



Mental Health Statistics Improvement Program: 2015 Adult Consumer Survey Results

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John R. Kasich, *Governor*
Tracy J. Plouck, *Director*

Report prepared by:

Carol Carstens, PhD, LISW-S
Office of Quality, Planning and Research



Overview

The Office of Quality, Planning and Research at the Ohio Department of Mental Health and Addiction Services (OhioMHAS) administered its annual mail survey to adult consumers with serious mental illnesses (SMI) on their perception of care and treatment outcomes. Adults were queried between April 1 and June 30, 2015, using the Mental Health Statistics Improvement Program (MHSIP) instrument. An additional questionnaire asking about employment experience and attitudes was included in the State Fiscal Year (SFY) 2015 administration of the MHSIP. (See survey forms at the end of the report.) 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 2015 survey administration drew a random sample stratified by race and county/board type from the MACSIS/MITS billing database. A sample of 8,000 adults aged 18+ who met criteria for serious mental illness was drawn from a universe of 107,500 adults with SMI who received services in the last two quarters of SFY 2014. The sample size for the adult service population was based on a power analysis for confidence intervals (CI) of +/-3 percent. Racial minorities were over-sampled in an effort to obtain adequate representation.

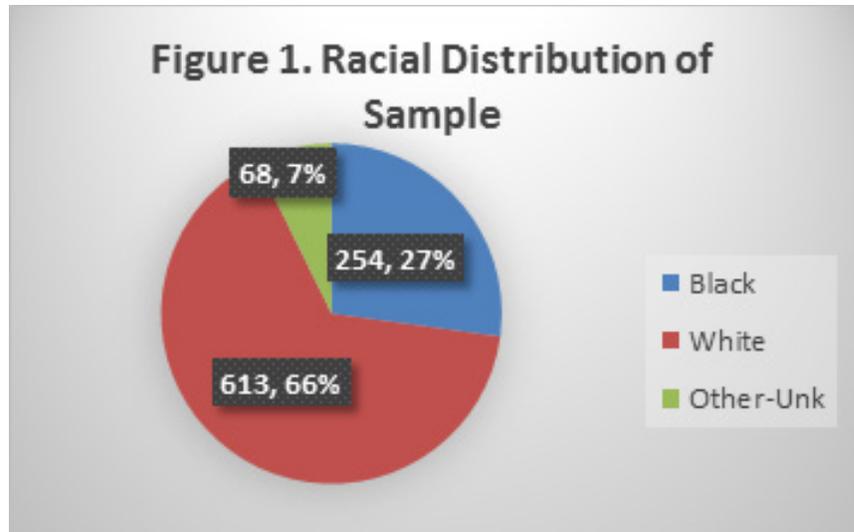
Surveys were mailed out in a two waves, with reminder postcards issued four weeks after the mailing and a second resurvey of the sample at eight weeks. Survey participants were given the option of responding by mail with a pre-paid business envelope, by phone over the department's toll-free line, or via an internet survey website.

Sampling Results

In the return sample, 15 percent ($n = 1,204$) of survey packets were returned as undeliverable mail. About one percent ($n = 70$) of surveyed consumers declined participation, and 86.2 percent ($n = 5,854$) of survey recipients did not respond by the survey deadline. A valid survey was returned by 942 consumers, or 13.8 percent of the sample that received a mail packet.

Sample Demographics

Among adult consumers who returned the survey, 65.1 percent were female ($n = 613$), 34.2 percent male ($n = 322$), and 0.7 percent ($N = 7$) unknown gender. The gender distribution in the return sample was not representative of the SFY 2014 adult service population, where 60.3 percent were female and 39.7 percent were male. Mean age of the return sample was 47.8 years ($SD = 12.0$), which is significantly older than the population's mean age of 42.3 years ($SD = 13.8$).

