



## 2013 MHSIP Adult Consumer Survey Results

### Overview

The Ohio Department of Mental Health Office and Addiction Services, Office of Planning, Quality, and Research of Research (OMHAS-PQR) administered its annual mail survey to adult consumers with serious mental illnesses on their perception of care and treatment outcomes. Adult were queried between February 1 and July 1, 2013 using the Mental Health Statistics Information Program (MHSIP) instrument. Survey results are used for Mental Health Block Grant reporting requirements, to inform quality improvement initiatives, and to give stakeholders a direct indication of how consumers of mental health services in Ohio perceive their treatment and experience in the public mental health system.

### Methodology

The 2013 survey administration drew random samples stratified by race and county/board geographic type from the MACSIS billing database. A sample of 4,358 adults age 18+ who met criteria for serious mental disturbance (SMD) was drawn from a universe of 101,436 adults with SMD who received services in last two quarters of State Fiscal Year (SFY) 2012. The sample size for the adult service population was based on a power analysis for confidence intervals of +/-3. Racial minorities in the adult population were over-sampled in an effort to obtain adequate representation.

Surveys were mailed out in three waves, with reminder postcards issued between mailings. Survey participants were given the option of responding by mail with a pre-paid business envelope, by phone over the department's toll-free line, or via an internet survey website.

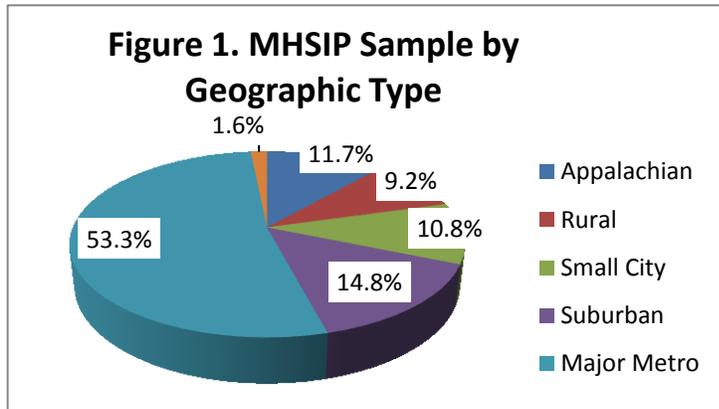
### Sampling Results

In the adult return sample, 2.2% (N = 67) consumers declined participation, 20.2% (N = 879) survey packets were returned as undeliverable mail, and 56.8% (N = 2,477) survey recipients did not respond. A completed survey was returned by 935 consumers, or 26.8% of the sample that received a mail packet.

### *Sample Demographics*

The adult consumer return sample was 63.5% female (N = 584), 35.9% male (N = 336), and 1.6% (N=15) unknown gender. The gender distribution in the return sample was not representative of the adult population, with a test of proportions calculated at  $\chi^2$ , 10.024,  $df = 1$ ,  $p = .002$ . Mean age of the return sample 46.1 years, significantly different than the population mean age of 42.2, with  $t = 9.412$ ,  $df = 940$ ,  $p = .000$ .

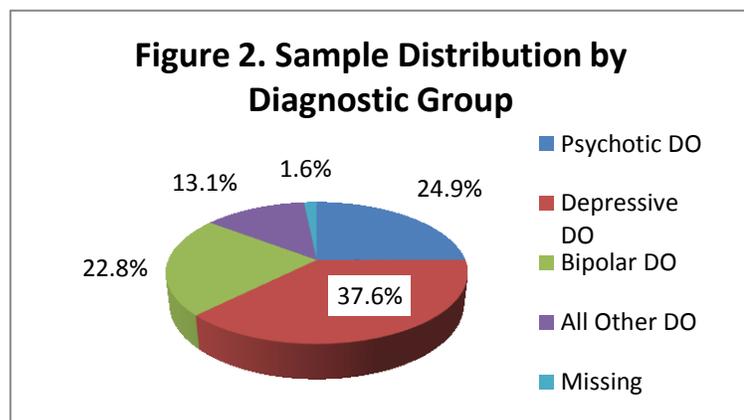
The adult return sample was 68.6% White (N = 641), 27.9% African American (N = 261), .9% identified as other race (N = 8), and 2.7% unknown or missing race (N = 25). Some 2.7% (N = 25) of the sample were identified by one of several Hispanic/Latino ethnicities. Racial distribution in the return sample approached a significant difference from the population ( $\chi^2 = 6.820, df = 3, p = .078$ ). Although White and African Americans distributions were fairly representative of the population, other races (such as Asians, Native Americans, or more than one race) were under-represented. The sample distribution for Hispanic/Latino consumers was representative of the population.



