
**2008 Consumer Survey Results with
Selected Comparisons to
the 2006 and 2007 Consumer Survey Results**

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2008 Consumer Survey Results Compared to the 2006 and 2007 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 over the past three years (i.e., 2006, 2007 and 2008). The 2008 survey was administered to a convenience sample of participants, both consumers and family members, at the National Alliance on Mental Illness [NAMI] Ohio Conference, and at various consumer meetings across the State. In addition, Mental Health America of both Franklin and Summit Counties and the Ohio Association of County Behavioral Health Authorities, made the survey available to their consumer constituencies. Accordingly, these results indicate major interests and goals for mental health transformation held by stakeholders in the Ohio mental health system and various pockets of consumers but may not be representative of all mental health consumers in Ohio.

This report compares the survey results from 2006, 2007 and 2008 administrations of the questionnaire. Among all three years, the questionnaire changed very little in content (see Appendix A for the 2008 survey, Appendix B for the 2007 survey, and Appendix C for the 2006).

There were 200 respondents who completed the 2006 questionnaire, 214 in 2007, and 353 in 2008 (see Table 1).

Some key information follows.

- In 2008, there was an expansion of the distribution of the survey in an attempt to gather additional data from varying people across the State. These additional efforts to distribute the survey netted approximately a 60% increase in the number of respondents over the previous two years of survey distribution.
 - Additional "Youth" input was received from youth consumers and family members of youth consumers via distribution at a NAMI Youth event in south central Ohio. Consumer/family member feedback was also obtained from the Somali community.
 - Likewise, the survey was distributed at a meeting about reestablishing the Ohio statewide consumer advocate group.
 - Also, both the Ohio Association of County Behavioral Health Authorities (OACBHA) and Mental Health America (MHA) requested their constituents distribute the survey to their consumer contacts for completion.
- For the items in the questionnaire where the respondents indicated their level of agreement with specific statements about mental health issues, the overall the trend across the means for the three years of survey administration was positive (i.e., demonstrated improvement), with 2008 means higher than 2006 means. The response categories were based on a 5-point Likert scale (i.e., 1 = strongly disagree, 2 = disagree, 3 = neither agree nor disagree, 4 = agree, and 5 = strongly agree).
- Findings for specific, level-of-agreement items follow.
 - Across all three years the majority of consumers (average of 62.5%) and family members (average of 69.4%) *agreed* or *strongly agreed* that they/their family member had experienced stigma about their mental health problems.
 - Across all three years an increasing percentage of consumers (average of 72.7%) and family members (average of 66.7%) *agreed* or *strongly agreed* that they/their family member had been treated with dignity and respect at the agency.

- Across all three years the majority of consumers (average of 56.7%) and family members (average of 55.7%) *agreed* or *strongly agreed* that their/their family member's needs had driven the treatment plan in the agency.
- Across all three years the majority of consumers (average of 55.6%) and family members (average of 58.2%) *agreed* or *strongly agreed* that they/their family member's input had been used by the agency in the treatment planning process.
- Across all three years a fairly steady percentage of consumers both *agreed* or *strongly agreed* (average of 37.6%) and *disagreed* or *strongly disagreed* (average of 34.4%) that staff at the mental health agency had talked to them about what they wrote in the Outcomes Survey.
- Across all three years there was a small increase (9.9% in 2006, 14.7% in 2007, and 17.4% in 2008) in the percentage of family members who *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. Accordingly, the majority of family members *disagreed* or *strongly disagreed* (average of 51.4%) that staff at the mental health agency had talked to their family member about what s/he wrote in the Outcomes Survey.
- Across all three years the majority of consumers (average of 70.5%) and family members (average of 65.2%) *agreed* or *strongly agreed* that staff at the mental health agency believes that consumer recovery is possible.
- Across all three years an increasing percentage (average of 46.1%) of consumers *agreed* or *strongly agreed* that their cultural background had been taken into account in treatment planning.
- In 2008 (52.8%), as compared to 2006 (25.0%) and 2007 (25.0%), a considerably higher percentage of family members *agreed* or *strongly agreed* that that their family member's cultural background had been taken into account in treatment planning.
- Across all three years the majority of consumers (average of 63.2%) *agreed* or *strongly agreed* that they were getting high quality services at the mental health agency.
- Overall, across all three years more family members *agreed* or *strongly agreed* (average of 49.3%) than those that *disagreed* or *strongly disagreed* (average of 32.8) that their family member was getting high quality services at the mental health agency.
- Across all three years a consistent percentage (average of 55.7%) of consumers *agreed* or *strongly agreed* that their physical health care provider asked about their mental health as well as their physical health.
- In 2008 (54.0%), as compared to 2006 (41.0%) and 2007 (36.1%), a higher percentage of family members *agreed* or *strongly agreed* that their physical health care provider asked about their mental health as well as their physical health.
- Overall, the trend across the means for the three years of survey administration is positive (i.e., demonstrated improvement), with 2008 means higher than 2006 means. Exceptions to this trend (i.e., no improvement was demonstrated; the mean remained the same) for consumers are items #1, "*I have experienced stigma about my mental health problems*" and #9, "*The physical health care provider asks me about my mental health as well as physical health*". For family members, item #1, "*I have experienced stigma about my family member's mental health problems*"

demonstrated improvement via the mean decreasing (i.e., it is better to have a lower mean).

- Findings for other items on the survey follow.
 - Over 2007 and 2008 survey administrations, the most frequently checked *person* from whom respondents received their physical health care was the “family doctor” (70.0% and 91.5%, respectively, of consumers and 66.7% and 96.5%, respectively, of family members).
 - In each year (2006, 2007 and 2008), respondents were asked to respond, “Yes” or “No” to the question, “Have you or your family member had trouble getting mental health services?”
 - The trend across the three years reflects a greater percentage of consumers indicating “No” trouble getting mental health services in 2007 (72.9%) and 2008 (65.7%) as compared to 2006 (41.1%).
 - On the other hand, across the three years, family members’ responses are indicative of proportionately more family members than consumers indicating that their family member had trouble getting mental health services (e.g., 2008: 59.8% of family members compared to 34.3% of consumers checked “Yes”; 2007: 50.0% of family members compared to 27.1% of consumers checked “Yes”; 2006: 79.1% of family members compared to 58.9% of consumers checked “Yes”).
 - Most frequently, both consumers (43.8%) and family members (44.0%) reported it taking between 2 weeks and 30 days to get an appointment with the mental health care provider in my community.

Upon review of all three years’ data, there are common themes within the closed-ended and open-ended responses. For example, for both 2007 and 2008, there is considerable overlap across the years between the respondents’ (*both* consumers *and* family members) open-ended comments (e.g., *what needs to change in order for there to be better services for people with mental illness and the number one problem in the Mental Health System*) and their ranking of priorities to transform the Mental Health System (closed-ended responses).

Important Note

It is possible that the different respondent pools in 2006, 2007, and 2008 account for the differences in the results between the three 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. Likewise, consumers within a specific geographic region (south central Ohio) may not be representative of consumers across the State. As a result, the differences among the three years’ results 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 over the past three years (i.e., 2006, 2007 and 2008). The 2008 survey was administered to a convenience sample of participants, both consumers and family members, at the National Alliance on Mental Illness [NAMI] Ohio Conference, and at various consumer meetings across the State. In addition, Mental Health America of both Franklin and Summit Counties and the Ohio Association of County Behavioral Health Authorities, made the survey

available to their consumer constituencies. Accordingly, these results indicate major interests and goals for mental health transformation held by stakeholders in the Ohio mental health system and various pockets of consumers but may not be representative of all mental health consumers in Ohio.

This report compares the survey results from 2006, 2007 and 2008 administrations of the questionnaire. Among all three years, the questionnaire changed very little in content (see Appendix A for the 2008 survey, Appendix B for the 2007 survey, and Appendix C 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). The 2008 version looked much like the 2007. In 2008, “county of residence” was added to garner an idea of state-wideness of the responses. Also added was a question about average length of time to get an appointment with a mental health care provider and an item seeking agreement about the mental health care provider asking about physical health as well as mental health. In each of the questionnaires, respondents indicated their level of agreement with several statements (i.e., 1 = strongly disagree, 2 = disagree, 3 = neither agree nor disagree, 4 = agree, and 5 = strongly agree).

Demographic Data

There were 200 respondents who completed the 2006 questionnaire, 214 respondents who completed the 2007 questionnaire, and 353 in 2008. In describing themselves, the majority (2006, 50.0%; 2007, 79.0%; 2008, 46.7%) of respondents indicated they were adult consumers (see Table 1). Family members of adult consumers were the next largest respondent group, with 76 (38.0%) individuals in 2006, 29 (13.6%) individuals in 2007 and 106 (30.2%) in 2008. Family members of youth consumers were represented in the sample, with 12 (6.0%) individuals in 2006, eight (3.7%) individuals in 2007 and 30 (8.5%) in 2008. In each of the 2006 and 2007 administrations, there were only two (approximately 1.0%) respondents who checked “youth consumer” and in 2008, there were 18 (5.1%). There was a small number of respondents who checked “other” in both 2006 and 2007 and 33 (9.4%) individuals in 2008. Typically, “other” represented some combination of the four categories, for example, an adult consumer and a family member of an adult consumer.

In filling in the “County of Residence”, respondents named 66 of the 88 Ohio counties. The most frequent county named was Franklin (n = 72), followed by Athens (23), Montgomery (16), Sandusky and Medina (12), Summit (11), and Washington (10). No other county was named more than 10 times. Overall, county representation was scattered and minimal across the State.

Table 1. Description of Respondents

	2006 N (%)	2007 N (%)	2008 N (%)
Adult Consumer	100 (50.0)	169 (79.0)	164 (46.7)
Youth Consumer	2 (1.0)	2 (0.9)	18 (5.1)
Family Member of an Adult Consumer	76 (38.0)	29 (13.6)	106 (30.2)
Family Member of a Youth Consumer	12 (6.0)	8 (3.7)	30 (8.5)
Other	10 (5.0)	6 (2.8)	33 (9.4)
Missing	N/A	N/A	2 (0.6)
Total	200 (100)	214 (100)	353 (100)

Each year the questionnaires were administered at the NAMI Annual Conference in May, where there were 152 (76.0%) respondents in 2006, 59 (27.6%) respondents in 2007, and 193 (54.7%) respondents in 2008 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 (OAMH) Annual Conference in August, where 68 (31.8%) individuals responded. The OAMH Annual Conference did not take place in 2008, due to the folding of the organization. Also in 2007, a Consumer Operated Services director took copies of the questionnaire from the 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.

