2009 Consumer Survey Results with Selected Comparisons to the 2006, 2007, and 2008 Consumer Survey Results

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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 four years (i.e., 2006, 2007, 2008, and 2009). The 2009 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 Operated Service (COS) Centers across the State. 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, 2008, and 2009 administrations of the questionnaire. Among all four years, the questionnaire changed very little in content (see Appendix A for the 2009 survey, Appendix B for the 2008 survey, and Appendix C for the 2007 survey, and Appendix D for the 2006 survey).

There were 200 respondents who completed the 2006 questionnaire, 214 in 2007, 353 in 2008 and 842 in 2009, (see Table 1).

Some key information follows.

- As in 2008, again in 2009, there was an expansion of the distribution of the survey in an attempt to gather additional data from varying people across the State. While the survey was again distributed at the NAMI Ohio annual conference, the survey was also disseminated to Consumer Operated Service Centers across the state. This varying effort to distribute the survey netted approximately a 140% increase in the number of respondents over the 2008 survey distribution. The 2008 numbers represented an approximate 60% increase over the number of respondents from the previous two years.
- Across all four years of survey administration, there were several items in the questionnaire where the respondents indicted their level of agreement with specific statements about mental health issues. 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). Overall, the trend across the means for the four years of survey administration was positive (i.e., demonstrated improvement), with 2009 means higher than 2006 means. For one item ("I have experienced stigma about my (*or my family member's)* mental health problems.") there was a reduction in the mean score from 2006 to 2009. In this instance, the lower mean score represents improvement. Both consumers (3.34 in 2006 and 3.17 in 2009) and family members (3.44 in 2006 and 3.39 in 2009) had lower mean scores in 2009 than they did in 2006.
- Findings for specific, level-of-agreement items follow.
    - Across all four years the majority of consumers (average of 63.2%) 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 four years an increasing percentage of consumers (average of 73.8%) and family members (average of 70.3%) *agreed* or *strongly agreed* that they/their family member had been treated with dignity and respect at the agency.
    - Across all four years the majority of consumers (average of 61.0%) and family members (average of 59.7%) *agreed* or *strongly agreed* that their/their family member's needs had driven the treatment plan in the agency.

- Across all four years the majority of consumers (average of 59.4%) and family members (average of 62.8%) *agreed* or *strongly agreed* that they/their family member's input had been used by the agency in the treatment planning process.
- Across all four years a fairly steady percentage of consumers both *agreed* or *strongly agreed* (average of 38.4%) 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 four years there was an increase (9.9% in 2006, 14.7% in 2007, 17.4% in 2008, and 37.0% in 2009) 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 47.4%) that staff at the mental health agency had talked to their family member about what s/he wrote in the Outcomes Survey.
- Across all four years the majority of consumers (average of 73.7%) and family members (average of 67.6%) *agreed* or *strongly agreed* that staff at the mental health agency believes that consumer recovery is possible.
- Across all four years an increasing percentage (average of 51.7%) of consumers *agreed* or *strongly agreed* that their cultural background had been taken into account in treatment planning.
- In both 2008 (52.8%) and 2009 (55.8%), 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 four years the majority of consumers (average of 66.6%) *agreed* or *strongly agreed* that they were getting high quality services at the mental health agency.
- Overall, across all four years more family members *agreed* or *strongly agreed* (average of 52.5%) than those that *disagreed* or *strongly disagreed* (average of 30.0%) that their family member was getting high quality services at the mental health agency.
- Across all four years an increasing percentage (average of 59.6%) of consumers *agreed* or *strongly agreed* that their physical health care provider asked about their mental health as well as their physical health.
- In both 2009 (64.2%) and 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.

- Findings for other items on the survey follow.
  - Over each year (2007, 2008 and 2009), the most frequently checked *person* from whom respondents received their physical health care was the "family doctor" (70.0%, 91.5% and 64.7%, respectively, of consumers; and 66.7%, 96.5% and 64.4%, respectively, of family members). For 2007 and 2008, 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, at least half of both consumers and family members who responded noted that the location for receiving physical health care was at the "mental health agency". In 2009, the next most frequent person (i.e., after "family doctor") from whom they received physical health care was "mental health agency" at 39.5% for consumers and 27.8% of family members.

- In each year (2006, 2007, 2008 and 2009), 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 four years reflects a greater percentage of consumers indicating "No" trouble getting mental health services in 2007 through 2009 (an average of 66.1%) as compared to 2006 (41.1%).
  - Across the four years of survey administration, proportionately more family members than consumers indicated that their family member had trouble getting mental health services (e.g., 2009: 58.9% of family members compared to 40.3% of consumers checked "Yes"; 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").
- In 2008 and 2009, respondents were asked to indicate how long it took to get an appointment with the mental health provider.
  - In 2009, most consumers (40.6%) reported obtaining an appointment with the mental health provider in *under two weeks,* as opposed to the majority (43.8%) of consumers in 2008 who reported *between 2 weeks and 30 days.*
  - In 2009, most family members (29.5%) reported that it took *between 30 and 60 days* for their family member to obtain an appointment with the mental health provider, as opposed to the 44.0% of family members who reported *between 2 weeks and 30 days* in 2008. Overall, a greater percentage of family members than consumers reported it took longer *(between 30 days and 60 days* through *90 days or more)* for their family member (i.e., the consumer) to obtain an appointment to see the mental health provider.
  - This item will be revised for the next survey administration in order to eliminate the possibility of misinterpretation.
- In 2007, 2008, and 2009, 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. In 2007 and 2008, the consumers and family members agreed on the number one priority, "Stigma and public information" (2007 Item) and "Stigma" (2008 Item). However, in 2009, consumers differed from family members in their number-one ranking: Consumers ranked, "Physical health and mental health care working better together" number one. Family members ranked, "Having consumer / family needs as the driving force in treatment" number one.

Upon review of all four years' data, there are common themes within the closed-ended and open-ended responses. For example, 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, 2008, and 2009 account for the differences in the results among the four administrations of the questionnaire. For example, the NAMI – Ohio (NAMI-O) conference attendees may not be representative of the consumer and family member 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 four 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 four years (i.e., 2006, 2007, 2008 and 2009). The 2009 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 Operated Service (COS) Centers across the State. As a result, these findings 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, 2008, and 2009 administrations of the questionnaire. Among all four years, the questionnaires' content changed very little (see Appendix A for the 2009 survey, Appendix B for the 2008 survey, Appendix C for the 2007 survey, and Appendix D for the 2006 version). 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. The 2009 version was exactly like the 2008 version. 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, 353 in 2008 and 842 in 2009. In describing themselves, the majority (2006, 50.0%; 2007, 79.0%; 2008, 46.7%; and 2009, 84.0%) 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, 106 (30.2%) in 2008, and 68 (8.1%) in 2009. Family members of youth consumers were represented in the sample, with 12 (6.0%) individuals in 2006, eight (3.7%) individuals in 2007, 30 (8.5%) in 2008, and 22 (2.6%) in 2009. In each of the 2006 and 2007 administrations, there were only two (approximately 1.0%) respondents who checked "youth consumer", in 2008, there were 18 (5.1%) and there were 11 (1.3%) in 2009. There was a small number of respondents who checked "other" in 2006, 2007 and 2009 (i.e., 5.0% or less) 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.

For 2009, in completing the "County of Residence", respondents named 51 of the 88 Ohio counties, which represents 58% of Ohio's counties). The most frequent county named was Franklin (n = 110, 13.1%), followed by Lorain (n = 107, 12.7%), Licking (n = 100, 11.9%), Hamilton (n = 64, 7.6%), Summit (n = 54, 6.4%), Knox (n = 53, 6.3%), Clark (n = 49, 5.8%), and Fairfield (n = 40, 4.8%). These counties account for almost 70% of the responses. The next nearest county was Lucas with 32 mentions (3.8%), Columbiana with 29 mentions (3.4%), Delaware with 28 mentions (3.3%), and Washington with 25 mentions (3.0%). Almost 2.5% (n = 21) of respondents left this question blank. No remaining county was mentioned more than 20 times. See Appendix E for a list of counties and the frequency of responses.

Table 1. Description of Respondents

	2006 N (%)	2007 N (%)	2008 N (%)	2009 N (%)
Adult Consumer	100 (50.0)	169 (79.0)	164 (46.7)	707 (84.0)
Youth Consumer	2 (1.0)	2 (0.9)	18 (5.1)	11 (1.3)
Family Member of an Adult Consumer	76 (38.0)	29 (13.6)	106 (30.2)	68 (8.1)
Family Member of a Youth Consumer	12 (6.0)	8 (3.7)	30 (8.5)	22 (2.6)
Other	10 (5.0)	6 (2.8)	33 (9.4)	30 (3.6)
Missing	N/A	N/A	2 (0.6)	4 (0.5)
Total	200 (100)	214 (100)	353 (100)	842 (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, and 132 (15.7%) in 2009 (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. 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. The OAMH Annual Conference did not take place in 2008, due to the folding of the organization.

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.

Again, in 2009, another strategy designed to garner additional consumer input was implemented. Specifically, the Directors of the Consumer Operated Service (COS) Centers across the State were solicited to participate in the distribution of the survey to their constituents. Each COS was presented with the opportunity to participate via two of the Department's regular monthly meetings with the COS Directors. The Directors were asked to indicate their interest in participating by submitting their email addresses. Furthermore, in order to incentivize consumers to respond, a $5.00 gift card was given to each participant for his/her completed survey. An email message describing the survey process and the process for obtaining the gift cards for consumers was sent to 58 COS Directors or their designees. Overall, there were 718 gift cards distributed and 716 surveys submitted from the COSs. Six (6) surveys were not usable (i.e., left blank).

Table 2. Distribution of the Questionnaire

	2006 N (%)	2007 N (%)	2008 N (%)	2009 N (%)
NAMI Conference	152 (76.0)	59 (27.6)	193 (54.7)	132 (15.7%)
TSIG Project Dir. Presentation	48 (24.0)	25 (11.7)	N/A	N/A
OAMH Conference	N/A	68 (31.8)	N/A	N/A
Consumer Operated Service Center	N/A	62 (29.0)	N/A	710 (84.3%)
NAMI Youth Gathering	N/A	N/A	32 (9.1)	N/A
Somali Community	N/A	N/A	66 (18.7)	N/A
Meeting regarding Reestablishing the Consumer Advocacy Organization	N/A	N/A	11 (3.1)	N/A
OACBHA distribution to its Consumer Contacts	N/A	N/A	28 (7.9)	N/A
MHA distribution to its Consumer Contacts	N/A	N/A	23 (6.5)	N/A
Total	200 (100)	214 (100)	353 (100)	842 (100)

The various respondent pools of 2006, 2007, 2008, and 2009 may account for the differences in the results across the four years of survey administrations. For example, the NAMI – Ohio (NAMI-O) conference attendees may not be representative of the consumer and family member 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, 2008, and 2009 results may be artificial in nature and should be interpreted cautiously.

Respondent Results

Respondents at all four time points (2006, 2007, 2008, and 2009) 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.