Grouped into five county/board types, the percentage distributions were as follows: Appalachian 11.7% (N = 109), Rural 9.2% (N = 86) Small City 10.6% (N = 99), Suburban 14.5% (N = 136), Major Metropolitan 52.4% (N = 490), and missing 1.6% (N = 15). Test of proportions on the geographic stratification indicated no significant statistical difference between subjects in the sample and the population.

About 81% (N = 756) of the return sample had received services in the prior fiscal year, compared to 78.6% of the population with services in the previous year. A test of proportions indicated that longevity was significantly different between the sample and the population ( $\chi^2 = 10.182, df = 1, p = .001$ ). Some 60.5% of the sample had at least one service covered by Medicaid, while 37.9% were covered by some other funding source. Payer source information was missing for 1.6% of the sample. A test of proportions indicated no significant difference with the population on the basis of payer source.

The sample was categorized into four primary diagnostic groups: Some 24.9% (N = 231) had schizophrenia or another psychotic disorder; 37.6% (N = 348) had a depressive disorder; 22.8% (N = 211) had bipolar disorder; 13.1% (N = 121) were classified as “other” diagnoses, and 1.6% (N = 15) were missing diagnostic information. (See Figure 2.) Diagnostic group distribution was significantly different



in the return sample than in the population ( $\chi^2 = 17.683, df = 4, p = .001$ ). The respondent group had more cases in depressive disorder group and fewer in the bipolar and other diagnoses group than occurs in the service population.

### Other Characteristics of the Sample

Some 8% of adult (N =75) consumers indicated they were not receiving services at the time of the survey. Some 6.3% (N = 48) of longer term respondents indicated that they had been arrested within the last 12 months. Among newer consumers, 18.9% (N = 31) reported an arrest prior to the onset of treatment or within the last 12 months.

Because population parameters for current service receipt and police encounters, tests of proportions were not conducted.

## Survey Results

### MHSIP Subscales

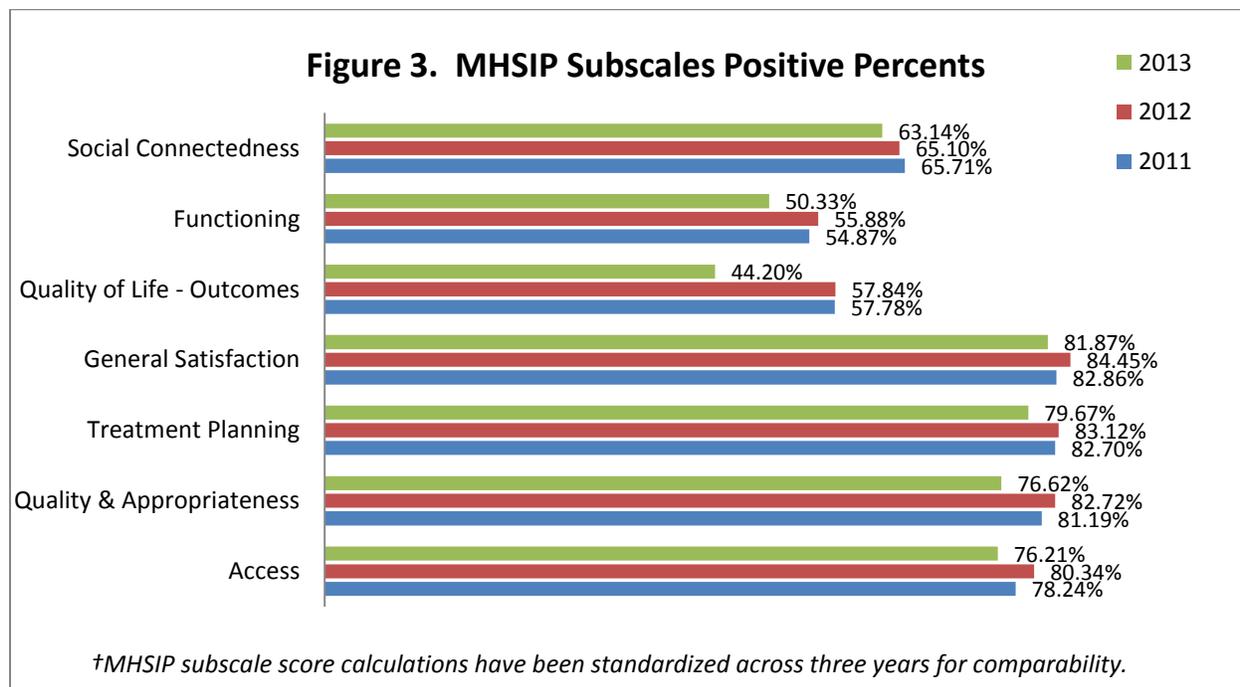
<b>MSHIP Subscale</b>	<b>Survey Item Numbers</b>
<i>General Satisfaction</i>	1, 2, 3
<i>Access</i>	4, 5, 6, 7, 8, 9
<i>Quality &amp; Appropriateness</i>	10, 12, 13, 14, 15, 16, 18, 19, 20
<i>Participation in Treatment</i>	11, 17
<i>Outcomes</i>	21, 22, 23, 24, 25, 26, 27, 28
<i>Functioning</i>	28, 29, 30, 31, 32
<i>Social Connectedness</i>	33, 334, 35, 36