In 2008, there was an expansion of the distribution of the survey in an attempt to gather additional data from varying people across the State. Additional "Youth" input was received from youth consumers and family members of youth consumers via distribution at a NAMI Youth event in south central Ohio. Consumer/family member feedback was also obtained from the Somali community. Likewise, the survey was distributed at a meeting about reestablishing the Ohio consumer advocate group. Also, both the Ohio Association of County Behavioral Health Authorities (OACBHA) and Mental Health America (MHA) requested their constituents distribute the survey to consumer contacts for completion. These additional efforts to distribute the survey netted approximately a 60% increase in the number of respondents over the previous two years of survey distribution.

Table 2. Distribution of the Questionnaire

	2006 N (%)	2007 N (%)	2008 N (%)
NAMI Conference	152 (76.0)	59 (27.6)	193 (54.7)
TSIG Project Dir. Presentation	48 (24.0)	25 (11.7)	N/A
OAMH Conference	N/A	68 (31.8)	N/A
Consumer Operated Service Center	N/A	62 (29.0)	N/A
NAMI Youth Gathering	N/A	N/A	32 (9.1)
Somali Community	N/A	N/A	66 (18.7)
Meeting regarding Reestablishing the Consumer Advocacy Organization	N/A	N/A	11 (3.1)
OACBHA distribution to its Consumer Contacts	N/A	N/A	28 (7.9)
MHA distribution to its Consumer Contacts	N/A	N/A	23 (6.5)
Total	200 (100)	214 (100)	353 (100)

These different respondent pools in 2006, 2007, and 2008 may account for the differences in the results among the 2006, 2007, and 2008 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 among the 2006, 2007, and 2008 results may be artificial in nature and need to be interpreted cautiously.

Respondent Results

Respondents at all three time points (2006, 2007, and 2008) 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 consumers' and family members' mean responses across the three years, the data were *not* collapsed so as to maintain the variability. Overall trend data appear in Figures 10 and 11 along with Tables 3 and 4 on pages 17 and 18.

Experience of Stigma

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

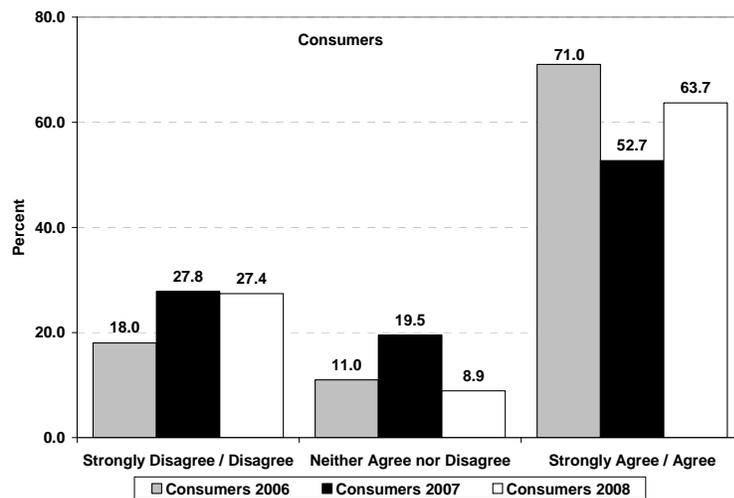


Figure 1a. Across all three years the majority of consumers *agreed or strongly agreed* that they had experienced stigma about their mental health problems.

In the table and chart below, the mean tends to remain fairly steady across the three years for this item.

	2006	2007	2008
Mean	3.80	3.34	3.80

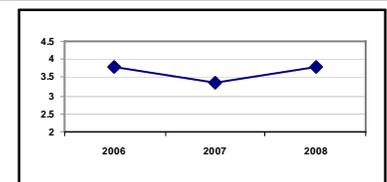


Figure 1b. I have experienced stigma about my family member's mental health problems.

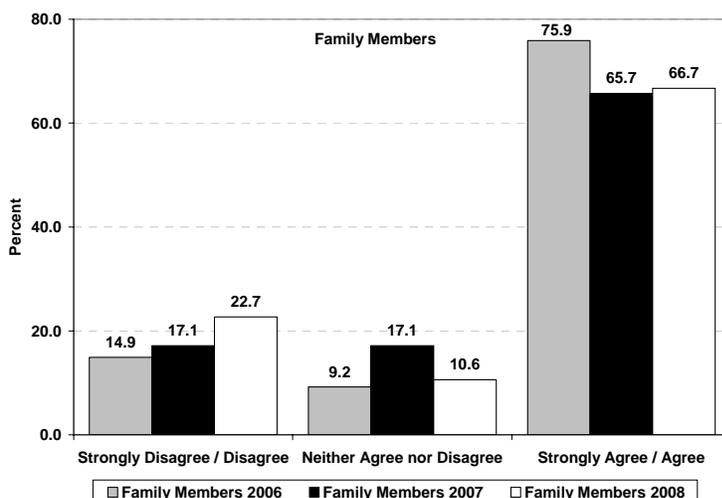
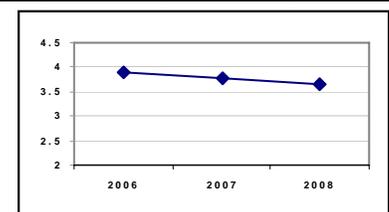


Figure 1b. Across all three years the majority of family members *agreed or strongly agreed* that they had experienced stigma about their family member's mental health problems.

In the table and chart below, the mean trend demonstrates a small decrease across the three years for this item.

	2006	2007	2008
Mean	3.89	3.77	3.66



Treated with Dignity and Respect

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

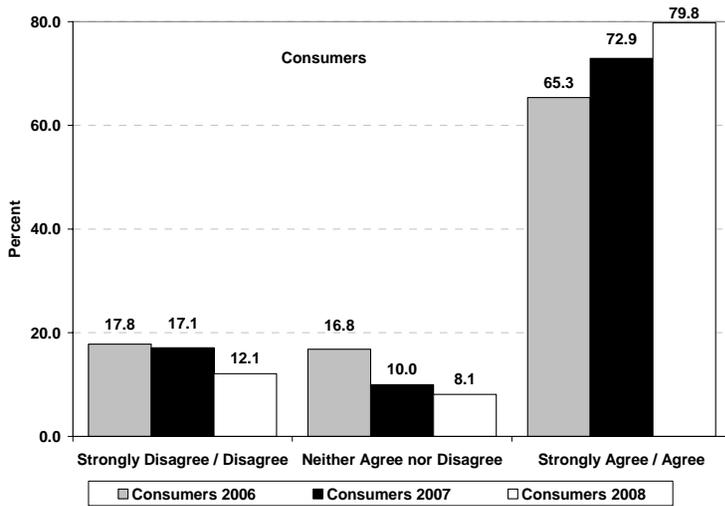


Figure 2a. Across all three years an increasing percentage of consumers *agreed* or *strongly agreed* that they had been treated with dignity and respect at the agency. This data mirrors the Ohio Outcomes System Datamart, where approximately 68% of adult consumers reported they were “always” or “often” treated with dignity and respect at their agency.

In the table and chart below, the mean trend demonstrates a small increase across the three years for this item.

	2006	2007	2008
Mean	3.62	3.80	4.07

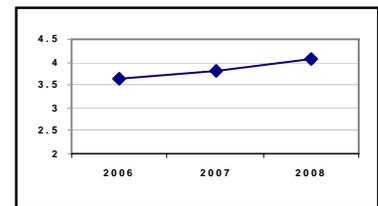


Figure 2b. My family member has been treated with dignity and respect at the mental health agency.

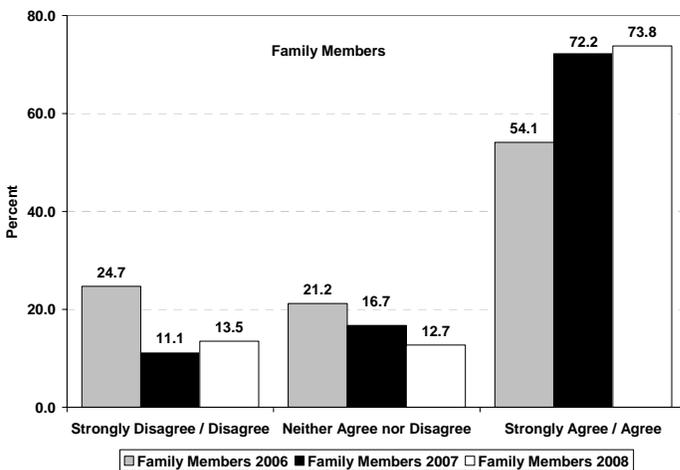
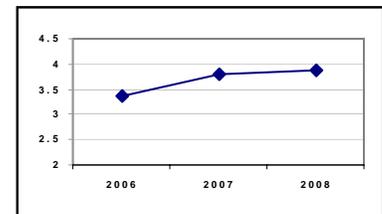


Figure 2b. Across all three years an increasing percentage of family members *agreed* or *strongly agreed* that their family member had been treated with dignity and respect at the agency.

In the table and chart below, the mean trend demonstrates a small increase across the three years for this item.

	2006	2007	2008
Mean	3.38	3.81	3.89



Needs Driving the Treatment Plan

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

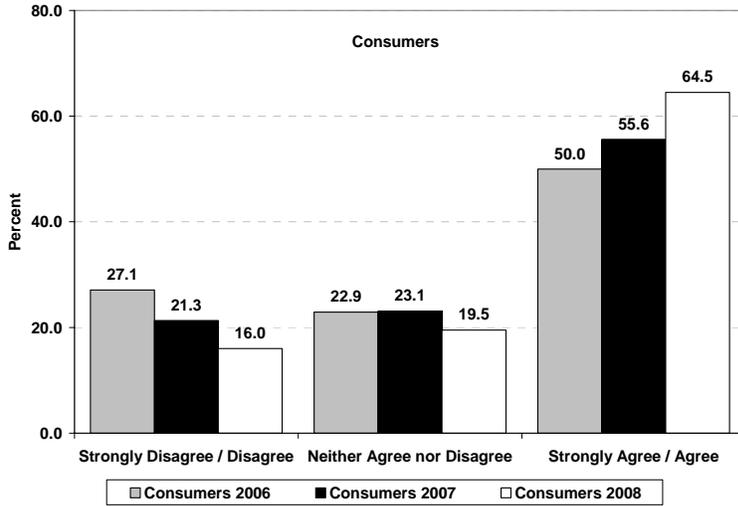


Figure 3a. Across all three years an increasing percentage of consumers *agreed* or *strongly agreed* that their needs had driven the treatment plan in the agency.