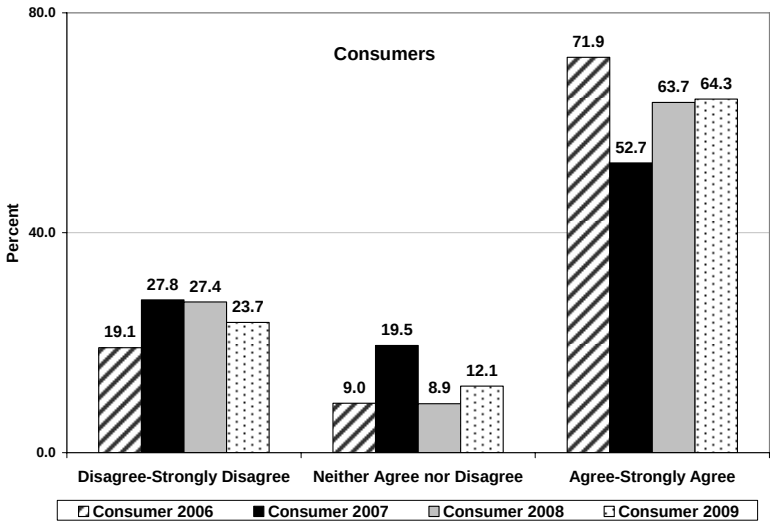


Figure 1a. Across all four years the majority of consumers *agreed* or *strongly agreed* that they had experienced stigma about their mental health problems.

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

	2006	2007	2008	2009
Mean	3.34	2.97	3.09	3.17

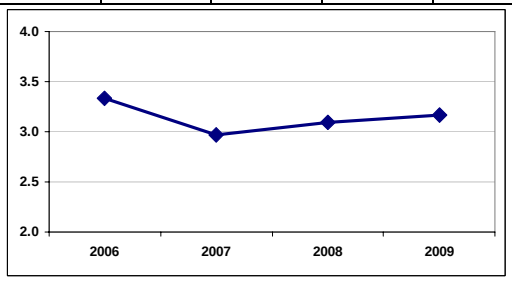


Figure 1b. I have experienced stigma about my family member's mental health problems.

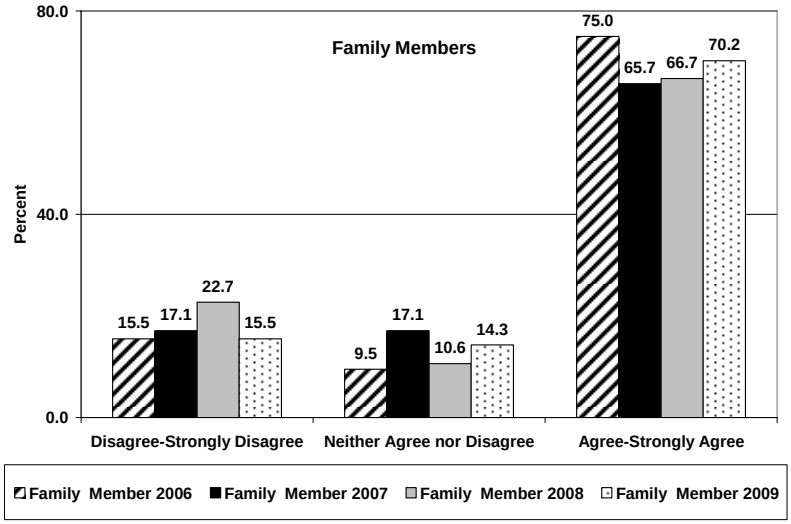
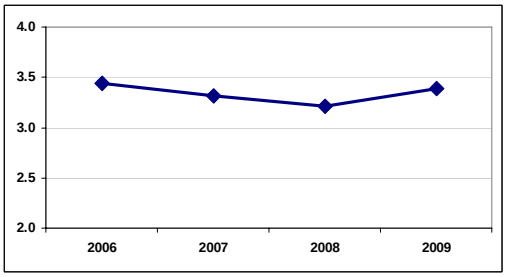


Figure 1b. Across all four years the majority of family members *agreed* or *strongly agreed* that they had experienced stigma about their family member's mental health problems.

In the table and chart below, the mean tends to remain stable across the four years for this item.

	2006	2007	2008	2009
Mean	3.44	3.31	3.21	3.39



Treated with Dignity and Respect

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

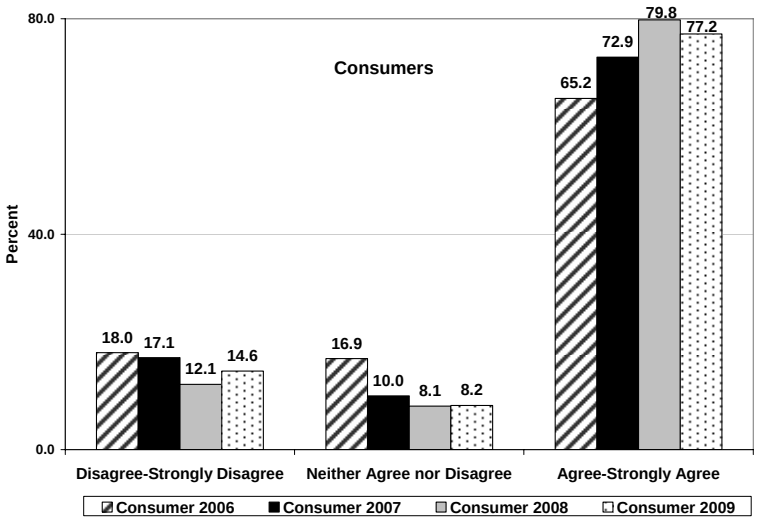


Figure 2a. Over the years an increasing and then steady percentage of consumers *agreed* or *strongly agreed* that they had been treated with dignity and respect at the agency. This data mirrors the Ohio Outcomes System Datamart, where, in FY 2009, approximately 69.1% of adult consumers reported they were "always" or "often" treated with dignity and respect at their agency.

In the table and chart below, the mean trend remains steady (within 0.5 points) across the four years for this item.

	2006	2007	2008	2009
Mean	3.29	3.39	3.55	3.48

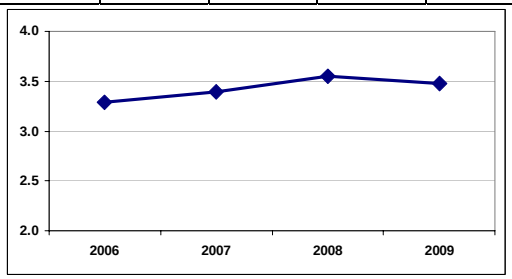


Figure 2b. My family member has been treated with dignity and respect at the mental health agency.

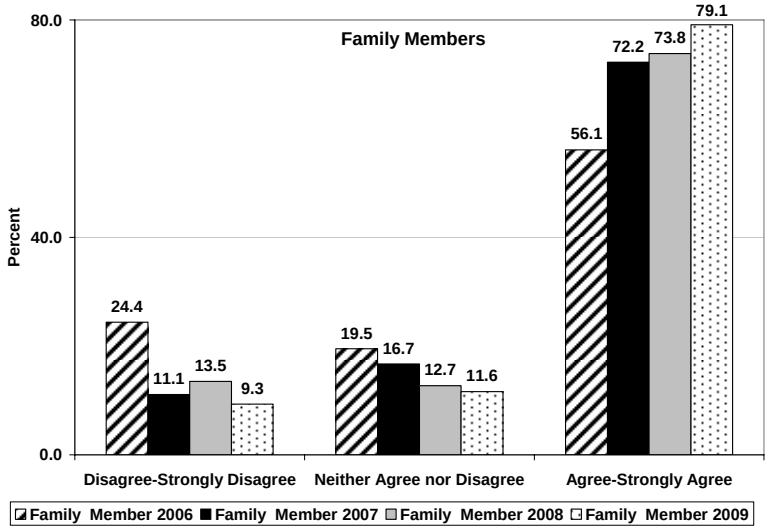
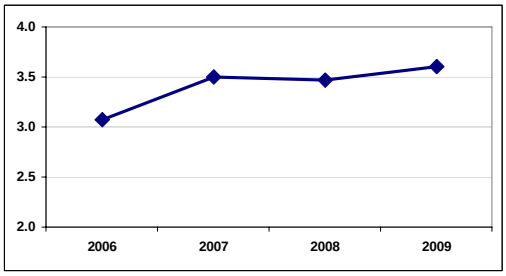


Figure 2b. Across all four years an increasing percentage of family members *agreed* or *strongly agreed* that their family member had been treated with dignity and respect at the agency.

In the table and chart below, the mean trend demonstrates a small increase (just < 0.5 point) across the four years for this item.

	2006	2007	2008	2009
Mean	3.07	3.50	3.47	3.60



Needs Driving the Treatment Plan

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

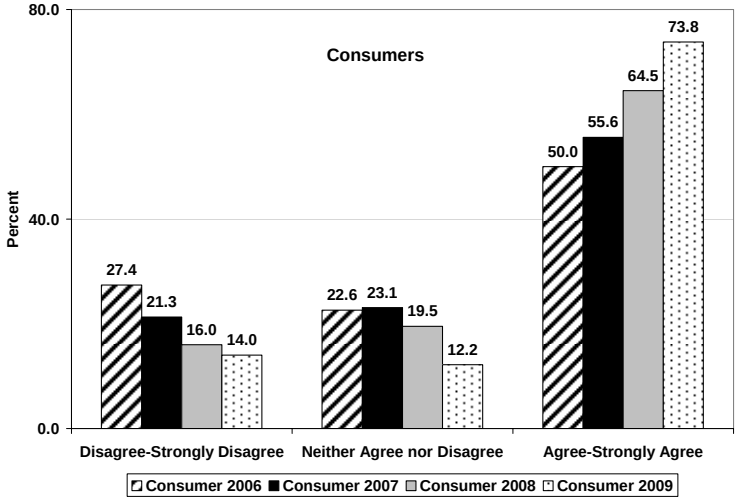


Figure 3a. Across all four years an increasing percentage of consumers *agreed* or *strongly agreed* that their needs had driven the treatment plan in the agency.

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

	2006	2007	2008	2009
Mean	2.95	3.13	3.33	3.46

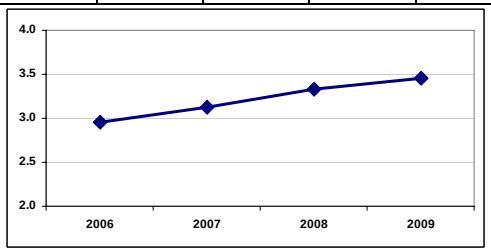


Figure 3b. My family member's needs have driven the treatment plan in the agency.

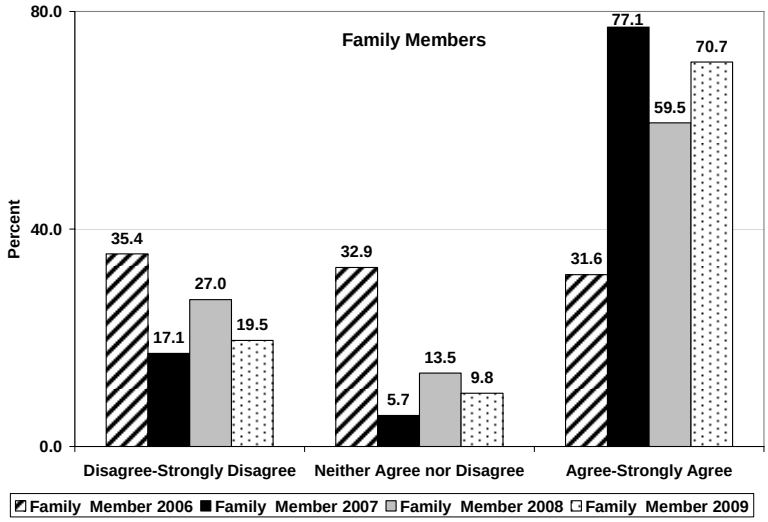
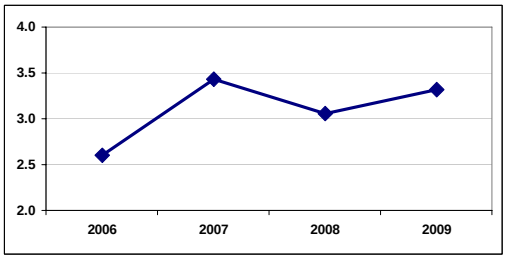


Figure 3b. Across the four years more family members *agreed* or *strongly agreed* that their family member's needs had driven the treatment plan in the agency (than those that *disagreed* or *strongly disagreed)*.

