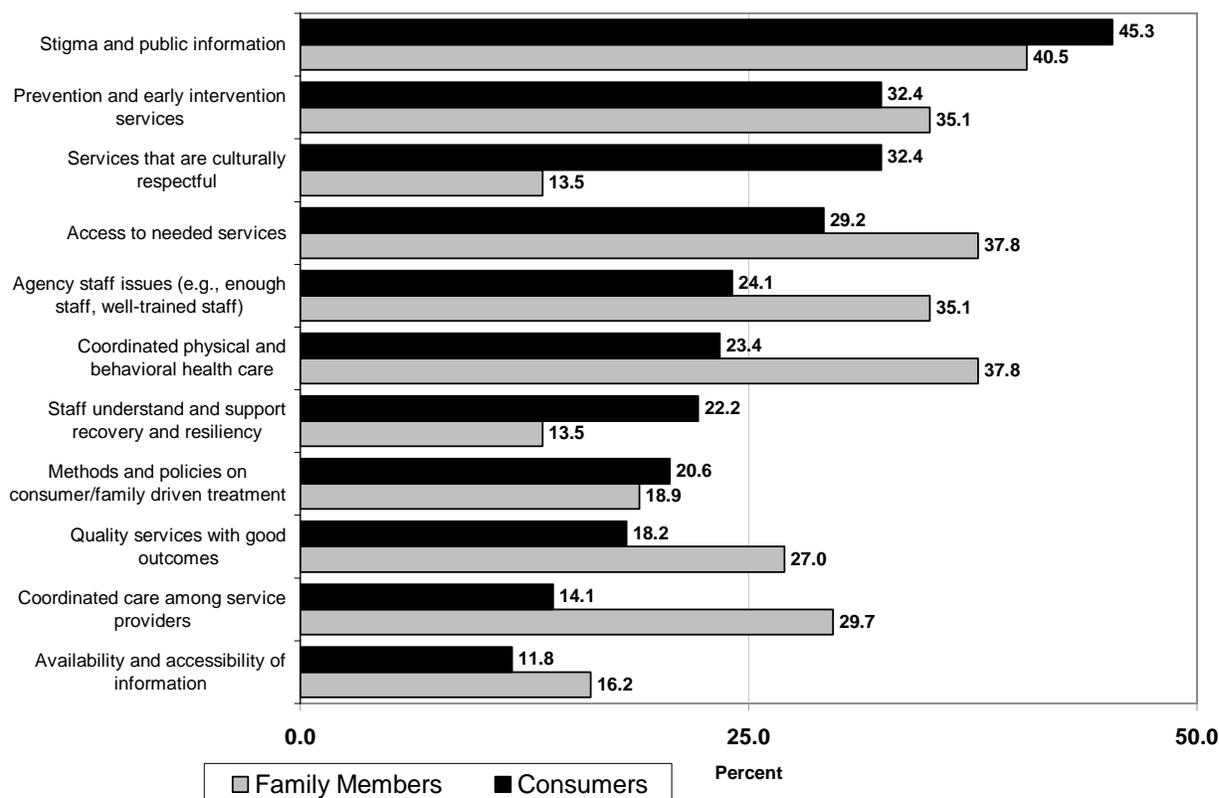
Top three most important priorities to transform mental health services

In 2007, respondents were asked to put a check mark next to the three items they thought were the most important to work on to transform mental health services. Consumers and family members agreed on the number one priority, “Stigma and public information,” but differed after that (see Table 7 [boxed item represents top priority] and Figure 10 below).

Table 7. Top three most important priorities to transform mental health services ...

Priorities ...	Consumers			Family Members		
	2007 (N = 170)			2007 (N = 37)		
	n	%	Rank	n	%	Rank
1. Services that are culturally respectful	55	32.4	T-2nd	5	13.5	
2. Stigma and public information	77	45.3	1st	15	40.5	1st
3. Methods and policies on consumer/family driven treatment	35	20.6		7	18.9	
4. Coordinated physical and behavioral health care	40	23.4		14	37.8	T-2nd
5. Agency staff issues (e.g., enough staff, well-trained staff)	41	24.1		13	35.1	
6. Access to needed services	50	29.2		14	37.8	T-2nd
7. Coordinated care among service providers	24	14.1		11	29.7	
8. Staff understand and support recovery and resiliency	38	22.2		5	13.5	
9. Availability and accessibility of information	20	11.8		6	16.2	
10. Quality services with good outcomes	31	18.2		10	27.0	
11. Prevention and early intervention services	55	32.4	T-2nd	13	35.1	

Figure 10. Most important priorities to work on that to transform mental health services (Data are presented in descending order of importance for consumers (black bars))



2007 Open-ended Responses

There were two open-ended questions in the 2007 questionnaire: 1) In order for there to be better services for persons with mental illness, what needs to change? and 2) Other than money, what do you think is the number one problem in the mental health system? The salient responses to these questions follow.