In the table and chart below, the mean demonstrates a small increase across the three years for this item.

	2006	2007	2008
Mean	3.38	3.49	3.85

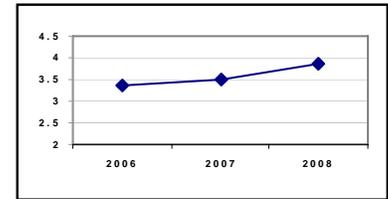


Figure 3b. My family member's needs have driven the treatment plan in the agency.

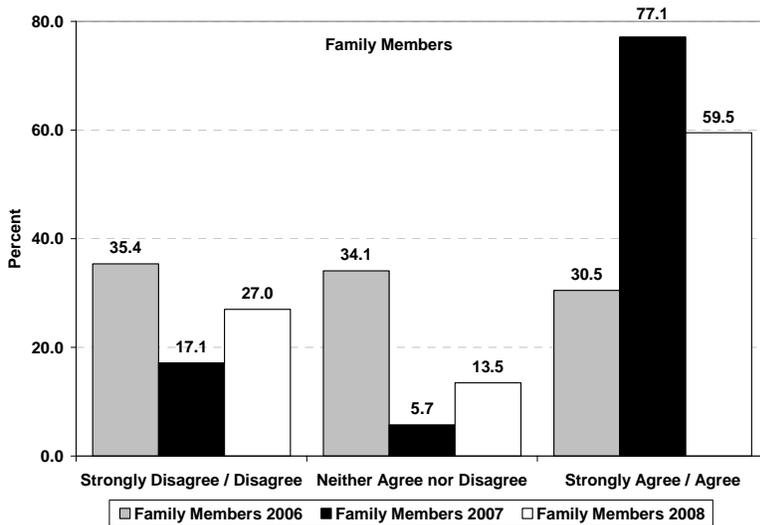
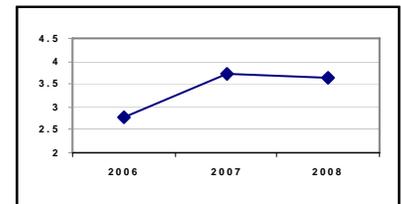


Figure 3b. Across the three years more family members *agreed* or *strongly agreed* that their family member's needs had driven the treatment plan in the agency (than those that *disagreed* or *strongly disagreed*).

In the table and chart below, the mean demonstrates an overall increase across the three years for this item.

	2006	2007	2008
Mean	2.79	3.71	3.64



Input being Used in Treatment Planning

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

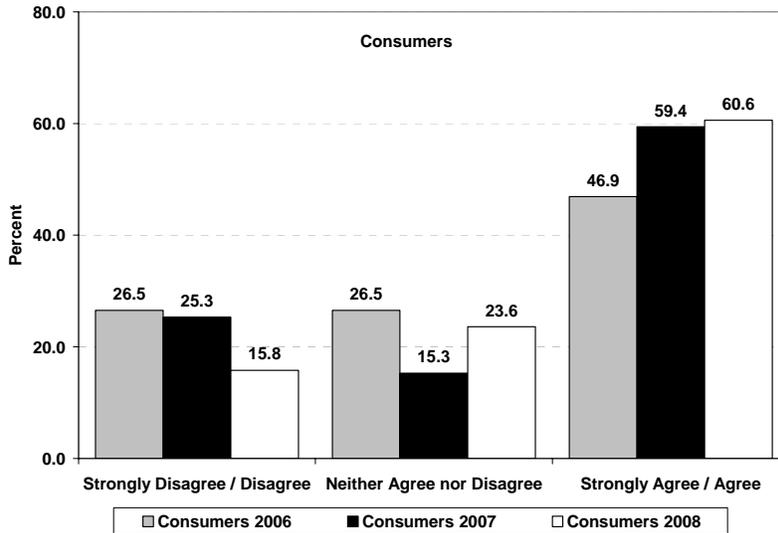


Figure 4a. Across all three years the majority of consumers *agreed* or *strongly agreed* that their input had been used by the agency in the treatment planning process.

In the table and chart below, the mean demonstrates a small increase across the three years for this item.

	2006	2007	2008
Mean	3.33	3.47	3.88

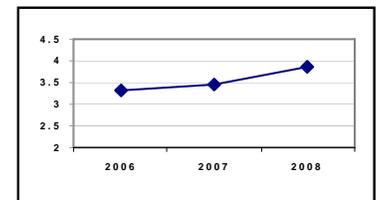


Figure 4b. My family member's input has been used by the agency in the treatment planning process.

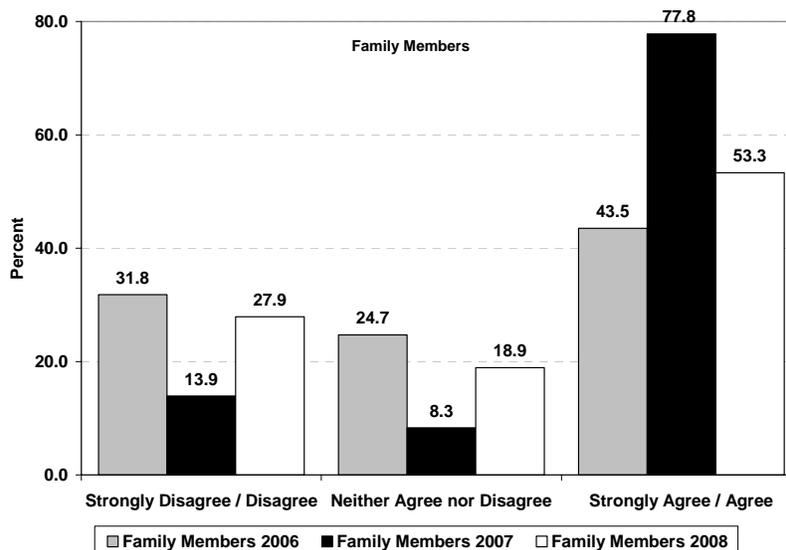
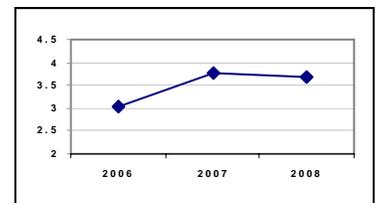


Figure 4b. Across all three years more family members *agreed* or *strongly agreed* that their family member's input had been used by the agency in the treatment planning process (than those that *disagreed* or *strongly disagreed*).

In the table and chart below, the mean demonstrates an overall increase across time for this item.

	2006	2007	2008
Mean	3.04	3.75	3.68



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.

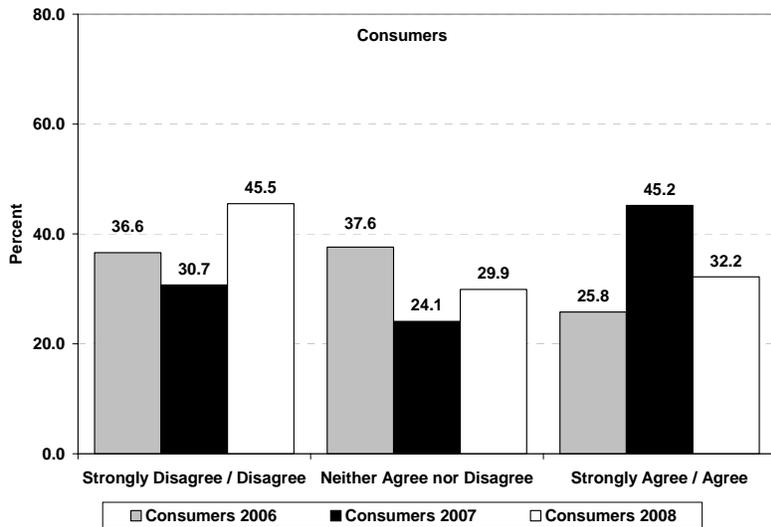


Figure 5a. Across all three years a fairly steady percentage of consumers both *agreed* or *strongly agreed* and *disagreed* or *strongly disagreed* that staff at the mental health agency had talked to them about what they wrote in the Outcomes Survey.

In the table and chart below, the mean demonstrates a small increase across the three years for this item.

	2006	2007	2008
Mean	2.81	3.22	3.45

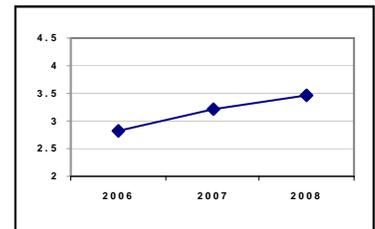


Figure 5b. Staff at the mental health agency has talked to my family member about what my family member wrote in the Outcomes Survey.

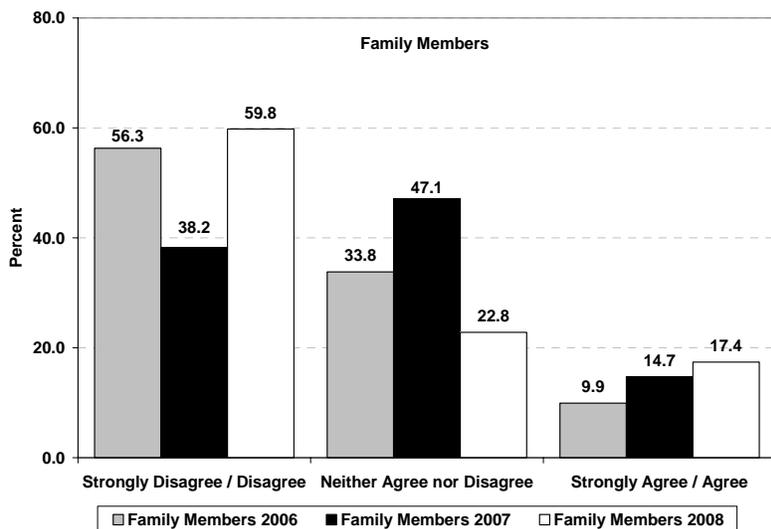
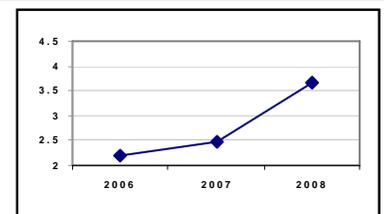


Figure 5b. Across all three years there was a small increase in the percentage of family members who *agreed* or *strongly agreed* that staff at the mental health agency had talked to their family member about what s/he wrote in the Outcomes Survey. Overall, the majority of family members *disagreed* or *strongly disagreed* (average of 51.4%) that staff at the mental health agency had talked to their family member about what s/he wrote in the Outcomes Survey.