The content of subscales in the MSHIP instrument is unique to the adult mental health population. (See Table 1 for items in seven subscale domains.) Items in a subscale are summed and divided by the total number of items, and scores greater than or equal to 3.5 are reported in the positive range. Cases with subscales where more than one-third of items are missing are dropped from the final analysis. A copy of the MSHIP instrument with questions linked to each item number is located at the end this report.

In the 2013 return sample, the highest percent of positive scores was for the *General Satisfaction* subscale, which focuses on perceptions of overall satisfaction. Positive scores were reported by 81.9% of survey respondents. (See Figure 3 for percent of positive subscale responses.) *Participation in Treatment* was the next highest subscale with percent of positive scores. This domain measures the consumer’s perception participation treatment decisions. Some 79.7% of respondents ranked the subscale in the positive range. *Quality & Appropriateness* of treatment was the third lowest ranked subscale in percent of positive responses. Positive perceptions regarding quality indicators were reported by 76.2% of adult respondents. *Access* to care was ranked positively by 76.2% of respondents—the lowest ranked perception of care subscale.

*Social Connectedness* asks respondents to rank their perceptions of their support system in the community. This treatment outcome subscale was ranked positive by 63.1% of survey respondents. Functioning was ranked positive by 50.33% of the sample, and less than half (44.2%) of the sample responded positively to the *Outcomes* items.

Figure 3 depicts percentage of positive scores calculated in from 2011 through 2013 and indicates that on most subscales, the 2013 percentages are lower on of seven subscales. In the 2013 administration, the largest decrease in positive responses over 2012 occurred in the *Quality of Life - Outcomes* domain.



The least variability over the three years in percentage of positive responses occurs with general satisfaction and social connectedness. The dramatically lower percentage of positive responses on the *Quality of Life – Outcomes* subscale is striking.

Means tests were run to better understand what was associated with the low Outcomes scores. Analysis of Variance (ANOVA) tests on sample’s two generalizable factors--geographic type or racial group—did not associate with significantly different means on the four perception of care subscales and the three outcomes measure. There were no significant mean differences on Outcomes based on gender and no significant correlation between age and Outcomes. The diagnostic groups, which are unique to the sample, was a significant factor, with  $F = 5.021$ ,  $df = 3$ ,  $p = .002$ . Persons with depressive disorders, bipolar disorders, and all other diagnoses all had significantly lower group means on the Outcomes subscale than did persons with psychotic disorders.

### Other Outcomes

In the 2013 administration of the MHSIP, respondents were asked to report on arrests at two time points. Time 1 (T1) was the 12 to 24 month period prior to survey administration, while Time 2 (T2) was the more recent one to 12 month period. The OMHAS Bureau of Research and Evaluation has chosen to collect and report on consumer arrests and police encounters, expulsions/suspension through randomized consumer surveys until widespread provider reporting of client-level measures of these National Outcomes Measures (NOMs) becomes effective. This section of the report highlights the results of the arrest information appended to the MHSIP surveys administered in the third quarter of SFY 2013.