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

	2006	2007	2008	2009
Mean	2.61	3.43	3.06	3.32



Input being Used in Treatment Planning

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

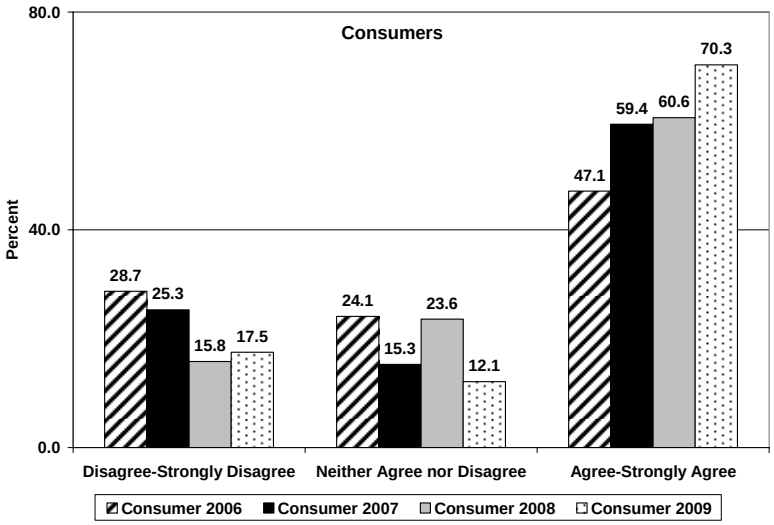


Figure 4a. Across all four years the majority of consumers *agreed* or *strongly agreed* that their input had been used by the agency in the treatment planning process.

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

	2006	2007	2008	2009
Mean	2.90	3.09	3.29	3.35

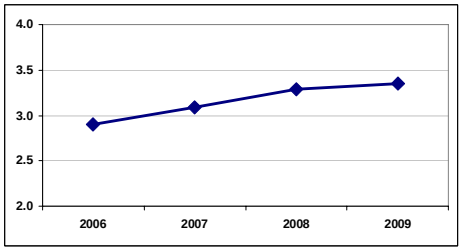


Figure 4b. My family member's input has been used by the agency in the treatment planning process.

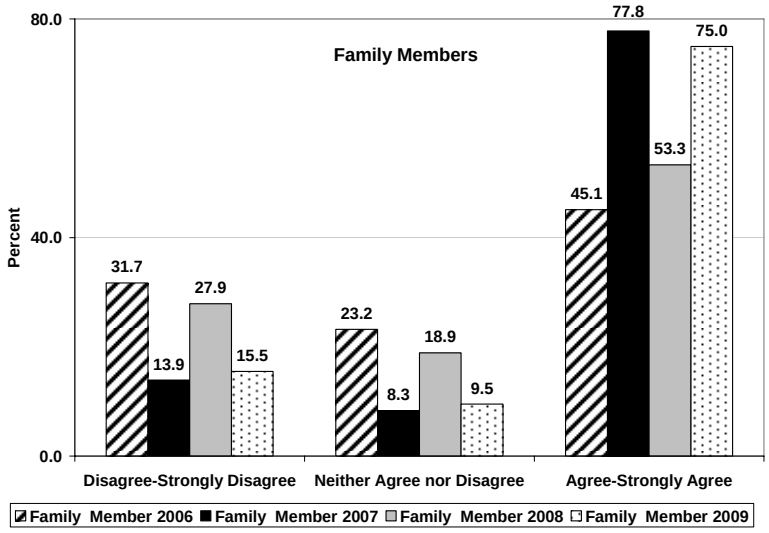
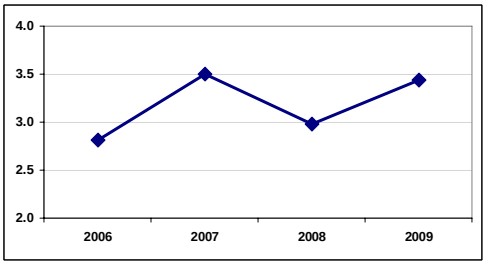


Figure 4b. Across all four years more family members *agreed* or *strongly agreed* that their family member's input had been used by the agency in the treatment planning process (than those that *disagreed* or *strongly disagreed)*.

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

	2006	2007	2008	2009
Mean	2.82	3.50	2.98	3.44



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.

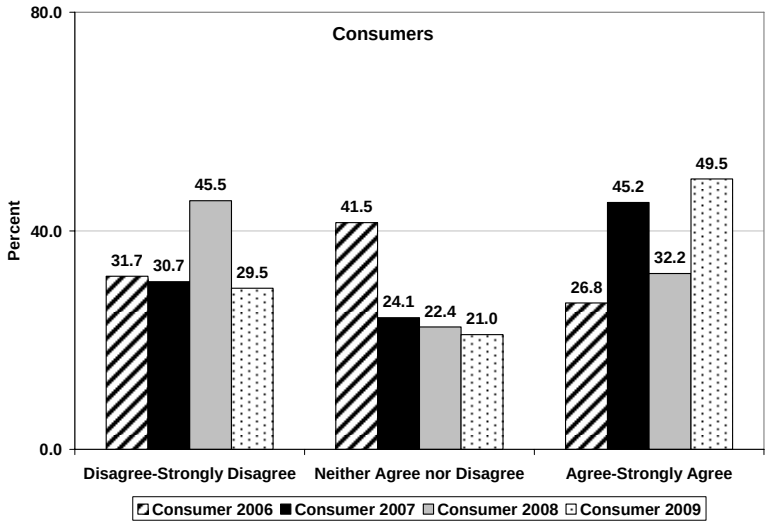


Figure 5a. Overall, across the four years there has been a fairly steady increase of consumers who *agreed* or *strongly agreed* that staff at the mental health agency had talked to them about what they wrote in the Outcomes Survey.

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

	2006	2007	2008	2009
Mean	2.63	2.84	2.41	2.91

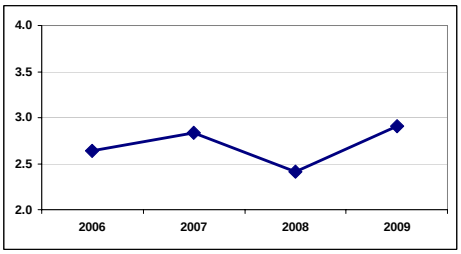


Figure 5b. Staff at the mental health agency has talked to my family member about what my family member wrote in the Outcomes Survey.

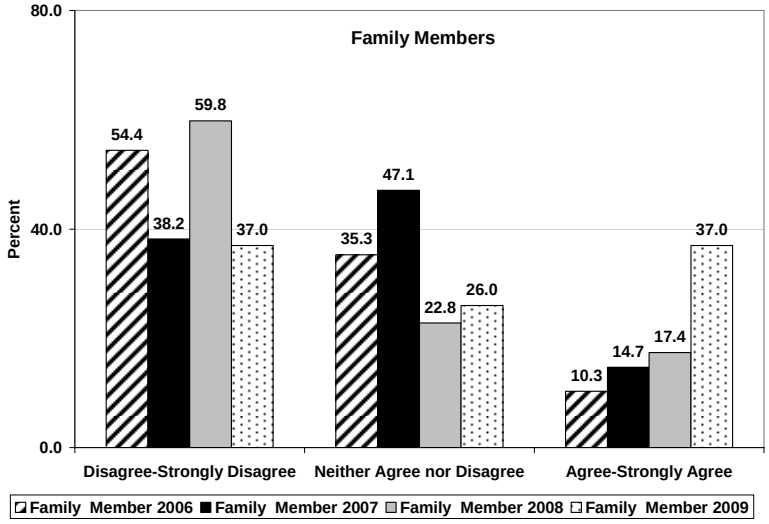
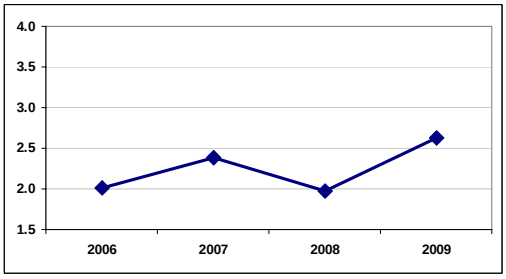


Figure 5b. Across all four years there has been a steady increase in the percentage of family members who *agreed* or *strongly agreed* that staff at the mental health agency had talked to their family member about what s/he wrote in the Outcomes Survey. For 2009, the percentage of respondents was equal (37.0%) for those who *agreed/strongly or disagreed/strongly* 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 an overall increase across the four years for this item.

	2006	2007	2008	2009
Mean	2.01	2.38	1.98	2.63



Staff Believing Consumer Recovery is Possible

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

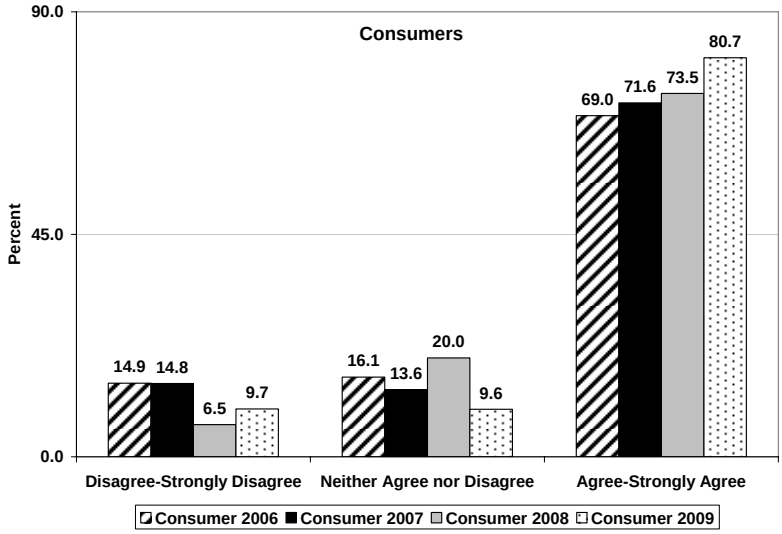


Figure 6a. Across all four years the majority of consumers *agreed* or *strongly agreed* that staff at the mental health agency believes that consumer recovery is possible.

In the table and chart below, the mean tends to remain stable across the four years for this item.

	2006	2007	2008	2009
Mean	3.39	3.42	3.61	3.61

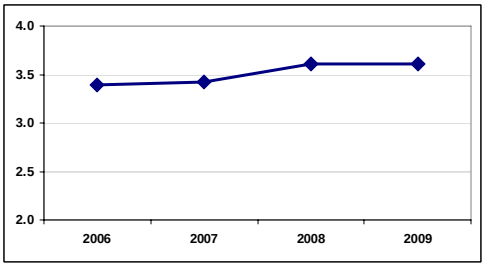


Figure 6b. Staff at the mental health agency believes that consumer recovery is possible.