In the table and chart below, the mean demonstrates a steady increase across the three years for this item.

	2006	2007	2008
Mean	2.18	2.47	3.65



Staff Believing Consumer Recovery is Possible

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

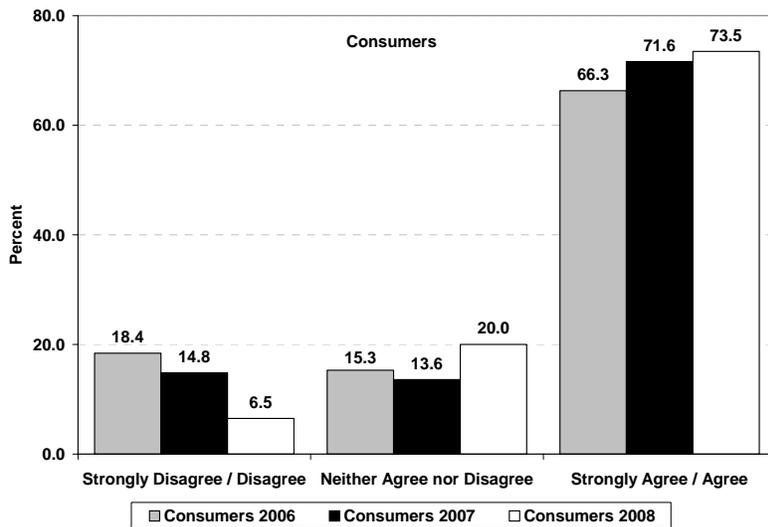


Figure 6a. Across all three years the majority of consumers *agreed* or *strongly agreed* that staff at the mental health agency believes that consumer recovery is possible.

In the table and chart below, the mean demonstrates a small increase across the three years for this item.

	2006	2007	2008
Mean	3.72	3.81	4.12

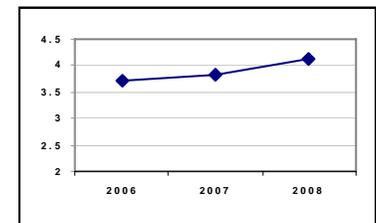


Figure 6b. Staff at the mental health agency believes that consumer recovery is possible.

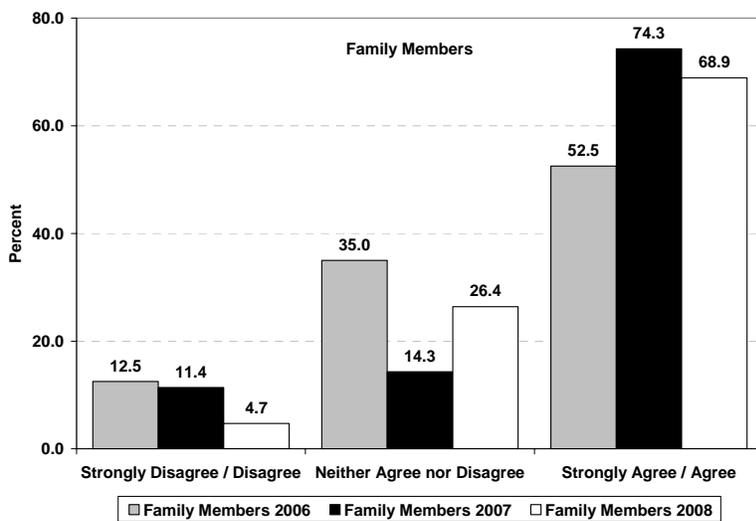
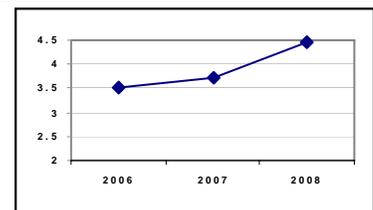


Figure 6b. Across all three years the majority of family members *agreed* or *strongly agreed* that staff at the mental health agency believes that consumer recovery is possible.

In the table and chart below, the mean demonstrates a steady increase across the three years for this item.

	2006	2007	2008
Mean	3.50	3.71	4.47



Cultural Background Taken into Account

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

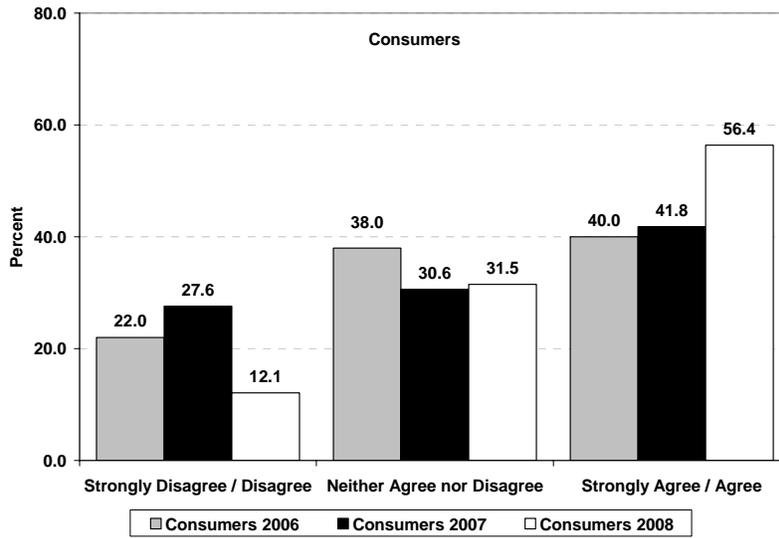


Figure 7a. Across all three years an increasing percentage of consumers *agreed* or *strongly agreed* that their cultural background had been taken into account in treatment planning.

In the table and chart below, the mean demonstrates an increase across the three years for this item.

	2006	2007	2008
Mean	3.22	3.18	4.11

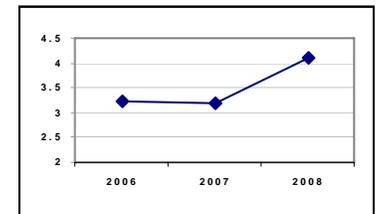


Figure 7b. My family member's cultural background is taken into account in treatment planning.

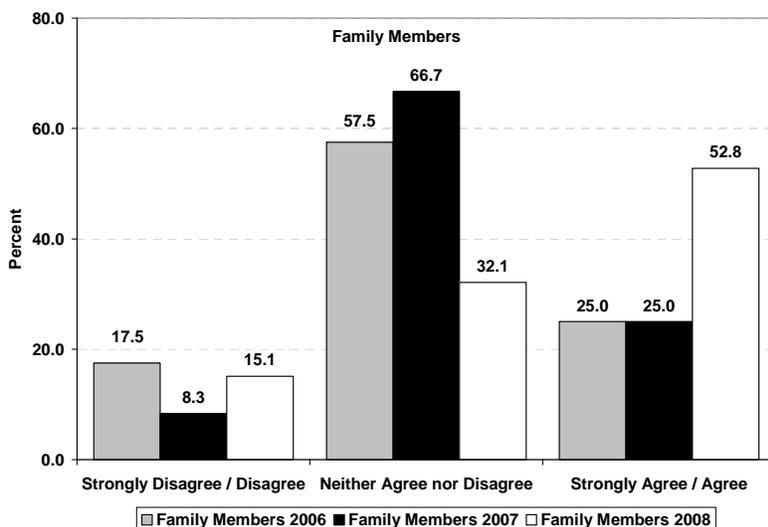
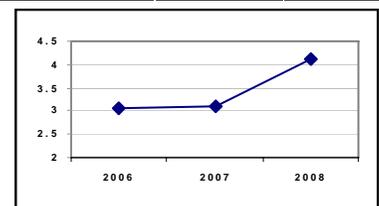


Figure 7b. In 2008, as compared to 2006 and 2007, a considerably higher percentage of family members *agreed* or *strongly agreed* that that their family member's cultural background had been taken into account in treatment planning.

In the table and chart below, the mean demonstrates a steady increase across the three years for this item.

	2006	2007	2008
Mean	3.04	3.11	4.12



Receiving Quality Services

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

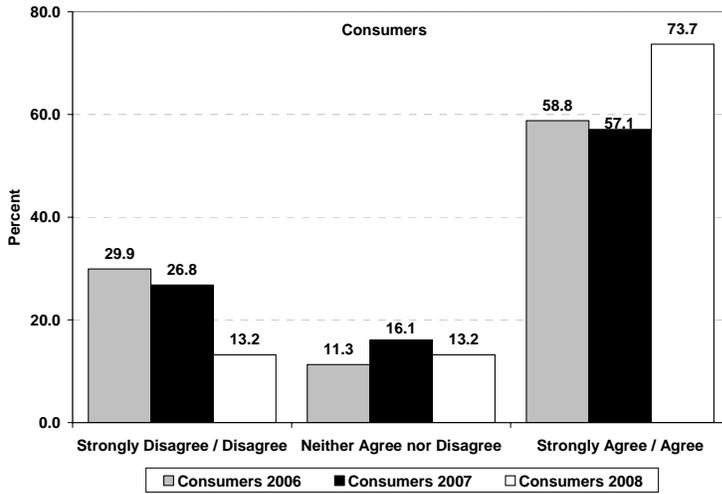


Figure 8a. Across all three years the majority of consumers *agreed* or *strongly agreed* that they were getting high quality services at the mental health agency.

In the table and chart below, the mean demonstrates a small increase across the three years for this item.

	2006	2007	2008
Mean	3.45	3.46	3.96

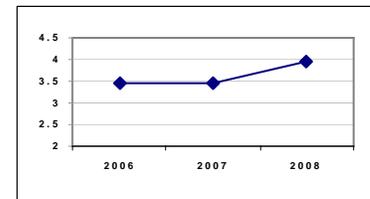


Figure 8b. I feel my family member is getting high quality services at the mental health agency.