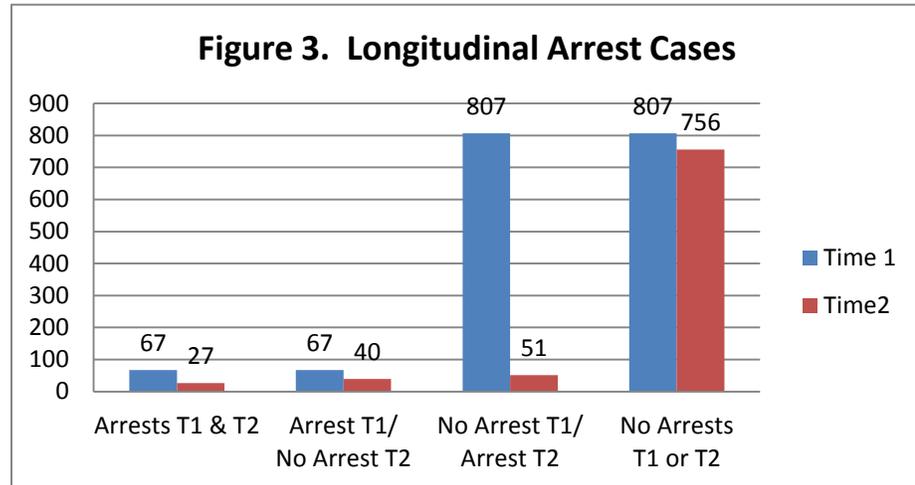
### Distribution of Arrest Variables

There were 911 valid responses to the question about arrests in the 12 to 24 month time period (T1) preceding survey administration, and 916 valid responses to the question about the 12 months' (T2\_ prior. In a cross-sectional frequency analysis, 92.6% (N = 844) reported no arrests and 7.4% (N = 67) reported arrests at Time

1. Some 91.2% (N = 835) reported no arrests and 8.8% (N = 81) had no arrest at Time 2.

The longitudinal analysis of arrests shown in Figure 3 indicates that of 67 adults with arrests at T1, 27 (40.3%) also had an arrest at T2. By comparison, 40 (59.7%)

adults with arrests at T1 had no arrest at T2. Of the 807 adults with no arrest at T1, 51 (6.3%) reported an arrest at T2. Some 93.7% of adults (N = 756) who had no arrests at T1 also reported no arrests at T2.



Chi-square tests of consumers with arrests at T1 by race and geographic type indicated no significant differences in the occurrence of arrests at T2. There also was no difference in re-arrest occurrences on the basis of gender or diagnostic group. There was a significant difference in arrests at T2 among consumers with T1 arrests on the basis of age group, with  $\chi^2 = 14.591$ ,  $df = 5$ ,  $p = .012$ . Younger consumers in the 25 to 24 age group had a significantly higher occurrence of re-arrests. The most significant predictor of arrest at T2 was an arrest at T1, with  $\chi^2 = 78.187$ ,  $df = 1$ ,  $p = .000$ . Logistic regression tests on arrests at time 2 with the four perception of care subscales did not produce significant associations.

### Limitations and Conclusions

While the sample is representative of the service population on race and geographic type, these factors did not result in mean differences on the four perception of care and three outcome subscales. Diagnostic group was the only significant factor associated with mean differences on the outcomes subscale. The diagnostic group distribution, however, was unique to the sample and findings associated with that distribution cannot be generalized to the service population. Overall, the sample was older and had more females than the service population. Although a younger age was associated with re-arrest at time 2, male gender was not.

The 2013 positive percentages of mean scores for the perception of care and outcomes subscales were all lower than in 2012 and 2011. Because the 2012 subscale positive percentages were for the most part higher than 2011 results, it is impossible to determine a trend. Several more years of sampling are necessary for a meaningful interpretation of trends.

## Ohio Department of Mental Health MHSIP Adult Consumer Survey

In order to provide the best possible mental health services, we need to know what you think about the services you received during the last six months, the people who provided it, and the results. If you received services from more than one provider, please answer for the one you think of as your main or primary provider. Please indicate your agree-ment/disagreement with each of the following statements by filling in or putting a cross (X) in the circle that best repre-sents your opinion. If the question is about something you have not experienced, black out or put a cross (X) in the “Does Not Apply” circle.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Does Not Apply
1. I like the services that I received at my agency.....	<input type="radio"/>					
2. If I had other choices, I would still get services from my agency....	<input type="radio"/>					
3. I would recommend my agency to a friend or family member.....	<input type="radio"/>					
4. The location of services was convenient (parking, public trans- portation, distance, etc.).....	<input type="radio"/>					
5. Staff were willing to see me as often as I felt it was necessary.....	<input type="radio"/>					
6. Staff returned my call in 24 hours.....	<input type="radio"/>					
7. Services were available at times that were good for me.....	<input type="radio"/>					
8. I was able to get all the services I thought I needed.....	<input type="radio"/>					
9. I was able to see a psychiatrist when I wanted to.....	<input type="radio"/>					
10. Staff believe that I can grow, change and recover.....	<input type="radio"/>					
11. I felt comfortable asking questions about my treatment and medication.....	<input type="radio"/>					
12. I felt free to complain.....	<input type="radio"/>					
13. I was given information about my rights.....	<input type="radio"/>					
14. Staff encouraged me to take responsibility for how I live my life...	<input type="radio"/>					
15. Staff told me what side effects to watch out for.....	<input type="radio"/>					
16. Staff respected my wishes about who is and who is not to be given information about my treatment.....	<input type="radio"/>					
17. I, not staff, decided my treatment goals.....	<input type="radio"/>					
18. Staff were sensitive to my cultural background (race, religion, language, etc.).....	<input type="radio"/>					
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.....	<input type="radio"/>					
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).....	<input type="radio"/>					