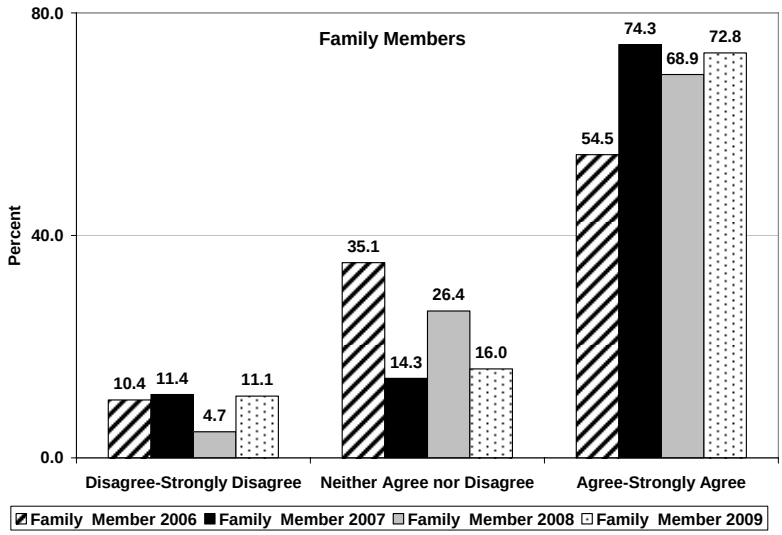
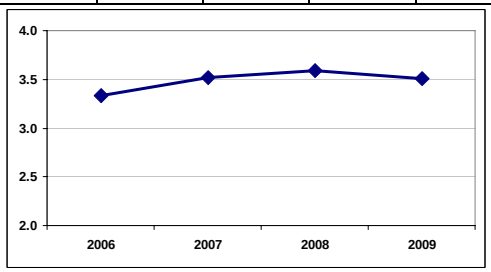


Figure 6b. Across all four years the majority of family members *agreed* or *strongly agreed* that staff at the mental health agency believes that consumer recovery is possible.

In the table and chart below, the mean tends to remain stable across the four years for this item.

	2006	2007	2008	2009
Mean	3.34	3.51	3.59	3.51



Cultural Background Taken into Account

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

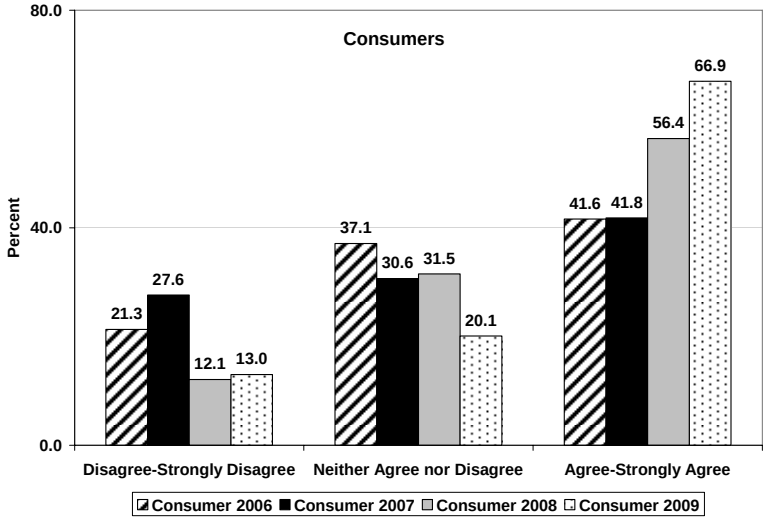


Figure 7a. Across all four years an increasing percentage of consumers *agreed* or *strongly agreed* that their cultural background had been taken into account in treatment planning.

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

	2006	2007	2008	2009
Mean	2.99	2.86	3.32	3.41

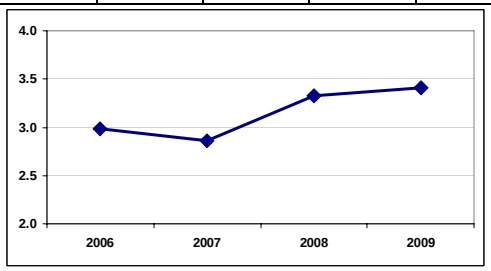


Figure 7b. My family member's cultural background is taken into account in treatment planning.

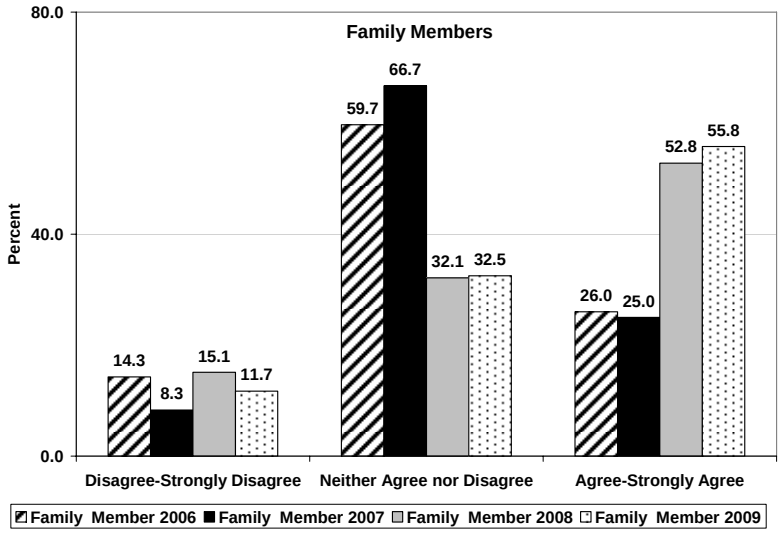
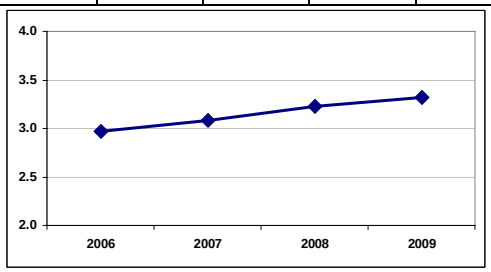


Figure 7b. In 2008 and 2009, as compared to 2006 and 2007, a considerably higher percentage of family members *agreed* or *strongly agreed* that that their family member's cultural background had been taken into account in treatment planning.

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

	2006	2007	2008	2009
Mean	2.97	3.08	3.23	3.32



Receiving Quality Services

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

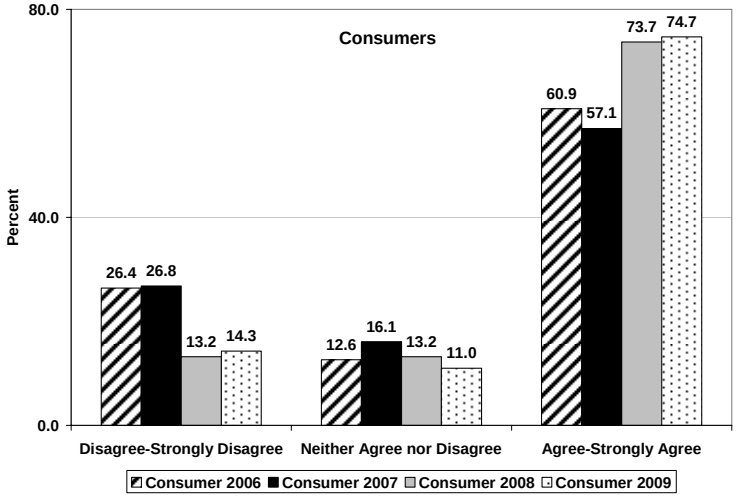


Figure 8a. Across all four years the majority of consumers *agreed* or *strongly agreed* that they were getting high quality services at the mental health agency.

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

	2006	2007	2008	2009
Mean	3.08	3.04	3.47	3.46

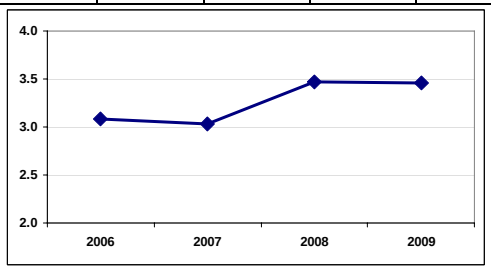


Figure 8b. I feel my family member is getting high quality services at the mental health agency.

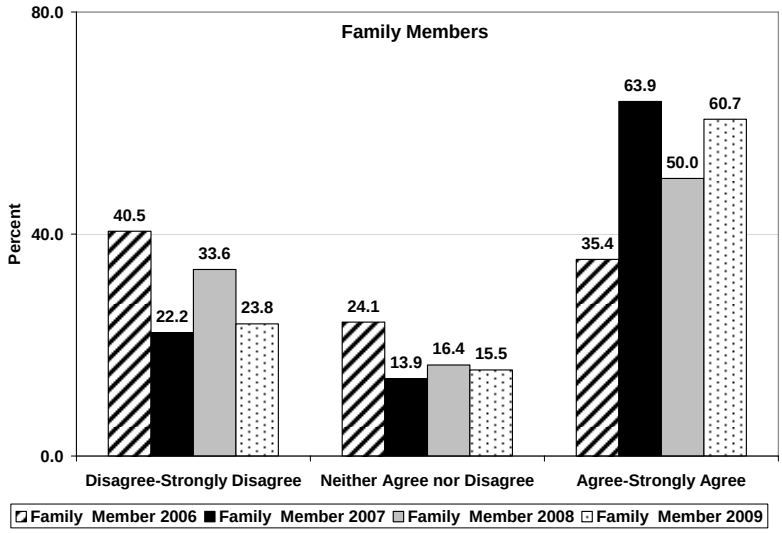
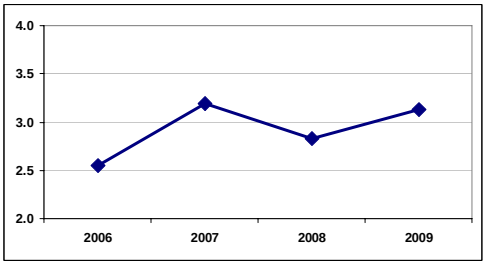


Figure 8b. Across all four years more family members *agreed* or *strongly agreed* that their family member was getting high quality services at the mental health agency (than those that *disagreed* or *strongly disagreed)*.

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

	2006	2007	2008	2009
Mean	2.54	3.19	2.83	3.13



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.

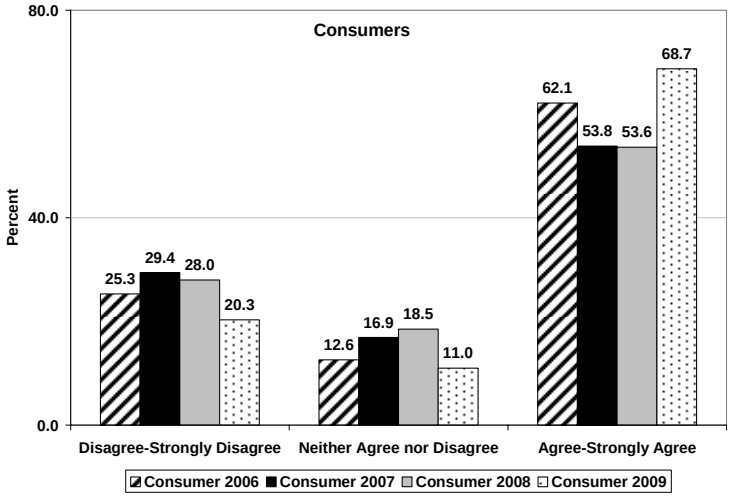


Figure 9a. Across all four years a consistent percentage of consumers *agreed* or *strongly agreed* that their physical health care provider asked about their mental health as well as their physical health.