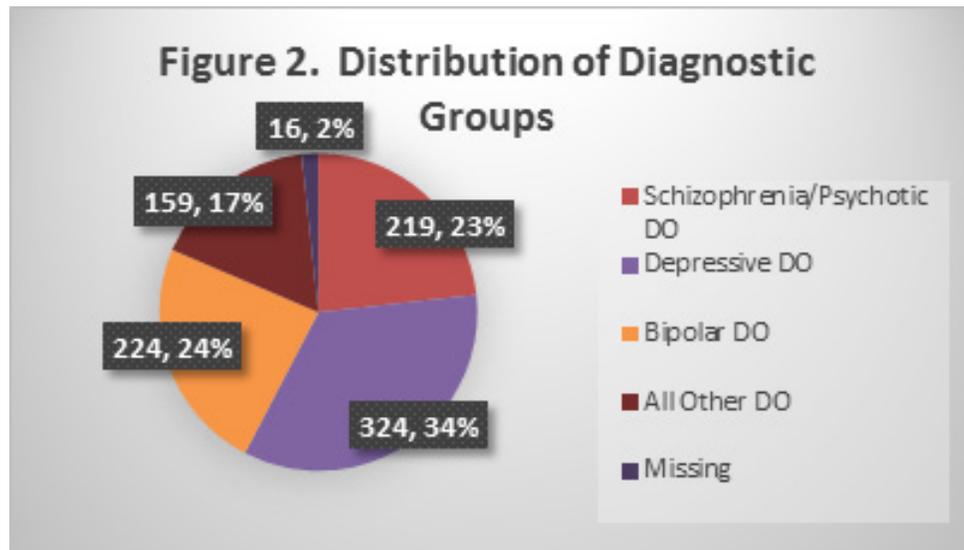


Survey respondents were 67.7 percent White ($n = 638$), 27.8 percent African American ($n = 262$), and 4.5 percent other or unknown race ($n = 42$). (See Figure 1.) Some 1.9 percent ($n = 18$) of the sample were identified by one of several Hispanic/Latino ethnicities. Racial and ethnic distributions in the return sample were representative of the SFY 2014 service population.

The sample was grouped into five county/board types, with the percentage distributions as follows: Appalachian 13.1 percent ($n = 123$), Rural 6.4 percent ($n = 60$), Small City 15.6 percent ($n = 147$), Suburban 13.3 percent ($n = 125$), Major Metropolitan 51.0 percent ($n = 480$), and missing 0.7 percent ($n = 7$). The geographic distribution of respondents was representative of the SFY 2014 service population.

Some 69.5 percent ($n = 654$) of respondents had received services in SFY 2013, compared to 64.6 percent of the SFY 2014 service population with services in the previous fiscal year. Respondents who received services in SFY 2013 and 2014 were considered "long term," and those ($n = 281$; 29.8%) who only received services in SYF 2014 were classified as "short term"

The sample was categorized into four primary diagnostic groups: 23.2 percent ($n = 219$) had schizophrenia or another psychotic disorder (DO); 34.4 percent ($n = 324$) had a depressive disorder; 23.8 percent ($n = 224$) had bipolar disorder; 16.9 percent ($n = 159$) were classified as "other" diagnoses, and 1.7 percent ($n = 16$) were missing diagnostic information. (See Figure 2.)