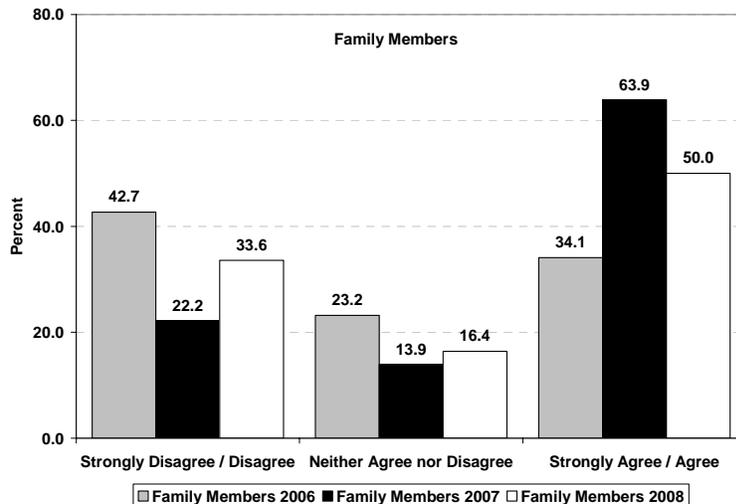
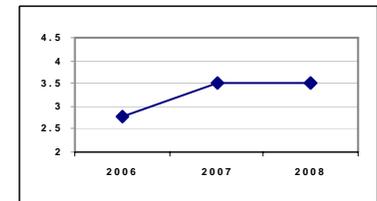


Figure 8b. Across all three years more family members *agreed* or *strongly agreed* that their family member was getting high quality services at the mental health agency (than those that *disagreed* or *strongly disagreed*).

In the table and chart below, the mean demonstrates an overall, small increase across the three years for this item.

	2006	2007	2008
Mean	2.77	3.53	3.51



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 & 2008 Item: The physical health care provider asks me about my mental health as well as physical health.

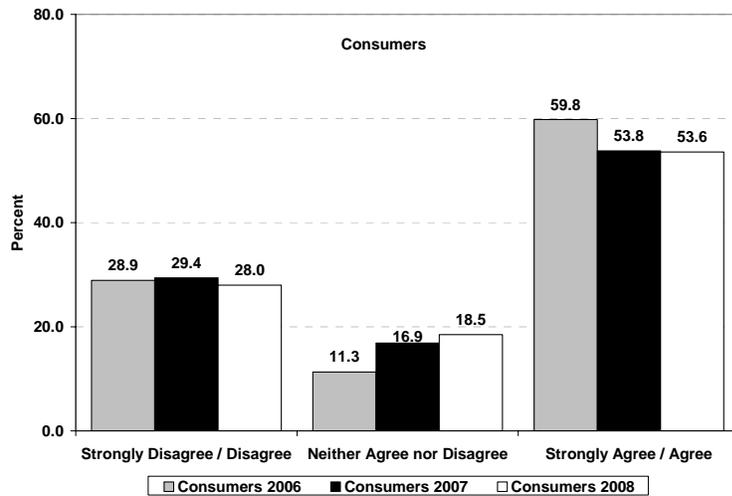


Figure 9a. Across all three years a consistent percentage of consumers *agreed* or *strongly agreed* that their physical health care provider asked about their mental health as well as their physical health.

In the table and chart below, the mean is steady across the three years for this item.

	2006	2007	2008
Mean	3.45	3.35	3.45

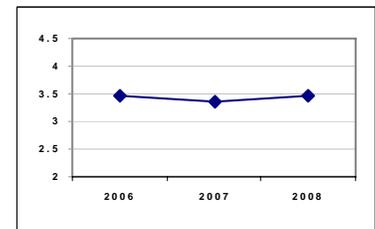


Figure 9b. 2006 Item: My family doctor asks about my mental health as well as my physical health. 2007 & 2008 Item: The physical health care provider asks me about my mental health as well as physical health.

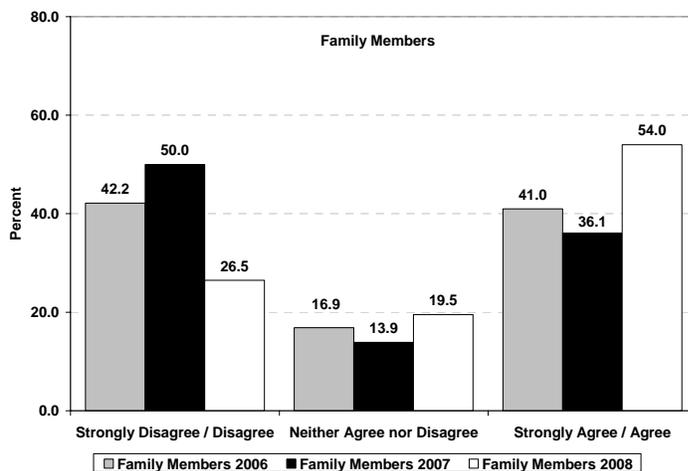
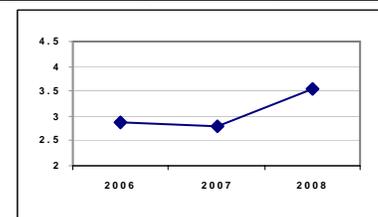


Figure 9b. In 2008, as compared to 2006 and 2007, a higher percentage of family members *agreed* or *strongly agreed* that their physical health care provider asked about their mental health as well as their physical health.

In the table and chart below, the mean demonstrates a small increase across the three years for this item.

	2006	2007	2008
Mean	2.88	2.81	3.54



In reviewing Tables 3 and 4 and Figures 10 and 11 (below), overall the trend across the means for the three years of survey administration is positive, with 2008 means higher than 2006 means. Exceptions to this trend are found in Table 3 for consumers, item #9 (the mean is shaded), “The physical health care provider asks me about my mental health as well as physical health” (the mean remained the same) and Table 4 for family members, item #1 (the mean is shaded), “I have experienced stigma about my family member’s mental health problems” (the mean decreased).

Table 3. Means and standard deviations for Consumers' level of agreement with various statements about the MH system

Consumers	2006	sd	2007	sd	2008	sd
	mean		mean		mean	
1. I have experienced stigma about my mental health problems.	3.80	1.341	3.34	1.375	3.80	1.671
2. I have been treated with dignity and respect at the mental health agency.	3.62	1.318	3.80	1.159	4.07	1.171
3. My needs have driven the treatment plan in the agency.	3.38	1.207	3.49	1.171	3.85	1.322
4. My input has been used by the agency in the treatment planning process.	3.33	1.274	3.47	1.232	3.88	1.375
5. Staff at the mental health agency has talked to me about what I wrote in the Outcomes Survey.	2.81	1.227	3.22	1.246	3.45	1.969
6. Staff at the mental health agency believes that consumer recovery is possible.	3.72	1.225	3.81	1.200	4.12	1.110
7. My cultural background is taken into account in treatment planning.	3.22	1.168	3.18	1.203	4.11	1.532
8. I feel I am getting high quality services at the mental health agency.	3.45	1.346	3.46	1.308	3.96	1.255
9. 2006 Item: <i>My family doctor asks about my mental health as well as my physical health.</i> 2007 & 2008 Item: <i>The physical health care provider asks me about my mental health as well as physical health.</i>	3.45	1.275	3.35	1.337	3.45	1.387

Figure 10. Trend lines representing 2006, 2007 and 2008 mean responses of Consumers' level of agreement with various statements about the MH system