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

	2006	2007	2008	2009
Mean	3.11	2.95	2.98	3.28

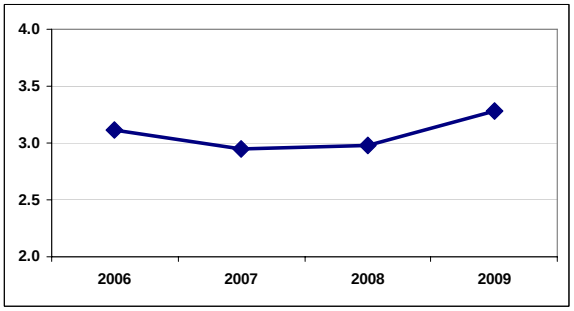


Figure 9b. *2006 Item: My family doctor asks about my mental health as well as my physical health.* 2007 & 2008 *Item*: The physical health care provider asks me about my mental health as well as physical health.

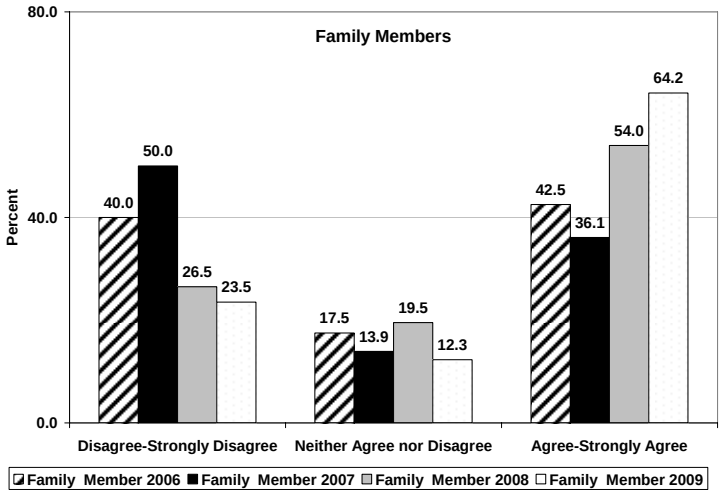
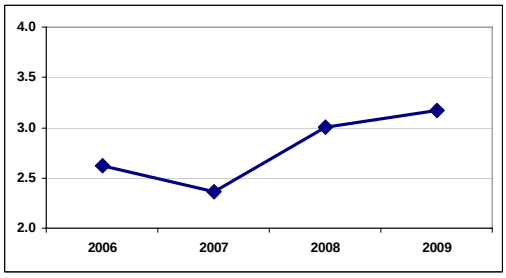


Figure 9b. In 2008 and 2009, as compared to 2006 and 2007, a higher percentage of family members *agreed* or *strongly agreed* that their physical health care provider asked about their mental health as well as their physical health.

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

	2006	2007	2008	2009
Mean	2.63	2.36	3.01	3.17



In reviewing Tables 3 and 4 and Figures 10 and 11 (below), the overall trend across the means for the four years of survey administration is positive, with 2009 means higher than 2006 means. The only mean that decreased over time, which also represents a positive trend, was the item concerning "stigma". That is, fewer consumers/family members have experienced stigma.

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

Consumers	2006		2007		2008		2009	
	mean	sd	**mean**	sd	**mean**	sd	**mean**	sd
1. I have experienced stigma about my mental health problems.	**3.34**	1.177	**2.97**	1.284	**3.09**	1.317	**3.17**	1.250
2. I have been treated with dignity and respect at the mental health agency.	**3.29**	1.140	**3.39**	1.126	**3.55**	0.990	**3.48**	1.062
3. My needs have driven the treatment plan in the agency.	**2.95**	1.270	**3.13**	1.183	**3.33**	1.089	**3.46*** **	1.044
4. My input has been used by the agency in the treatment planning process.	**2.90**	1.276	**3.09**	1.268	**3.29**	1.076	**3.35** **	1.133
5. Staff at the mental health agency has talked to me about what I wrote in the Outcomes Survey.	**2.63**	1.192	**2.84**	1.290	**2.41**	1.344	**2.91**	1.292
6. Staff at the mental health agency believes that consumer recovery is possible.	**3.39**	1.071	**3.42**	1.067	**3.61**	0.794	**3.61**	0.907
7. My cultural background is taken into account in treatment planning.	**2.99**	1.133	**2.86**	1.231	**3.32**	0.974	**3.41*** **	1.012
8. I feel I am getting high quality services at the mental health agency.	**3.08**	1.296	**3.04**	1.285	**3.47**	1.023	**3.46** **	1.052
9. *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.	**3.11**	1.280	**2.95**	1.312	**2.98**	1.290	**3.28**	1.193

Note: Differences between 2006 and 2009 means are significant at * $p < .05$, ** $p < .01$, and *** $p < .001$ (independent *t-test)*.

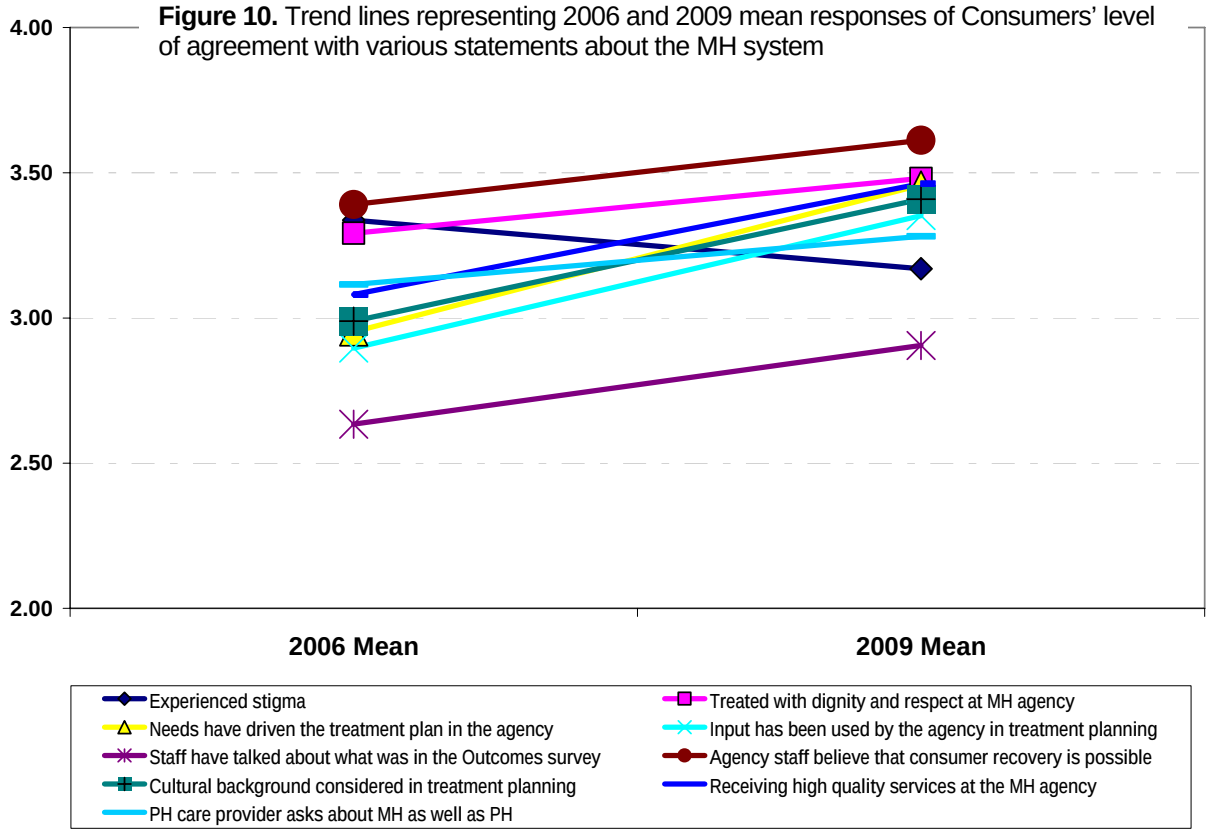


Figure 10. Trend lines representing 2006 and 2009 mean responses of Consumers' level of agreement with various statements about the MH system

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

Family Members	2006		2007		2008		2009	
	mean	sd	**mean**	sd	**mean**	sd	**mean**	sd
1. I have experienced stigma about my family member's mental health problems.	**3.44**	1.090	**3.31**	1.132	**3.21**	1.242	**3.39**	1.087
2. My family member has been treated with dignity and respect at the mental health agency.	**3.07**	1.245	**3.50**	0.971	**3.47**	1.033	**3.60****	0.898
3. My family member's needs have driven the treatment plan in the agency.	**2.61**	1.265	**3.43**	1.145	**3.06**	1.298	**3.32*****	1.185
4. My family member's input has been used by the agency in the treatment planning process.	**2.82**	1.306	**3.50**	1.056	**2.98**	1.289	**3.44*****	1.090
5. Staff at the mental health agency has talked to my family member about what my family member wrote in the Outcomes Survey.	**2.01**	1.152	**2.38**	1.155	**1.98**	1.240	**2.63****	1.318
6. Staff at the mental health agency believes that consumer recovery is possible.	**3.34**	0.926	**3.51**	0.981	**3.59**	0.727	**3.51**	0.963
7. My family member's cultural background is taken into account in treatment planning.	**2.97**	0.917	**3.08**	0.770	**3.23**	1.045	**3.32***	0.966
8. I feel my family member is getting high quality services at the mental health agency.	**2.54**	1.338	**3.19**	1.238	**2.83**	1.353	**3.13****	1.249
9. *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.	**2.63**	1.381	**2.36**	1.417	**3.01**	1.271	**3.17****	1.253

Note: Differences between 2006 and 2009 means are significant at * $p < .05$, ** $p < .01$, and *** $p < .001$ (independent *t-test)*.

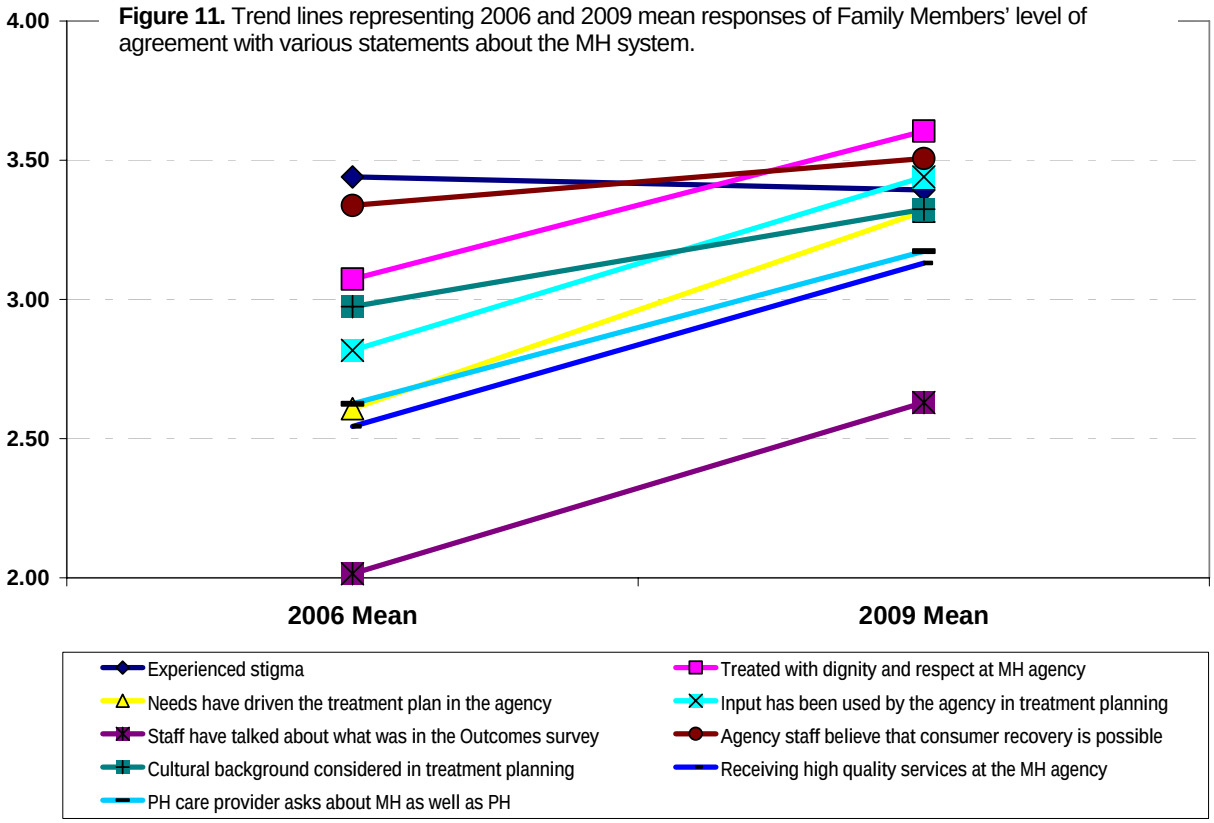


Figure 11. Trend lines representing 2006 and 2009 mean responses of Family Members' level of agreement with various statements about the MH system.