Other Characteristics of the Sample

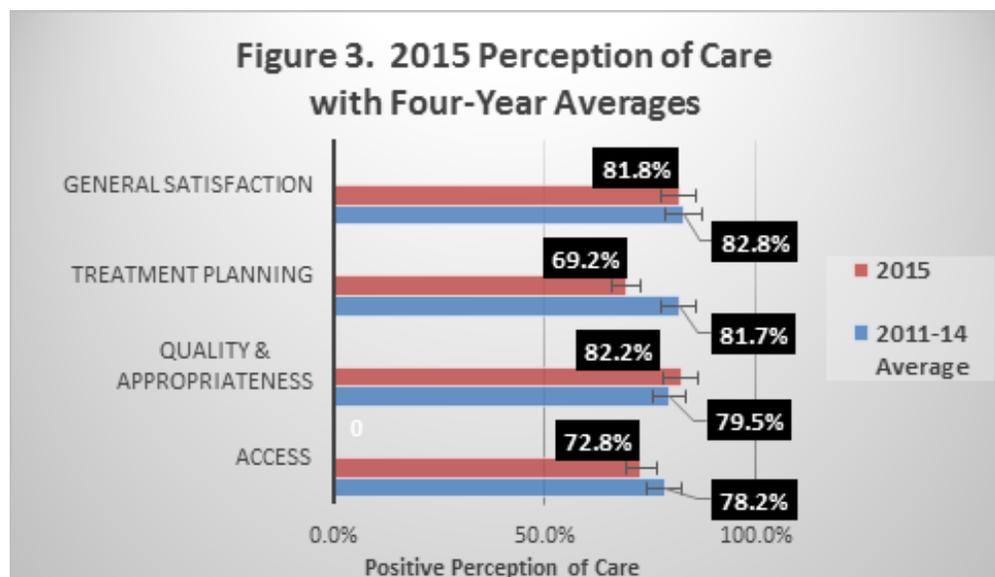
Some 8.7 percent ($n = 82$) of the sample indicated they were not receiving services at the time of the survey. Some 5.2 percent ($n = 34/654$) of the long-term respondents indicated that they had been arrested within the 12 months prior to the survey administration. Among short-term respondents, 21 percent ($n = 59/281$) reported an arrest prior to the onset of treatment or within the 12 months prior to survey administration. More detailed information about adult criminal justice involvement is found in the report *Trends in Arrests for Adult and Child and Adolescent Consumers*.

Survey Results

Table 1. YSS-F Subscale Items		
	MSHIP Subscale	Survey Item Numbers
Perception of Care	General Satisfaction	1, 2, 3
	Access	4, 5, 6, 7, 8, 9
	Quality & Appropriateness	10, 12, 13, 14, 15, 16, 18, 19, 20
	Participation in Treatment	11, 17
Treatment Outcomes	Outcomes	21, 22, 23, 24, 25, 26, 27, 28
	Functioning	28, 29, 30, 31, 32
	Social Connectedness	33, 34, 35, 36

The content of subscales in the MSHIP instrument is unique to the adult mental health population. (See Table 1 for items in the seven subscale domains.) Items in a subscale are summed and divided by the total number of items, and scores greater than 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.

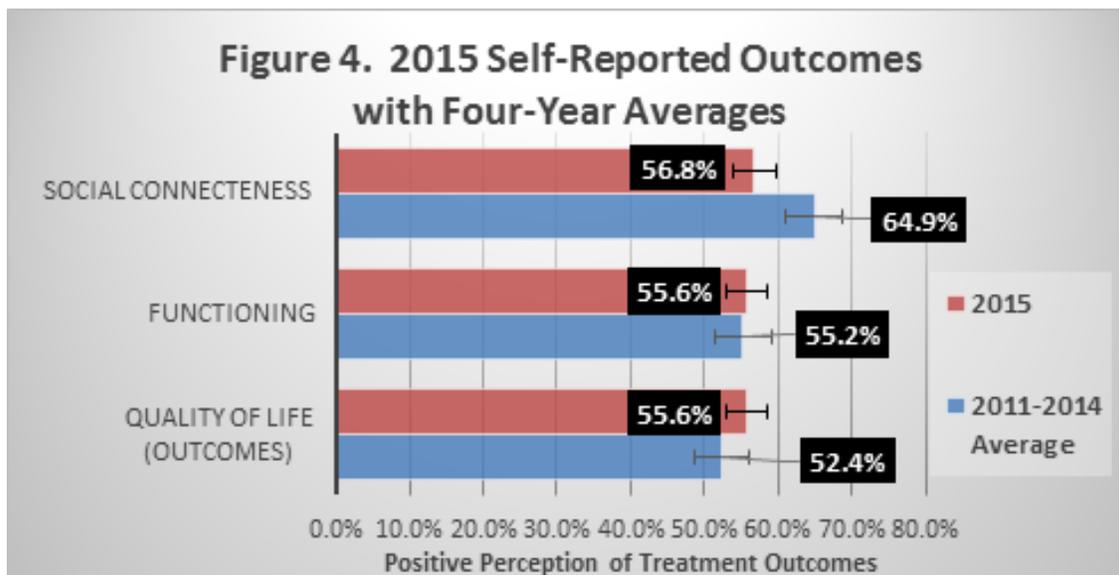
Figure 3 shows percents of positive responses on the MSHIP's four perception of care subscales for SFY 2015 compared to the SFY 2011-2014 four-year averages. Based on low standard deviations on the annual subscale results, the four-year averages depicted by the blue bars were calculated to serve as benchmarks for assessing SFY 2015 results. Four-year standard deviations for the perception of care subscales are general satisfaction: $SD = 1.1$ percent; treatment planning 1.6 percent; quality & appropriateness, 2.9 percent, and access, 1.0 percent.