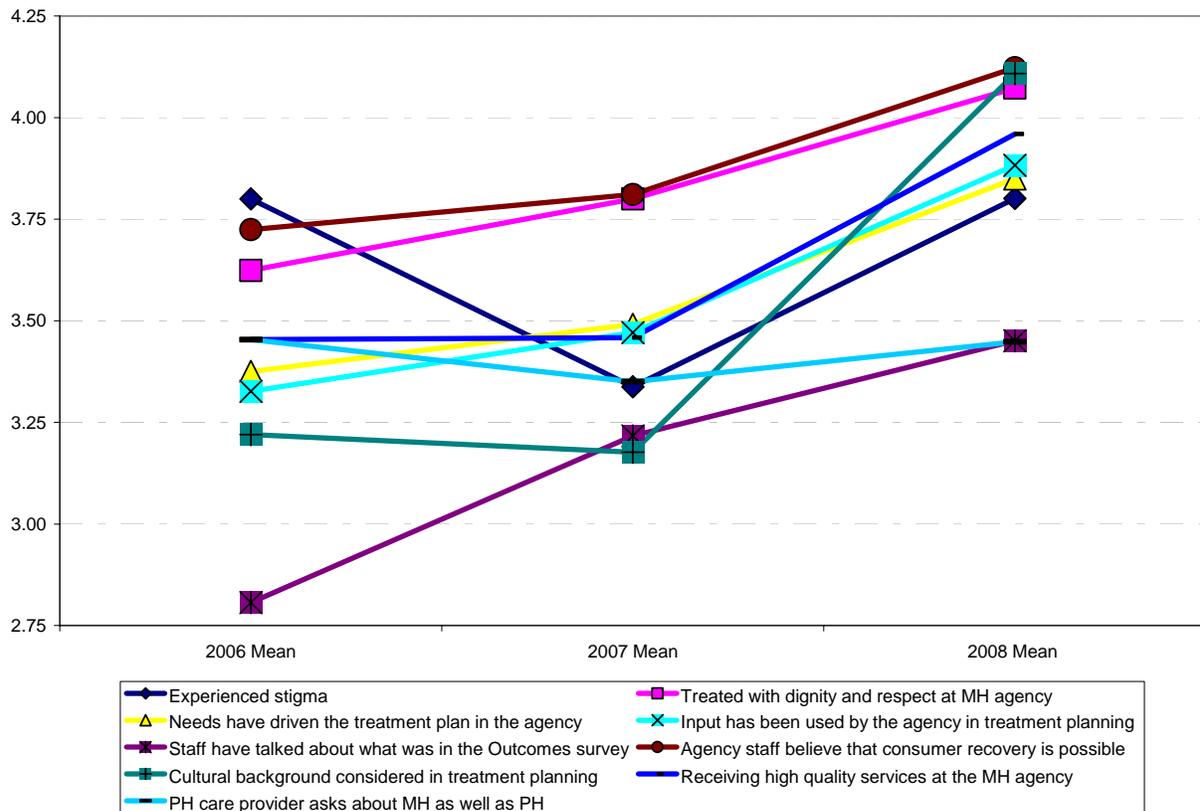
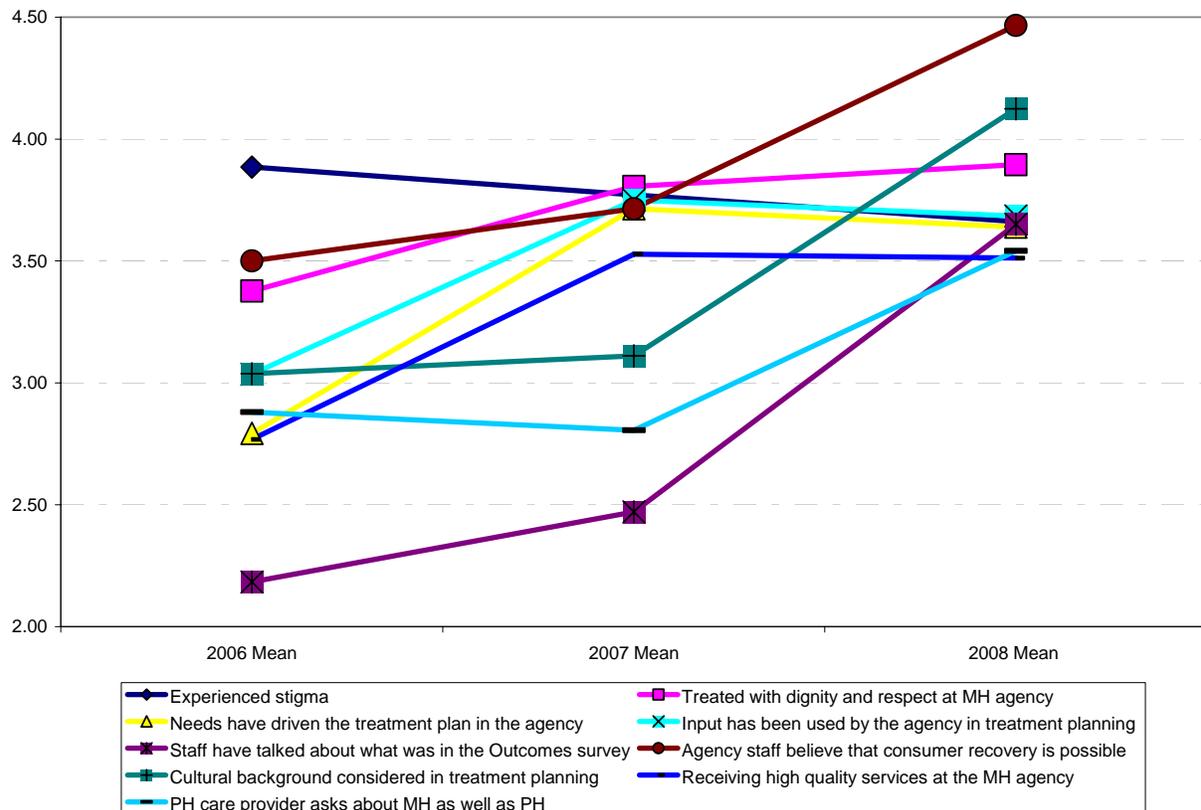


Table 4. Means and standard deviations for Family Members' level of agreement with various statements about the MH system

Family Members	2006		2007		2008	
	mean	sd	mean	sd	mean	sd
1. I have experienced stigma about my family member's mental health problems.	3.89	1.205	3.77	1.285	3.66	1.392
2. My family member has been treated with dignity and respect at the mental health agency.	3.38	1.154	3.81	1.064	3.89	1.163
3. My family member's needs have driven the treatment plan in the agency.	2.79	1.184	3.71	0.987	3.64	1.378
4. My family member's input has been used by the agency in the treatment planning process.	3.04	1.170	3.75	0.937	3.68	1.514
5. Staff at the mental health agency has talked to my family member about what my family member wrote in the Outcomes Survey.	2.18	1.032	2.47	1.080	3.65	2.267
6. Staff at the mental health agency believes that consumer recovery is possible.	3.50	1.079	3.71	0.893	4.47	1.453
7. My family member's cultural background is taken into account in treatment planning.	3.04	0.878	3.11	0.820	4.12	1.630
8. I feel my family member is getting high quality services at the mental health agency.	2.77	1.210	3.53	1.207	3.51	1.574
9. 2006 Item: My <u>family doctor</u> asks about my mental health as well as my physical health. 2007 & 2008 Item: The <u>physical health care provider</u> asks me about my mental health as well as physical health.	2.88	1.400	2.81	1.238	3.54	1.384

Figure 11. Trend lines representing 2006, 2007 and 2008 mean responses of Family Members' level of agreement with various statements about the MH system



Person from Whom / Location for Receiving Physical Health Care

In 2007 and 2008, respondents were asked from where/whom they received care for their physical health care needs (see Table 5). Participants could check all responses that applied; hence, the numbers for each item when added together total more than the number of respondents. Over both years (2007 and 2008), the most frequently checked *person* from whom respondents received their physical health care was the “family doctor” (70.0% and 91.5%, respectively, of consumers and 66.7% and 96.5%, respectively, of family members). The next most frequently checked response category was “psychiatrist” (35.9% and 58.6%, respectively, of consumers and 25.0% and 50.0%, respectively, of family members). In 2008, over half of both consumers and family members who responded noted that the location for receiving physical health care was at the “mental health agency”.

Table 5. Person from Whom / Location for Receiving Physical Health Care

Person from whom or Location for Receiving Physical Health Care	2007		2008	
	Consumers (N = 170) (n / %)	Family Members (N = 36) (n / %)	Consumers (N = 182) (n / %)	Family Members (N = 136) (n / %)
Family doctor	119 / 70.0	24 / 66.7	129 / 91.5	83 / 96.5
Psychiatrist	61 / 35.9	9 / 25.0	58 / 58.6	20 / 50.0
Clinic	24 / 14.1	6 / 16.7	31 / 40.8	8 / 26.7
Mental Health Agency	54 / 31.8	6 / 16.7	58 / 57.4	20 / 50.0
Emergency Room	24 / 14.1	5 / 13.9	40 / 48.8	12 / 37.5
Do not receive any physical health care	7 / 4.1	4 / 11.1	14 / 21.2	15 / 41.7

Having Trouble Getting Mental Health Services?

In each year (2006, 2007 and 2008), respondents were asked to respond, “Yes” or “No” to the question, “Have you or your family member had trouble getting mental health services?” The trend across the three years reflects a greater percentage of consumers indicating “No” trouble getting mental health services in 2007 and 2008 as compared to 2006 (see Table 6). Proportionately more family members than consumers indicated that their family member had trouble getting mental health services (e.g., 2008: 59.8% of family members compared to 34.3% of consumers checked “Yes”; 2007: 50.0% of family members compared to 27.1% of consumers checked “Yes”; 2006: 79.1% of family members compared to 58.9% of consumers checked “Yes”). Refer to Table 7.

Table 6. Have consumers had trouble getting mental health services?

Consumers	Have you had trouble getting mental health services?		
	2006 (n / %)	2007 (n / %)	2008 (n / %)
No	39 / 41.1	124 / 72.9	113 / 65.7
Yes	56 / 58.9	46 / 27.1	59 / 34.3

Table 7. 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 / %)	2008 (n / %)
No	18 / 20.9	18 / 50.0	51 / 40.2
Yes	68 / 79.1	18 / 50.0	76 / 59.8

Respondents Who Had Trouble Getting Mental Health Services

In all three years (2006, 2007 and 2008), 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 8 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*. Family members also noted *getting services in a crisis* was troublesome. Additional examination of the data demonstrates a reduction from 2006 to 2008 in the percentage of respondents experiencing trouble getting mental health services.

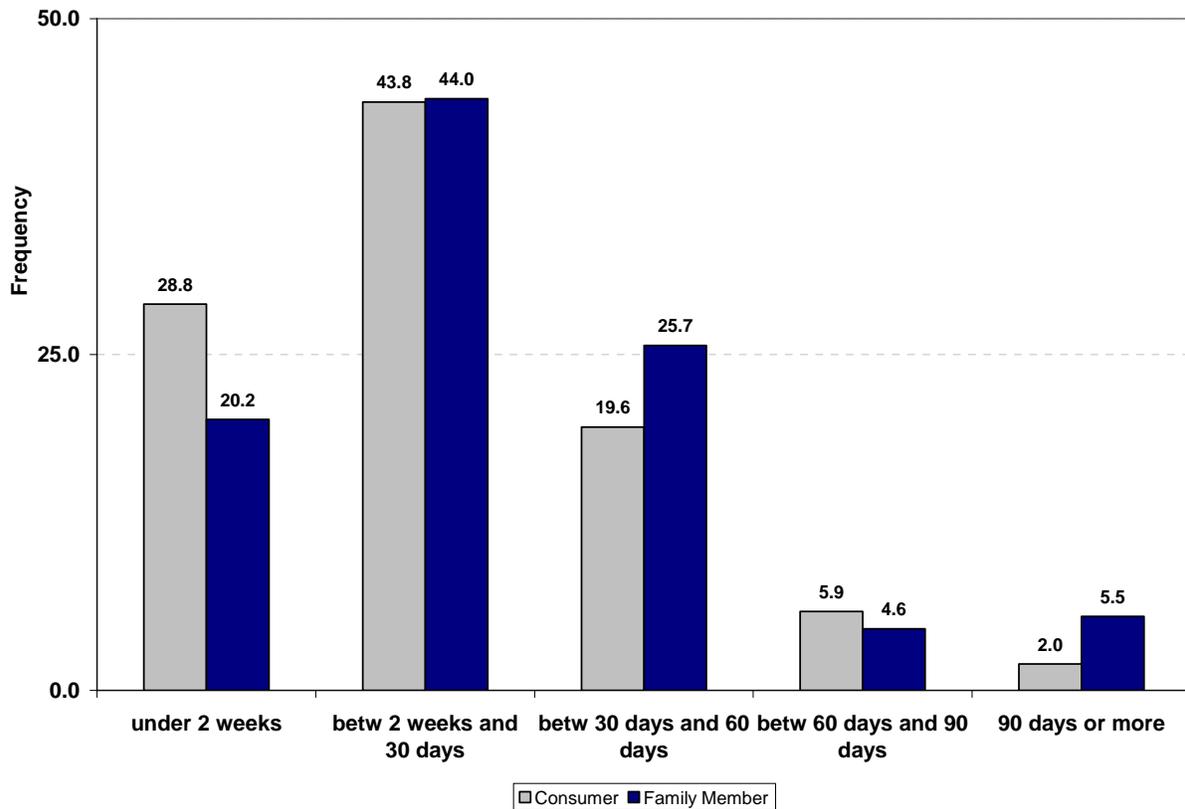
Table 8. Respondents who had trouble getting mental health services ...