Person from Whom / Location for Receiving Physical Health Care

In 2007, 2008 and 2009, 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 each year (2007, 2008 and 2009), the most frequently checked *person* from whom respondents received their physical health care was the "family doctor" (70.0%, 91.5% and 64.7%, respectively, of consumers and 66.7%, 96.5% and 64.4%, respectively, of family members). For 2007 and 2008, 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, at least half of both consumers and family members who responded noted that the location for receiving physical health care was at the "mental health agency". In 2009, the next most frequent person (i.e., after "family doctor") from whom they received physical health care was "mental health agency" at 39.5% for consumers and 27.8% of family members.

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

	2007		**2008**		**2009**	
***Person* from whom or *Location* for Receiving Physical Health Care**	**Consumers (N = 170) (n / %)**	**Family Members (N = 36) (n / %)**	**Consumers (N = 182) (n / %)**	**Family Members (N = 136) (n / %)**	**Consumers (N =) (n / %)**	**Family Members (N =) (n / %)**
Family doctor	119 / 70.0	24 / 66.7	129 / 91.5	83 / 96.5	464 / 64.7	58 / 64.4
Psychiatrist	61 / 35.9	9 / 25.0	58 / 58.6	20 / 50.0	234 / 32.6	23 / 25.6
Clinic	24 / 14.1	6 / 16.7	31 / 40.8	8 / 26.7	130 / 18.1	11 / 12.2
Mental Health Agency	54 / 31.8	6 / 16.7	58 / 57.4	20 / 50.0	283 / 39.5	25 / 27.8
Emergency Room	24 / 14.1	5 / 13.9	40 / 48.8	12 / 37.5	150 / 20.9	19 / 21.1
Do not receive any physical health care	7 / 4.1	4 / 11.1	14 / 21.2	15 / 41.7	63 / 8.8	11 / 12.2

Having Trouble Getting Mental Health Services?

In each year (2006, 2007, 2008 and 2009), 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 four years reflects a greater percentage of consumers indicating "No" trouble getting mental health services in 2007 through 2009 as compared to 2006 (see Table 6 below). Proportionately more family members than consumers indicated that their family member had trouble getting mental health services (e.g., 2009: 58.9% of family members compared to 40.3% of consumers checked "Yes"; 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 below for the family members' responses.

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 / %)**	**2009 (n / %)**
No	39 / 41.1	124 / 72.9	113 / 65.7	426 / 59.7
Yes	56 / 58.9	46 / 27.1	59 / 34.3	288 / 40.3

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 / %)**	**2009 (n / %)**
No	18 / 20.9	18 / 50.0	51 / 40.2	37 / 41.1
Yes	68 / 79.1	18 / 50.0	76 / 59.8	53 / 58.9

Respondents Who Had Trouble Getting Mental Health Services

In all four years (2006, 2007, 2008 and 2009), 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. In 2006 and 2009, 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 8 for specifics (these items and percentages are noted via ***italicized*** text). In 2009, both consumers and family members noted *getting services in a crisis* was troublesome.

Additional examination of the data over time generally demonstrates a reduction from 2006 to 2009 in the percentage of respondents experiencing trouble getting mental health services; however, the trend from 2007 through 2009 generally is increasing.

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

	Consumers								Family Members							
	2006 (N = 102)		2007 (N = 171)		2008 (N = 182)		2009 (N = 718)		2006 (N = 88)		2007 (N = 37)		2008 (N = 136)		2009 (N = 90)	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Had trouble *Yes*	56	**58.9**	46	**27.1**	59	**34.3**	288	**40.3**	68	**79.1**	18	**50.0**	76	**59.8**	53	**58.9**
1. Getting the services I want or need	42	***41.2***	33	**19.3**	38	**20.9**	176	***24.5***	35	***40.2***	8	**21.6**	33	**24.3**	31	***34.4***
2. Getting the services when I need them within a reasonable length of time	41	***40.2***	28	**16.4**	38	**20.9**	151	***21.0***	43	***48.9***	13	**35.1**	46	***33.8***	29	***32.2***
3. Getting services near my home	24	**23.5**	18	**10.5**	18	**9.9**	101	**14.1**	25	**28.4**	6	**16.2**	15	**11.0**	23	**25.5**
4. Getting services that fit with my culture	15	**14.7**	16	**9.4**	9	**4.9**	68	**9.5**	5	**5.7**	1	**2.7**	6	**4.4**	10	**11.1**
5. Having enough insurance or money to pay for the services	34	***33.3***	28	**16.4**	35	**19.2**	141	***19.6***	32	***36.4***	10	**27.0**	36	**26.5**	25	**27.8**
6. Getting services in a crisis (asked in 2007 & 2008)	**N/A**		22	**12.9**	34	**18.7**	138	***19.2***	**N/A**		9	**24.3**	40	**29.4**	27	***30.0***
7. Getting access to the prescribed medication (asked in 2008 & 2009)	**N/A**				30	**16.5**	132	**18.4**	**N/A**				26	**19.1**	19	**21.1**

Length of Time to Obtain an Appointment

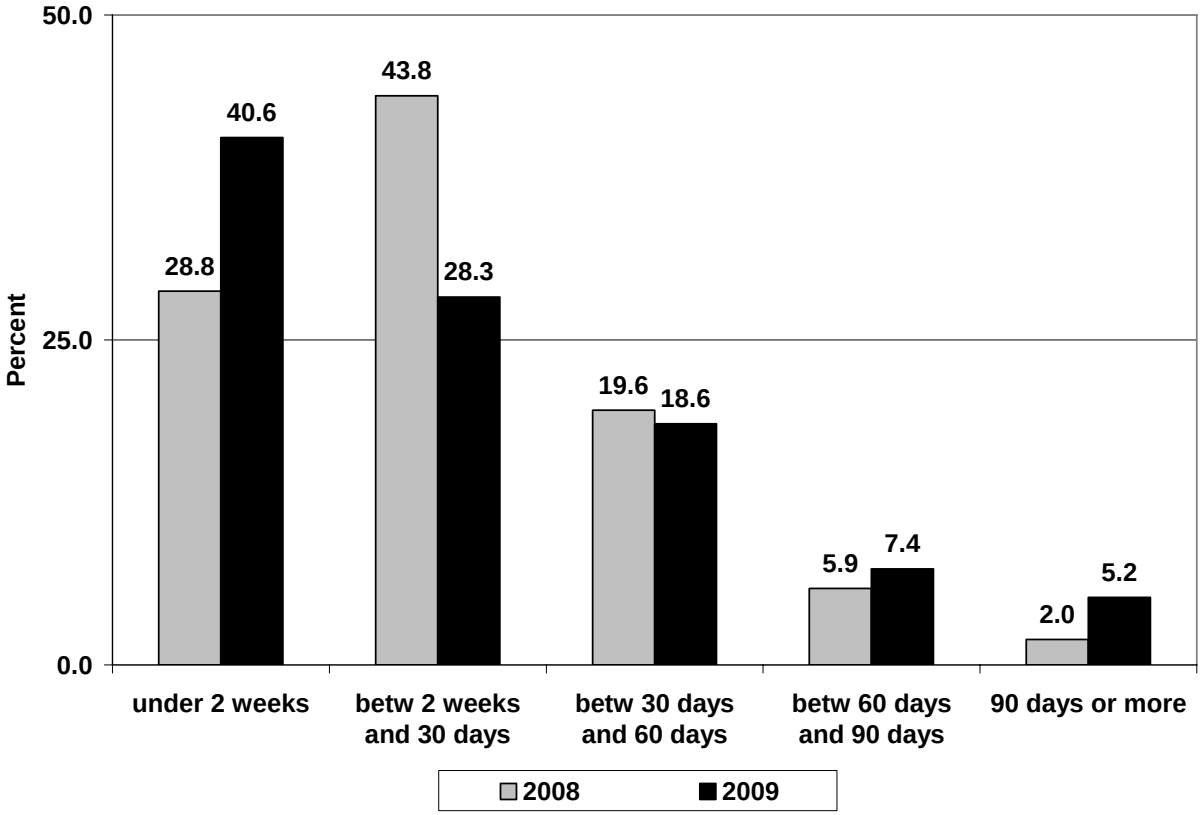
For the first time in 2008, and again in 2009, respondents were asked to check the appropriate response to, "The average time for me *(or my family member)* to get an appointment with the mental health care provider in my community is (1) under 2 weeks, (2) between 2 weeks and 30 days, (3) between 30 days and 60 days, (4) between 60 and 90 days, and (5) 90 days or more. Refer to Figure 12 for consumers' responses and Figure 13 for family members' responses.