Four-year averages and SFY 2015 results each have confidence intervals (CI) of +/-3 percentage points. The "I" bar on the on the chart bars represent the CIs. When the range of the confidence intervals overlap, as occurs with the general satisfaction and quality and appropriateness subscales, the difference between the four-year average and the SFY 2015 results are not statistically significant. Figure 3 shows that the SFY 2015 percent of positive responses on inclusion in treatment planning is substantially lower at 69.2 percent (CI = 66.2% – 72.2%) than the four-year average of 81.7 percent (CI = 79.7% – 83.7%).

The range of the CI bars do not overlap, and the difference of 12 percent points is statistically significant. The SFY 2015 access subscale score of 72.8 percent (CI = 69.8% – 75.8%) is lower than the four-year average of 78.2 percent (CI = 75.2% – 81.2%), but the CI range for the SFY 2015 positive percentage overlaps at the upper margin with the lower margin of the four-year average CI. The overlap, however is small—just 0.6 percent. Because of the small overlap, the difference can be said to approach significance.

Figure 4 shows percent of positive responses on the three self-reported treatment outcome subscales for SFY 2015 compared to the subscale averages for SFY 2011-2014. Standard deviations for the three treatment outcome scales are: social connectedness, SD = 1.2 percent; functioning, 3.9 percent, and quality of life, 4.6 percent. At 56.8 percent (CI = 53.85 – 59.8%), the SFY 2015 percent of positive responses for the social connectedness subscale is eight percentage points lower than the four-year average of 64.9 percent (CI = 61.9% – 67.9%). The CI do not overlap, and the difference between the SFY 2015 results and the four-year average for social connectedness is statistically significant. The functioning and quality of life outcome measures show no significant change in SFY 2015.



Limitations

Survey data are problematic in that there is always a risk that a sample does not represent the entire population. Low survey response rates also pose a threat to the validity of results, inasmuch as there could be a difference between responders and non-responders. Randomization and stratification of the survey samples helps to reduce the risk of misrepresentation somewhat.

Looking at the standard deviations on measures from one year to the next helps establish whether there is consistency across time in the measurement. The 12-point difference between the four-year average and

SFY 2015 scores on engagement in treatment planning could be due to sampling error, except that none of the other SFY 2015 perception of care measures showed such a dramatic change. With a standard deviation of 1.6, the two-item treatment planning subscale has been among the most stable measures over the past four years of survey administration.

Discussion

If the 69.2 percent on the SFY 2015 treatment planning subscale is valid, what might account for the sudden decline? Perhaps the relatively low 72.8 percent on access to services provides a clue. Item six (6) in the access subscale—"Staff returned my call in 24 hours"—had the lowest average score, even lower than the understandably low average for item nine (9)—"I was able to see a psychiatrist when I wanted to." The combined effect of increased staff caseloads and widespread use of cost containment measures might account for less time spent returning calls or helping clients identify personal recovery goals. Increased caseloads may have resulted from the expansion of Medicaid in SFY 2014.