Had trouble ...	Consumers						Family Members					
	2006 (N = 102)		2007 (N = 171)		2008 (N = 182)		2006 (N = 88)		2007 (N = 37)		2008 (N = 136)	
	n	%	n	%	n	%	n	%	n	%	n	%
1. Getting the services I want or need	42	41.2	33	19.3	38	20.9	35	40.2	8	21.6	33	24.3
2. Getting the services when I need them within a reasonable length of time	41	40.2	28	16.4	38	20.9	43	48.9	13	35.1	46	33.8
3. Getting services near my home	24	23.5	18	10.5	18	9.9	25	28.4	6	16.2	15	11.0
4. Getting services that fit with my culture	15	14.7	16	9.4	9	4.9	5	5.7	1	2.7	6	4.4
5. Having enough insurance or money to pay for the services	34	33.3	28	16.4	35	19.2	32	36.4	10	27.0	36	26.5
6. Getting services in a crisis (asked in 2007 & 2008)	N/A		22	12.9	34	18.7	N/A		9	24.3	40	29.4
7. Getting access to the prescribed medication (asked only in 2008)	N/A				30	16.5	N/A				26	19.1

Length of Time to Obtain an Appointment

For the first time, in 2008, respondents were asked to check the appropriate response to, "The average time for me (or my family member) to get an appointment with the mental health care provider in my community is (1) under 2 weeks, (2) between 2 weeks and 30 days, (3) between 30 days and 60 days, (4) between 60 and 90 days, and (5) 90 days or more. Refer to Figure 12.

Figure 12. Time for me (or my family member) to get an appointment with a mental health care provider in my community



Most frequently, both consumers (43.8%) and family members (44.0%) reported it taking between 2 weeks and 30 days to get an appointment with the mental health care provider in my community. Almost 30% of consumers indicated it took less than 2 weeks to get an appointment. Just over 25% of family members reported it took between 30 and 60 days to get an appointment. There were few respondents reporting on the “lengthy” amount of time end of the scale for an appointment with the mental health care provider in their community. Specifically, between approximately eight percent (8%) and 10% of respondents reported it taking between 60 and 90 days and 90 days or more to get an appointment with the mental health care provider in my community.

Top Three Most Important Priorities To Transform Mental Health Services

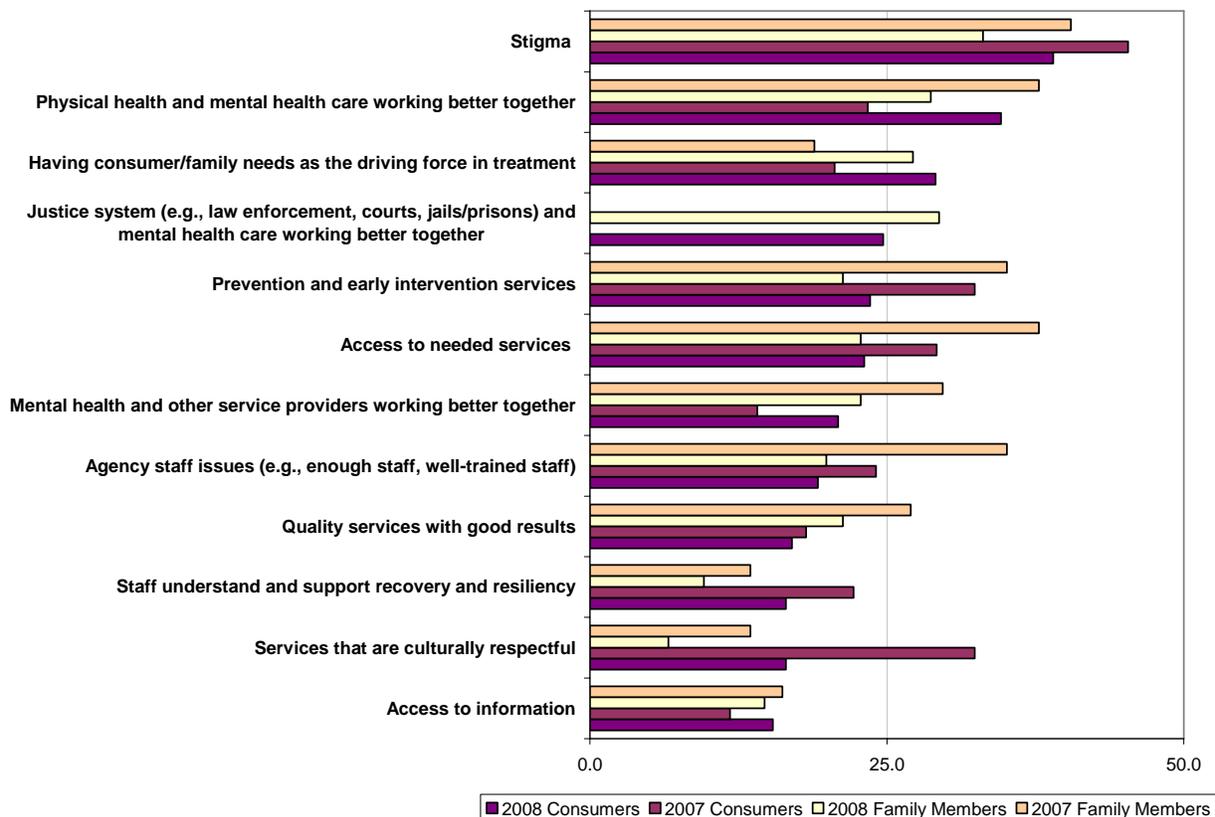
In 2007 and 2008, respondents were asked to put a check mark next to the three items they thought were the most important to work on to transform mental health services. Each year consumers and family members agreed on the number one priority, “Stigma and public information” (2007 Item) and “Stigma” (2008 Item) but differed after that (see Table 9 [*italicized and underlined item* represents top priority] and Figure 12 below). Other high-ranking items appear in **bold** text in Table 9.

Table 9. Top three most important priorities to transform mental health services ...

2007				2008			
2007 Items	Consumers (C) (N = 170)	Family Members (F) (N = 37)	Rank	2008 Items	Consumers (C) (N = 182)	Family Members (F) (N = 136)	Rank
	n / %	n / %			n / %	n / %	
Services that are culturally respectful	55 / 32.4	5 / 13.5	T-2nd (C)	Services that are culturally respectful	30 / 16.5	9 / 6.6	
<u>Stigma and public information</u>	77 / 45.3	15 / 40.5	1st both C & F	<u>Stigma</u>	71 / 39.0	45 / 33.1	1st both C & F
Methods and policies on consumer/family driven treatment	35 / 20.6	7 / 18.9		Having consumer/family needs as the driving force in treatment	53 / 29.1	37 / 27.2	3rd (C)
Coordinated physical health and behavioral health care	40 / 23.4	14 / 37.8	T-2nd (F)	Physical health and mental health care working better together	63 / 34.6	39 / 28.7	2nd (C) 3rd (F)
N/A				Justice system (e.g., law enforcement, courts, jails/prisons) and mental health care working better together	45 / 24.7	40 / 29.4	2nd (F)
Agency staff issues (e.g., enough staff, well-trained staff)	41 / 24.1	13 / 35.1		Agency staff issues (e.g., enough staff, well-trained staff)	35 / 19.2	27 / 19.9	
Access to needed services	50 / 29.2	14 / 37.8	T-2nd (F)	Access to needed services	42 / 23.1	31 / 22.8	
Coordinated care among service providers	24 / 14.1	11 / 29.7		Mental health and other service providers working better together	38 / 20.9	31 / 22.8	
Staff understand and support recovery and resiliency	38 / 22.2	5 / 13.5		Staff understand and support recovery and resiliency	30 / 16.5	13 / 9.6	
Availability and accessibility of information	20 / 11.8	6 / 16.2		Access to information	28 / 15.4	20 / 14.7	
Quality services with good outcomes	31 / 18.2	10 / 27.0		Quality services with good results	31 / 17.0	29 / 21.3	
Prevention and early intervention services	55 / 32.4	13 / 35.1	T-2nd (C)	Prevention and early intervention services	43 / 23.6	29 / 21.3	

Figure 13, below, depicts the data in Table 9 (above) in graphic form (i.e., Pareto Chart, with data in descending order starting with 2008 consumers). Again, it is evident, in both 2007 and 2008, all respondents (i.e., both consumers **and** family members) reported “Stigma” as the most important priority to work on to transform mental health services.

Figure 13. Most important priorities to work on to transform mental health services
 (Data are presented in descending order of importance for consumers [dark-colored bars] beginning with 2008 data.)



* Note: The Justice System item was not on the 2007 survey.

2008 Open-ended Responses

There were two open-ended questions in the 2008 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 most 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 2008 survey. The most commonly mentioned response themes included access to care (74 mentions), funding (42 mentions), education/training (31 mentions), staffing (28 mentions), stigma (23 mentions) communication (10 mentions), cultural competence (4 mentions), and staff pay (4 mentions). Eighty-nine (89) respondents left this item blank; six (6) stated they did not know what needed to change in order for there to be better services for persons with mental illness; and 11 wrote some form of “nothing” needs to change.

The most frequently mentioned issue concerned **access to care**.

“In private practice you can see the doc every week. (With) agencies it can be 3 months between appointments.” – Consumer comment

“Access and advertising. I did not know where to go and people did not know where to tell me.” – Consumer comment

“Service providers need to remove barriers that they impose upon consumers (i.e., med pick up times, 30 day supply meds rather than 90 days, unable to meet with all the members of the team at the same time).” – Family Member 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** (42 mentions). The majority of these responses stressed the need for “more” funding for mental health services. Seven (7) funding responses stressed issues with insurance.