Upon preliminary review of the results with the TSIG Planning team, the consumers on the team pointed out that this question might be misinterpreted, and they recommended adding clarifying language to ensure that the question was interpreted correctly. Specifically, it was suggested that the question be replaced by the following questions:

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

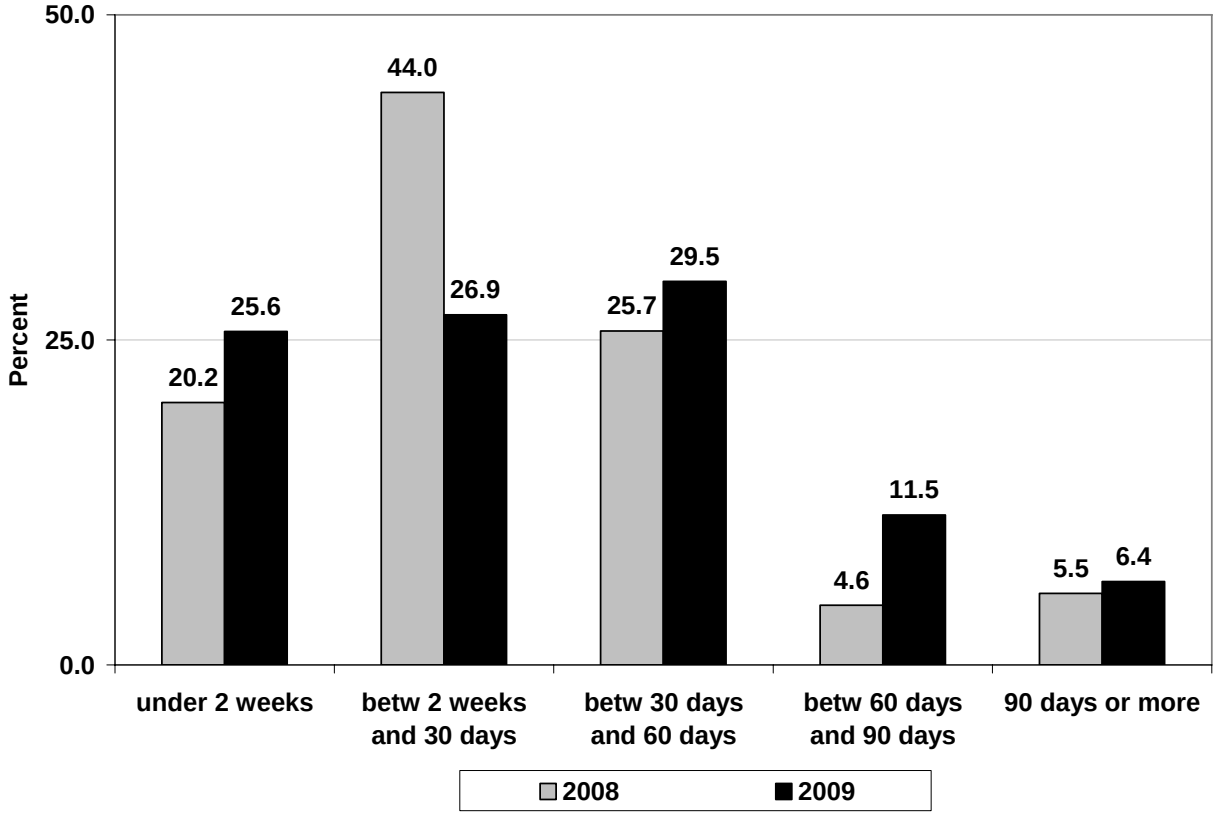
14b. The average time for me *(or my family member)* to get a ***recurring*** appointment ***to meet*** with the mental health care provider in my community is ….

Figure 12. Average time for me (Consumer) to get an appointment with a mental health care provider in my community



In 2009, most consumers (40.6%) reported obtaining an appointment with the mental health provider in *under two weeks,* as opposed to the majority (43.8%) of consumers in 2008 who reported *between 2 weeks and 30 days.* However, on the opposite end of the scale, the percentage of consumers reporting it takes *between 60 and 90 days,* and *90 days or more* showed a small increase in 2009 from 2008.

Figure 13. Average time for *my family member* to get an appointment with a mental health care provider in my community



In 2009, most family members (29.5%) reported that it took *between 30 and 60 days* for their family member to obtain an appointment with the mental health provider, as opposed to the 44.0% of family members who reported *between 2 weeks and 30 days* in 2008. Overall, a greater percentage of family members than consumers reported it took longer *(between 30 days and 60 days* through *90 days or more)* for their family member (i.e., the consumer) to obtain an appointment to see the mental health provider.

Top Three Most Important Priorities to Transform Mental Health Services

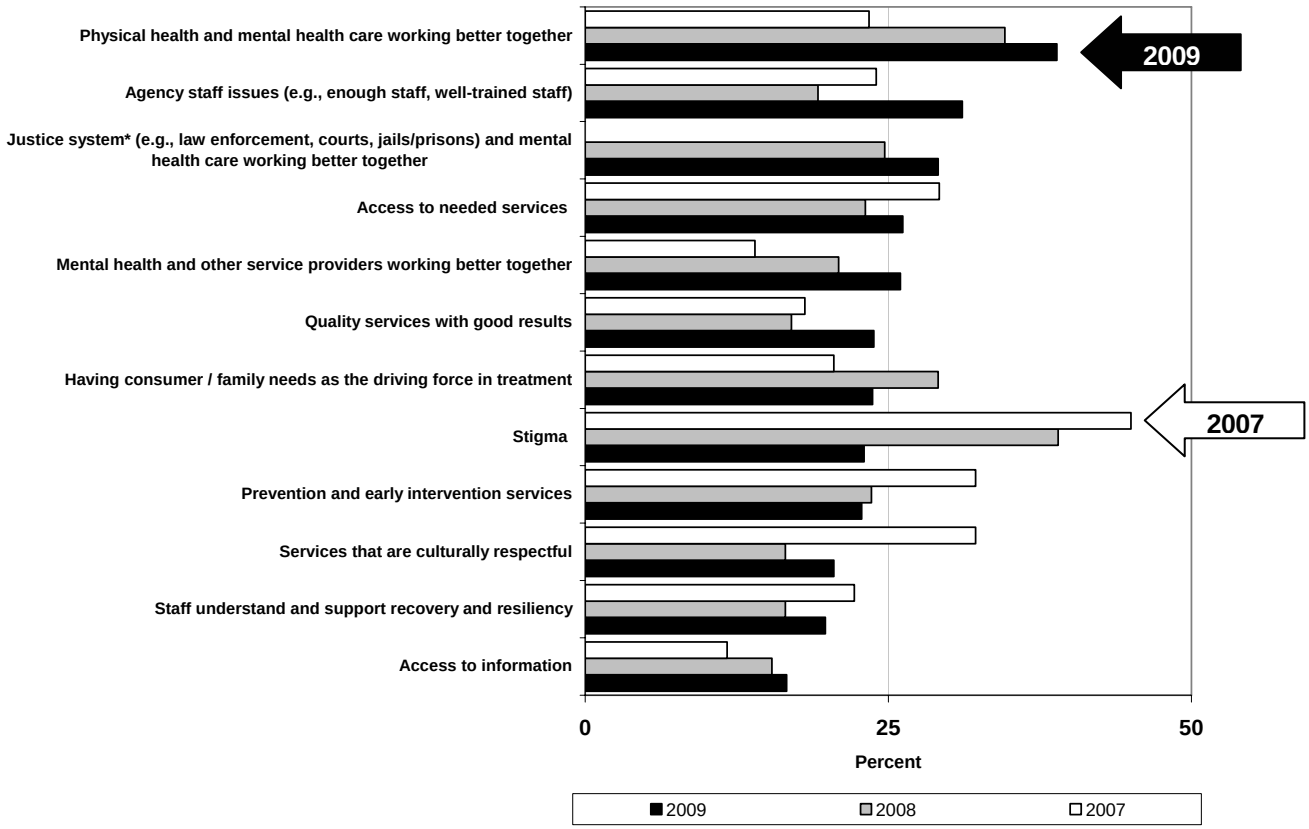
In 2007, 2008, and 2009, respondents were asked to put a check mark next to the three items they thought were the most important to work on to transform mental health services. In 2007 and 2008, the consumers and family members agreed on the number one priority, "Stigma and public information" (2007 Item) and "Stigma" (2008 Item). However, in 2009, consumers differed from family members in their number-one ranking: Consumers ranked, "Physical health and mental health care working better together" number one. Family members ranked, "Having consumer / family needs as the driving force in treatment" number one. 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				2009		
2007 Items	Consumers (C) (N = 170) n / %	Family Members (F) (N = 37) n / %	**Rank**	**2008 and 2009 Items**	Consumers (C) (N = 182) n / %	Family Members (F) (N = 136) n / %	**Rank**	Consumers (C) (N = 706) n / %	Family Members (F) (N = 89) n / %	**Rank**
Services that are culturally respectful	55 / **32.2**	5 / 13.5	T-2nd (C)	Services that are culturally respectful	30 / 16.5	9 / 6.6		145 / 20.5	12 / 13.3	
Stigma and public information	77 / **45.0**	15 / **40.5**	**1st both C & F**	*Stigma*	71 / **39.0**	45 / **33.1**	**1st both C & F**	165 / 23.0	31 **/ 34.4**	**3rd (F)**
Methods and policies on consumer / family driven treatment	35 / 20.5	7 / 18.9		*Having consumer / family needs as the driving force in treatment*	53 / **29.1**	37 / 27.2	3rd (C)	170 / 23.7	34 / **37.8**	**1st (F)**
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)	279 / **38.9**	30 / 33.3	**1st (C)**
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)	209 / **29.1**	33 / **36.7**	2nd (F) 3rd (C)
Agency staff issues (e.g., enough staff, well-trained staff)	41 / 24.0	13 / 35.1		Agency staff issues (e.g., enough staff, well-trained staff)	35 / 19.2	27 / 19.9		223 / **31.1**	23 / 25.6	2nd (C)
Access to needed services	50 / 29.2	14 / **37.8**	T-2nd (F)	Access to needed services	42 / 23.1	31 / 22.8		188 / 26.2	20 / 22.2	
Coordinated care among service providers	24 / 14.0	11./ 29.7		Mental health and other service providers working better together	38 / 20.9	31 / 22.8		187 / 26.0	21 / 23.3	
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		142 / 19.8	17 / 18.9	
Availability and accessibility of information	20 / 11.7	6 / 16.2		Access to information	28 / 15.4	20 / 14.7		119 / 16.6	18 / 20.2	
Quality services with good outcomes	31 / 18.1	10 / 27.0		Quality services with good results	31 / 17.0	29 / 21.3		171 / 23.8	20 / 22.2	
Prevention and early intervention services	55 / **32.2**	13 / 35.1	T-2nd (C)	Prevention and early intervention services	43 / 23.6	29 / 21.3		164 / 22.8	28 / 31.1	

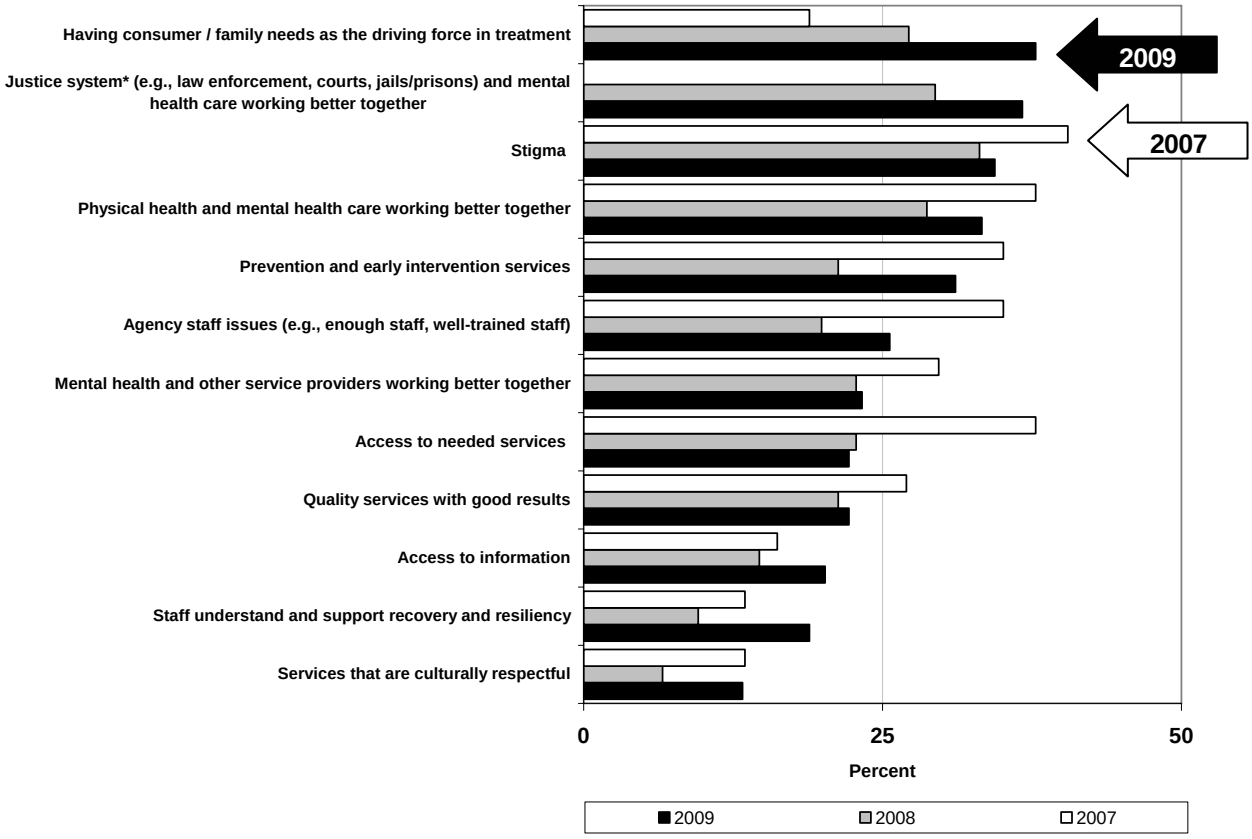
Figures 14 (consumers) and 15 (family members), below, depict the data in Table 9 (above) in graphic form (i.e., Pareto Chart, with data in descending order starting with 2009). For 2009, upon review of the consumers' priorities (Figure 14), the most important work to transform mental health services surrounded working on "physical health and mental health care working better together" (see black, 2009 arrow below). However, in both 2008 and 2007, consumers' (and family members'; Figure 15) most important priority surrounded "Stigma" (see the white, 2007 arrow in both Figures 14 and 15).