It is more difficult to speculate about what may have contributed to the SFY 2015 decline on the social connectedness outcomes subscale. A nonsignificant decline on the social connectedness subscale was seen in the SFY 2015 survey results for the families of child and adolescent consumers. (See *2015 Youth Services Survey for Families Results*.) More study is needed to determine what might account for an apparent increase in perceptions of social isolation among mental health consumers.



OhioMHAS Quality, Planning and Research
 30 E. Broad Street, 8th Floor
 Columbus, OH 43215

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 agreement/disagreement with each of the following statements by filling in or putting a cross (X) in the circle that best represents 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 transportation, 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"/>					

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Continue on the back of this sheet. . .

As a direct result of the services I received:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Does Not Apply
21. I deal more effectively with daily problems	<input type="radio"/>					
22. I am better able to control my life	<input type="radio"/>					
23. I am better able to deal with crisis	<input type="radio"/>					
24. I am getting along better with my family	<input type="radio"/>					
25. I do better in social situations	<input type="radio"/>					
26. I do better in school and/or work	<input type="radio"/>					
27. My housing situation has improved	<input type="radio"/>					
28. My symptoms are not bothering me as much	<input type="radio"/>					
29. I do things that are more meaningful to me	<input type="radio"/>					
30. I am better able to take care of my needs	<input type="radio"/>					
31. I am better able to handle things when they go wrong	<input type="radio"/>					
32. I am better able to do things that I want to do	<input type="radio"/>					

Please answer the following questions to let us know how you are experiencing your agency as a Health Home.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Does Not Apply
33. I am happy with the friendships I have.....	<input type="radio"/>					
34. I have people with whom I can do enjoyable things.....	<input type="radio"/>					
35. I feel I belong in my community.	<input type="radio"/>					
36. In a crisis, I would have the support I need from family or friends.	<input type="radio"/>					

Please answer the following questions to let us know how you are doing.

37. Are you still getting mental health services? Yes No
38. Were you arrested since you began to receive mental health services? Yes No
39. Were you arrested during the 12 months prior to that? Yes No
40. Over the past year, have your encounters with the police:
- Been reduced. I haven't been arrested, hassled by the police, taken by police to a shelter or crisis program.
 - Stayed the same.
 - Increased.
 - Not applicable. No police encounters this year or last.

Please help us understand more about your employment experience:**1. Which choice best describes your current employment status?** (Choose only one)

- a. Full-time competitive employment (35 or more hours a week at a job for which anyone can apply)
- b. Part-time (Less than 35 hours a week or year-round)
- c. Sheltered Employment (must have disability to apply for job)
- d. Unemployed, actively looking for work
- e. Not in labor force (retired, disabled, homemaker, volunteer, student without a job, etc.)

2. If you are currently employed, about how long have you been in your current position?

- a. Less than a year
- b. More than one year, but less than five years
- c. More than five years, but less than ten years
- d. More than ten years
- e. Doesn't apply—I'm not currently employed

3. If you are currently NOT employed, have you ever been employed?

- a. No b. Yes

4. If you are currently NOT employed, but have had a job in the past, about how long has it been since you had a job?

- a. Less than a year
- b. More than a year, but less than five years
- c. More than five years, but less than ten years
- d. More than ten years
- e. Doesn't apply – I've never had a job

Whether employed or not, people have beliefs about having a job. Please read each statement and fill in the bubble that best describes how much you agree or disagree.

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
5. Having a job makes me a more responsible person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Having a job causes me to lose government benefits.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Having a job reduces my anxiety.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Having a job causes me to lose my free time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Having a job shows people that I can handle work stress.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Having a job reduces my depression.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Having a job causes me to be tested for illegal drugs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Having a job increases my stress.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Having a job increases my problem solving.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Having a job causes me to experience discrimination because of my mental illness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*Thank You for Participating***-A14S**

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