Changes needed in order for there to be better services for persons with mental illness

There were several common themes that emerged upon review of these data from the 2007 survey. The most commonly mentioned responses included communication, education, understanding, support, and public knowledge (27 mentions).

Participants indicated that the communication between and among those involved in the system (e.g., consumers, doctors, agencies, hospitals, other providers, and the families) needs to improve.

“Better communication between different providers so that consumers can be more easily directed through the stream of services that facilitate recovery.” – Family member comment

Responses included the need for an increased understanding of mental illness and support for those experiencing the challenges of living with it.

“Greater understanding of the suffering of people with mental health care issues/Empathy and identification and compassion.” – Consumer comment

The second most frequently mentioned change that needs to occur in order for there to be better services for persons with mental illness involved funding, money, and Medicaid (23 mentions). The majority of these responses stressed the need for “more” funding/money for mental health services or “better” funding. A few respondents indicated that changes were needed in Medicaid.

“We need to make the government and other funding resources aware that our spending for care should reflect the volume of consumers. We rank about 6th for population with mental illness but our spending ranks about 30.” – Consumer comment

Other than money what is the #1 problem in the Mental Health System?

There were several themes that emerged when analyzing the participant responses to this question from the 2007 Survey Respondents. The most frequently mentioned categories of responses included issues surrounding:

- Programming and services (23 mentions)
- Consumer focus (20 mentions)
- Stigma (17 mentions)
- Staffing (12 mentions)
- Education (11 mentions)
- Medication (10 mentions)

Additional information and representative participant quotes for each of these categories follow. In the programming and services category, respondents mentioned a need for more opportunities to access new and/or different programs.

“Not enough for people to do as they begin recovery. We need more programs like clubhouse centers, art/photography programs, and work opportunities (volunteer or paid) to help people regain their self esteem.” – Family member comment

Comments surrounding a lack of consumer focus involved not listening to consumers, not providing needed services to the consumer, not considering the relationship with the consumer as a partnership, and involving the consumer and taking into account his/her experiences. Participants indicated that the system needs to be consumer-driven.

“Wellness requires providers and consumers working as partners to wellness.” – Consumer comment

“Not listening to the consumer. Let us be more responsible for our treatment.” – Consumer comment

Consumer respondents frequently mentioned stigma. Often times that single word was the extent of the response.

“Stigma.” – Consumer comment

“Stigma – Ignorance – Discrimination.” – Consumer comment

Issues surrounding staffing (e.g., lack of, turnover, training, and overload) were also mentioned.

“Finding time for meetings between staff and client. There are so many people needing help they don't have enough doctors and counselors or case managers to spend more time helping the people.” – Consumer comment

“Severe need for more staff at every level.” – Family member comment

There were also comments about the need for education of and information sharing for both consumers and the public.

“Getting information and knowledge of who and what NAMI is all about to the public and getting all agencies/doctors/hospitals to work together to provide knowledge to the public.”
– Family member comment

“As a consumer, it is left up to me to self-educate myself about mental illness that I have. There needs to be more basic consumer education about mental illnesses. It would help to decrease the stigma within the mental health community.” – Consumer comment

Participant comments surrounding medication were varied, from issues about the high cost of medicines, getting the proper medications, faster access to medications, to the overmedication of clients.

“Availability of medication to the working poor.” – Consumer comment

“We need faster access to medications to people with mental illness. We need better treatment. Don't just stick them in nursing homes, group homes, apartments in areas of crime, on the streets wandering, jails, prisons, etc.” – Family member comment

Appendix A

Appendix B

13. Other than money, what do you think is the number *one* problem in the mental health system?

14. In work we have done to transform mental health services, the following have been mentioned as priority activities. Please put a check mark next to the three that you think are most important to work on.

<input type="checkbox"/>	Services that are culturally respectful
<input type="checkbox"/>	Stigma and public information
<input type="checkbox"/>	Methods and policies on consumer/family driven treatment
<input type="checkbox"/>	Coordinated physical health and behavioral health care
<input type="checkbox"/>	Agency staff issues (e.g., enough staff, well-trained staff)
<input type="checkbox"/>	Access to needed services
<input type="checkbox"/>	Coordinated care among service providers
<input type="checkbox"/>	Staff understand and support recovery and resiliency
<input type="checkbox"/>	Availability and accessibility of information
<input type="checkbox"/>	Quality services with good outcomes
<input type="checkbox"/>	Prevention and early intervention services

Please return this survey to ODMH staff.

**Or send via the mail to: Office of Program Evaluation and Research, Ohio Department of Mental Health,
30 E. Broad Street, Columbus, OH 43215**

Thank you very much!

Appendix B

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?

15. Any other comments to add?

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

Thank you very much!