“Coordination between systems and funding for kids of working parents so the parents do not have to give up their child or lose all possessions.” – Family Member comment

“The way services are financed.” – Family Member comment

“Insurance reform.” – Family Member comment

“Better funding into the system.” – Consumer comment

“Cheaper meds.” – Consumer comment

Education and training were also mentioned quite frequently (31 mentions) by the respondents as changes that need to occur in order for there to be better services for persons with mental illness.

All staff from CMs on up need to be completely educated on mental illness, even if it begins with a mere BRIDGES class as an overview, or a psych 101, 102 course in college. This goes for secretaries, especially therapists & upper management, etc., so they know how to respond to clients” – Consumer comment

“Educate the public.” – Consumer comment

“Recognition that children do have mental illness & education about mental illness for educators.” – Family Member comment

Concerns surrounding **staffing** were also quite common in the responses. Some of these concerns involved how the staff is perceived and the desired characteristics and/or functioning of staff; others involved the number of staff, which also relates to **access to care**.

“Less focus on signing treatment plans and more on listening.” – Consumer comment

“Add staff that can help by talking to you or helping you get what you need.” – Consumer comment

“Service providers all need to be on the same page. I had a meeting with doctors, case managers and etc. in the same facility and they did not know what each other was doing in my son's case. It should be team effort.” – Family Member comment

“Kind staff.” “Supportive staff.” “Employees need to care.” – Family Member comments

Issues surrounding **stigma** were stressed as something that needed to change in order for there to be better services for persons with mental illness.

“Change (the reference to) mental illness to “brain disorders” [prominent Dr. Leland Heller’s book on this topic]; reduce stigma; better funding (fundraisers where consumers can be involved).” – Consumer comment

“They need to treat us like normal people.” “Less stigma.” – Consumer comments

“Each individual needs to change their attitudes & treat the mentally ill the same as if they had Alzheimer’s or cancer (with) dignity and respect and consideration.” – Family Member comment

“Mental illness treated the same as any physical illness. Illness is illness.” – Family Member 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. These themes essentially mirrored the themes from above:

- Access to care (50 mentions)
- Stigma (40 mentions)
- Staffing (39 mentions)
- Education (34 mentions)
- Funding (20 mentions – even though money was specifically noted as to not be a part of the response)
- Communication (19 mentions)
- Integration of physical and mental health (9 mentions)
- Cultural competence (9 mentions)

There were 72 respondents who left this item blank; six (6) indicated they did not know what, other than money, was the #1 problem in the Mental Health System; and seven (7) noted some form of “nothing”, other than money, was the #1 problem in the Mental Health System.

Again, the most frequently mentioned response involved **access to care**.

“Slowness. If it ain’t a crisis it will be by the time most agencies get to you.” – Consumer comment

“There are not enough good, caring, psychiatrists in our town, also a shortage of case managers. Takes too long to get treatment for consumers.” – Consumer comment

“Transportation.” – Consumer comment

“Doctors too booked up.” – Consumer comment

“The length of time it takes to get help, a diagnosis, and appropriate treatment.”
– Family Member comment

Consumer respondents frequently (40 mentions) noted **stigma** as the #1 problem in the Mental Health System, other than money. Often times (n = 16) that single word was the extent of the response.

“Stigma.” – Consumer and Family Member comments

“People don’t want to admit they have a problem.” – Family Member comment

“Respect. Dignity. Treating people as people and not defining a person by their disease, but as the individual that they are. My name is____, NOT schizoaffective disorder.” – Consumer comment

Issues surrounding **staffing** (e.g., lack of staff, turnover, training, and overload) were also mentioned. In addition, other concerns involved how the staff is perceived and the desired characteristics and/or functioning of staff; others involved the number of staff, which also relates to **access to care**.

“Over worked, under paid, burned out, and turn over.” – Family member comment

“Finding involved, understanding, and competent providers.” – Family member comment

“Quality personnel matched well with clients.” – Consumer comment

There were also comments about the need for **education** of providers, doctors, patients, and the public, basically anyone and everyone.

“Lack of education for service providers - education about brain disorders.” – Family member comment

“Lack of understanding (by psych, GPs) about the emotional and psychological components of the illness.” – Consumer comment

“Educate the public about how and the ways that people with mental illness can be helped.”
– Family member comment

“I think knowledge is the key to everyone's recovery from counselors to patients.”
– Consumer comment

Money and **funding** were also mentioned by the respondents, even though the question asked was, “Other than money, what do you think is the #1 problem in the Mental Health System?”

“Not enough support from Congress on the Federal, State or Local level.” – Consumer comment

“Governor’s cuts for mental health care.” – Family member comment

“Insurance companies.” “Insurance coverage.” – Family member comments

“Parity.” “Health insurance.” – Consumer comments

Both family members and consumers noted issues with **communication**. Some of the issues surrounded lack of cultural competence in communications, lack of *active* listening, and lack of shared understanding among the people involved in the treatment effort (e.g., doctors, case managers, clients, other agencies, etc.). In addition, family members mentioned frustration with a lack of information about their loved ones’ recovery processes.

“Lack of good communication and cultural difference.” – Consumer comment

“Interagency, intra-agency & family-provider communication.” – Family member comment

“Failure to ask the consumer what (his/her) needs are.” – Family member comment

“No one listens to the consumers.” – Consumer comment

“Sharing of information with family caregivers.” – Family member comment

The **integration of physical health and mental health** was also mentioned as a problem in the Mental Health System.

“That it (Mental Health System) is separate from the physical health system. Illness is illness.”
– Consumer comment

“Disconnect between laws, police, social workers, doctors, and patient needs.”
– Family member comment

“Physical health & mental health not working together.” – Family member comment

“Physical and mental health working together.” – Consumer comment

In Summary

Upon review of all three years' data, there are common themes within the closed-ended and open-ended responses. For example, for both 2007 and 2008, there is considerable overlap across the years between the respondents' (*both* consumers *and* family members) open-ended comments (e.g., *what needs to change in order for there to be better services for people with mental illness and the number one problem in the Mental Health System*) and their ranking of priorities to transform the Mental Health System (closed-ended responses).

- In particular, "Stigma" was the most frequently checked item of importance to address *in order to improve the Mental Health System*. Likewise, "Stigma" was heavily mentioned as something that *needs to change in order for there to be better services for persons with mental illness*. Also, "Stigma" was frequently written in as the *number one problem in the Mental Health System*.
- "Access to needed services (care)" was also a frequently checked item that needs addressed *in order to improve the Mental Health System*. Similarly, "Access to needed services (care)" was heavily mentioned as something that *needs to change in order for there to be better services for persons with mental illness*. Also, access to care issues were frequently written in as the *number one problem in the Mental Health System*.

Both consumers and family members alike noted other common themes across the administration years. For example, education/training, funding, staffing, and communication were noted as areas in need of improvement with in the Mental Health System.

All in all, there seems to be consistency in the responses across the administration years of these surveys, even though there was not state-wide representation within the respondents, that is, even though convenience sampling was used.

Appendices

Appendix A

2008 Consumer – Family Survey

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



County of Residence:

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 respond to the following items according to what you checked above. 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 Don't Know

Please explain (e.g., at work, school, mental health agency)

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 Don't Know

3. I have witnessed someone else with mental illness experience stigma and/or not be treated with dignity and respect at the mental health agency.

Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree Don't Know

Please describe: _____

4. My (or my family member's) needs have been the driving force in the treatment plan in the mental health agency.

Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree Don't Know

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

Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree Don't Know

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.

Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree Don't Know

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

Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree Don't Know

8. My (or my family member's) cultural background and language needs are taken into account in treatment planning.

Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree Don't Know

Comments: _____

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 Don't Know

Why or why not? _____

10. I receive care for my physical health care needs from (please check *all* that apply):

My family doctor

My psychiatrist

A clinic

Mental Health Agency

Emergency Room

Do not receive any physical health care

Other; please explain _____

11. My physical health care provider asks me about my mental health as well as physical health.

Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree Don't Know

12. My mental health care provider asks me about my physical health as well as mental health.

Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree Don't Know

13. Have you (or your family member) had trouble getting mental health services?

No trouble; access to mental health services has been adequate for my (or my family member's) needs.

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

Getting services in a crisis

Getting access to the prescribed medication

Having enough money or insurance to pay for the services

Other; please explain _____

14. The average time for me (or my family member) to get an appointment with the mental health care provider in my community is:

under 2 weeks between 2 weeks and 30 days between 30 and 60 days between 60 and 90 days 90 days or more

Comments: _____

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

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

17. In work we have done to improve mental health services, the following have been mentioned as priority activities. Please put check marks next to the three items that you think are most important to improve the mental health system.

<input type="checkbox"/>	Services that are culturally respectful
<input type="checkbox"/>	Stigma
<input type="checkbox"/>	Having consumer/family needs as the driving force in treatment
<input type="checkbox"/>	Physical health and mental health care working better together
<input type="checkbox"/>	Justice system (e.g., law enforcement, courts, jails/prisons) and mental health care working better together
<input type="checkbox"/>	Agency staff issues (e.g., enough staff, well-trained staff)
<input type="checkbox"/>	Access to needed services
<input type="checkbox"/>	Mental health and other service providers working better together
<input type="checkbox"/>	Staff understand and support recovery and resiliency
<input type="checkbox"/>	Access to information
<input type="checkbox"/>	Quality services with good results
<input type="checkbox"/>	Prevention and early intervention services

18. Any additional comments (please use the back side if necessary):

Please return this Ohio Department of Mental Health survey to ... (location varied based upon who was distributing).

Or send via the mail to: Office of Program Evaluation and Research, Ohio Department of Mental Health, 30 E. Broad Street, Ste. 1170, Columbus, OH 43215

Thank you very much!

Appendix B

2007 Consumer – Family Survey

9. The physical health care provider asks me about my mental health as well as physical health.

Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree

10. I receive care for my physical health care needs from (please check *all* that apply):

- My family doctor
- My psychiatrist
- A clinic
- Mental Health Agency
- Emergency Room
- Do not receive any physical health care
- Other; please explain _____

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
 - Getting services in a crisis
 - Having enough insurance or money to pay for the services
 - Other; please explain _____

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

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 ... (location varied based upon who was distributing).

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 C

2006 Consumer – Family 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

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?

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 ... (location varied based upon who was distributing).

Thank you very much!