Figure 14. Consumers' most important priorities to work on to transform mental health services
(Data are presented in descending order of importance [dark-colored bars to light colored bars] beginning with 2009 data.)



* Note: The Justice System item was not on the 2007 survey (i.e., there is no white bar for this item).

Figure 15. Family Members' most important priorities to work on to transform mental health services
(Data are presented in descending order of importance [dark-colored bars to light colored bars] beginning with 2009 data.)



* Note: The Justice System item was not on the 2007 survey (i.e., there is no white bar for this item).

In looking at the family members' priorities (Figure 15), the most important work to transform mental health services surrounded "having consumer/family member needs as the driving force in treatment" (see black arrow above). Again, "Stigma" was ranked highly by family members (2nd in 2009 and 1st in 2007).

2009 Open-ended Responses

There were two open-ended questions in both the 2008 and 2009 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. This section will compare the number of mentions of the emerging themes from both years; however, the representative quotes will come from the 2009 data.

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 common themes mentioned include: access to care (169 mentions in 2009 and 74 mentions in 2008), nothing (60 mentions in 2009 and 11 mentions in 2008), funding (59 mentions in 2009 and 42 mentions in 2008), communication/listening (52 mentions in 2009 and 10 mentions in 2008), education/training (38 mentions in 2009 and 31 mentions in 2008), and stigma (32 mentions in 2009 and 23 mentions in 2008). In 2009, a few different themes emerged; these comments surrounded feelings and attitudes (46 mentions), insurance (19 mentions), and consumer-driven care (12 mentions). In 2009, 201 respondents left this question blank; 89 respondents left this item blank in 2008.

The most frequently mentioned issue concerned ***access to care*** (169 mentions). Some of these comments surrounded transportation, availability and number of staff (e.g., CPST, psychiatrists), length of wait times, overbooking of appointments, hours of operation, and limited number of paid visits).

"The wait time for some services needs to be dramatically shortened."

"There should be more case managers so they could have a lighter load, and could help us forgotten clients."

"More psychiatrists for our overload of patients – we have to drive to other counties, miles away."

Some form of ***nothing*** (60 mentions) was the second most frequent response to what needs to change in order for there to be better services for persons with mental illness.

The third most mentioned change that needs to occur in order for there to be better services for persons with mental illness involved ***funding*** (59 mentions). The majority of these responses stressed the need for "more" funding for mental health services. Nineteen (19) additional responses stressed issues with ***insurance,*** which often involved *funding.*

"There needs to be more help for the family that cannot afford the services."

"Universal healthcare."

"Increased funding."

Comments surrounding ***communication/listening*** (52 mentions) and ***feelings/attitudes*** *(46 mentions)* were also noted quite frequently by the respondents.

"More communication between my doctor and the mental health doctor."

"Providers who really listen and not make assumptions."

"Genuine concern for the consumer, with a want to help them, to prevent escalation of symptoms and consequences."

Education and training were also mentioned quite frequently (38 mentions) by the respondents as changes that need to occur in order for there to be better services for persons with mental illness. These comments included increased awareness and education for oneself and the public, along with those who provide the services (e.g., staff and caregivers).

"I need to become more aware of my mental illness."

"Better education of family and the public."

"For the community to better understand what our illnesses are like (schizophrenia, bipolar and others."

"Better/more up-to-date education for staff!"

Issues surrounding ***stigma*** (32 mentions) were stressed as something that needed to change in order for there to be better services for persons with mental illness.

"To not judge a person by his/her illness."

"Stereotyping."

"Most of all the change needed is to get voters' attention to allow more funding in our area by lessening the stigma of mental illness and raising awareness."

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 (162 mentions in 2009 and 50 mentions in 2008); Access to care due to inadequate numbers of staff (57 mentions in 2009)
- Education/training (47 mentions in 2009 and 34 mentions in 2008)
- Stigma (44 mentions in 2009 and 40 mentions in 2008)
- Communication/Listening (35 mentions in 2009 and 19 mentions in 2008)
- Funding (20 mentions – even though money was specifically noted as to not be a part of the response – in both 2009 and 2008)
- Integration of physical and mental health (3 mentions in 2009 and 9 mentions in 2008)

There were 214 respondents who left this item blank in 2009 and 72 in 2008. In 2009, 26 respondents noted some form of "nothing", other than money, was the #1 problem in the Mental Health System, and there were seven (7) in 2008.

Again, the most frequently identified theme in the responses involved **access to care** (162 mentions). Such responses included comments related to lengthy wait times, lack of availability of staff (shortages and overburdened) and transportation.

"Getting services within a reasonable length of time."

"The staff is overburdened with their huge client loads!"

"Transportation."

"Too many clients and not enough doctors or therapists."

Again, there were many comments about **feelings** and **attitudes** (68 mentions), as well as **communication** and **listening** (35 mentions) with respect to being the #1 problem (other than money) in the mental health system.

"Lack of trust between consumers and professionals."

"The case managers and doctors have too many clients in their caseloads and are over worked. They don't have the time to really listen and get to know their clients."

"NO one to talk to! … or trust."

"Hard to find someone who genuinely cares or has the time/resources."

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

"Too many untrained workers."

"Education about mental illness both in consumers and providers, and the general public as well."

"Lack of understanding by the average person."

"Law enforcement needs to be more aware of mental illness."

Respondents frequently noted **stigma** as the #1 problem in the Mental Health System, other than money.

"STIGMA."

"We need people to keep attacking the stigma, so people are willing to get the help they need."

"People just thinking we are just our illness; we are nothing else. But we are good people, just like everyone else."

"We are the low end of the citizen."

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?"

"There is no other problem that compares to the lack of proper funding for all forms of health care in the U.S. (we need single-pay system).

"The budget cuts."

The misuse, over use or lack of use of **medication** (34 mentions) was also mentioned as a problem within the mental health system.

"Over medication."

"Medication is given out too much for a solution to our mental problems."

"The right meds."

"Consumer not taking meds or using alcohol or drugs with them."

In Summary

Upon review of all four years' data, there are common themes within the closed-ended and open-ended responses. For example, in 2007, 2008, and 2009 there is considerable overlap across the years for the 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).

- *"Access to needed services (care)"* was one of the most frequently checked items that needs addressed *in order to improve the Mental Health System*. Similarly, *access to care* (e.g., transportation, availability and number of staff [e.g., CPST, psychiatrists], length of wait times, overbooking of appointments, hours of operation, and limited number of paid visits) 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 noted as the **number one problem in the Mental Health System.**
- *"Stigma"* was one of the most frequently checked items 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 <u>one</u> problem in the Mental Health System**.

Common themes across each of the administration years emerged. For example, education/training, funding, staffing, and communication/listening were noted as areas in need of improvement with in the Mental Health System and/or the number <u>one</u> problem in the Mental Health System.

Overall, there seems to be consistency in the responses across the administration years of these surveys, although there was not state-wide representation among 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.

Ohio | Department of Mental Health

County of Residence: _____

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

_____ an adult consumer

_____ a youth consumer

_____ a family member of an adult consumer *or*

_____ 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 _____

_____

Next page please

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 <u>number *one* problem</u> 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 <u>three</u> items that you think are <u>most important to improve the mental health system</u>.

	Services that are culturally respectful
	Stigma
	Having consumer/family needs as the driving force in treatment
	Physical health and mental health care working better together
	Justice system (e.g., law enforcement, courts, jails/prisons) and mental health care working better together
	Agency staff issues (e.g., enough staff, well-trained staff)
	Access to needed services
	Mental health and other service providers working better together
	Staff understand and support recovery and resiliency
	Access to information
	Quality services with good results
	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 NAMI staff at the ODMH booth.
(<u>OR</u> to the Office of Program Evaluation and Research, Ohio Department of Mental Health, 30 E. Broad Street, 8th Floor, Columbus, OH 43215)

Thank you very much!

June 2009 Survey

Appendix B

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 <u>one</u>*** of the following five items that best describes you. I

_____ an adult consumer

_____ a youth consumer

_____ a family member of an adult consumer *or*

_____ 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 <u>not</u> 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"

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_____ 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 _____

_____

Next page please

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 <u>number *one* problem</u> 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 <u>three</u> items that you think are <u>most important to improve the mental health system</u>.

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

2007 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. 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? _____

_____

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 <u>three</u> that you think are <u>most important to work on</u>.

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

2006 Consumer – Family Survey

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

A New Day

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*

Next page please

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!

Appendix E

Counties of Residence

Counties of Residence – 2009

County	Frequency	Percent
blank	21	2.5
Allen	1	0.1
Ashland	1	0.1
Athens	3	0.4
Belmont	1	0.1
Butler	3	0.4
Carroll	1	0.1
Clark	**49**	**5.8**
Clermont	5	0.6
Columbiana	**29**	**3.4**
Cuyahoga	14	1.7
Darke	3	0.4
Delaware	**28**	**3.3**
Erie	6	0.7
Fairfield	**40**	**4.8**
Franklin	**110**	**13.1**
Fulton	1	0.1
Geauga	1	0.1
Greene	1	0.1
Hamilton	**64**	**7.6**
Hancock	1	0.1
Huron	2	0.2
Knox	**53**	**6.3**
Lake	2	0.2
Lancaster	1	0.1
Licking	**100**	**11.9**
Logan	2	0.2
Lorain	**107**	**12.7**
Lucas	**32**	**3.8**
Marion	1	0.1
Medina	4	0.5
Miami	5	0.6
Montgomery	5	0.6

Counties of Residence – 2009

County	Frequency	Percent
Morrow	10	1.2
Muskingum	1	0.1
Noble	1	0.1
Ottawa	2	0.2
Perry	2	0.2
Pickaway	2	0.2
Pike	1	0.1
Portage	5	0.6
Richland	3	0.4
Ross	5	0.6
Scioto	2	0.2
Shelby	1	0.1
Stark	1	0.1
Summit	**54**	**6.4**
Tuscarawas	17	2.0
Warren	4	0.5
Washington	**25**	**3.0**
Wayne	6	0.7
Wood	3	0.4
Total	**842**	**100.0**