



# Mental Health Statistical Information Program Survey Results: 2017 Adult Consumer Survey

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## **Overview**

The Ohio Department of Mental Health and Addiction Services, Office of Quality, Planning, and Research (OMHAS-QPR) 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 11 and June 9, 2017, 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, experience and recovery in the public mental health system.

## **Methodology**

The 2017 survey administration drew a random sample stratified by race and county/board type from the MACSIS/MITS billing database. A sample of 10,000 adults aged 18+ who met criteria for serious mental illness (SMI) was drawn from a universe of 76,140 adults with SMI who received services in the last two quarters of SFY 2016. 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 to obtain adequate representation.

A notification was sent in advance of the surveys to let recipients know they had been selected in the SFY 2016 administration of the sampling. Survey materials were mailed out in two waves, with a second resurvey of the sample at about four weeks. Survey participants were given the option of response 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, 14.5% (n = 1,453) of the advance notifications and survey packets were returned as undeliverable mail. Eight-tenths of one percent (0.8%; n = 79) of surveyed consumers declined participation. Of the consumers in the sample who received a mail packet, 79.2% (n = 6,768) did not respond by the survey deadline. A valid survey was returned by 1,628 consumers, or 19.0% of the sample that received a mail packet.

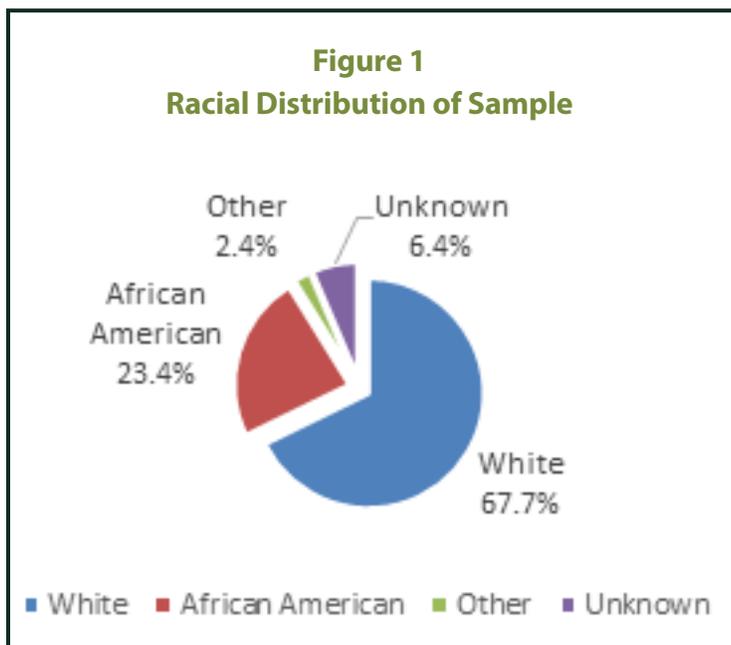
## ***Sample Demographics***

Among adult consumers who returned the survey, 61.0% were female (n = 993), 38.8% were male (n = 632), and 0.002% (n = 3) were of unknown gender. The gender distribution in the return sample was not representative of the SFY 2016 service universe of 76,140 adults with SMI, where 58.2% were female and 41.8% were male. Mean

age of the return sample was 48.6 years (SD = 12.7), which is significantly older than the population's mean age of 42.8 years (SD = 14.1).

Survey respondents were 67.7% White (n = 1,102), 23.4% African American (n = 381), 2.4% other race (n = 39), and 6.4% unknown race (n = 104). (See Figure 1.) One 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 2016 universe.

The sample was grouped into five county/board types, with the percentage distributions as follows: Appalachian 18.3% (n = 298), Rural 9.2% (n = 149), Small City 10.3% (n = 167), Suburban 13.5% (n = 220), Major Metropolitan 48.6% (n = 792), and missing 0.001 percent (n = 2). The geographic distribution of respondents was not representative of the SFY 2016 universe. The Appalachian boards were over-represented and the Major Metropolitan boards were under-represented in the return sample.



### Other Characteristics of the Sample

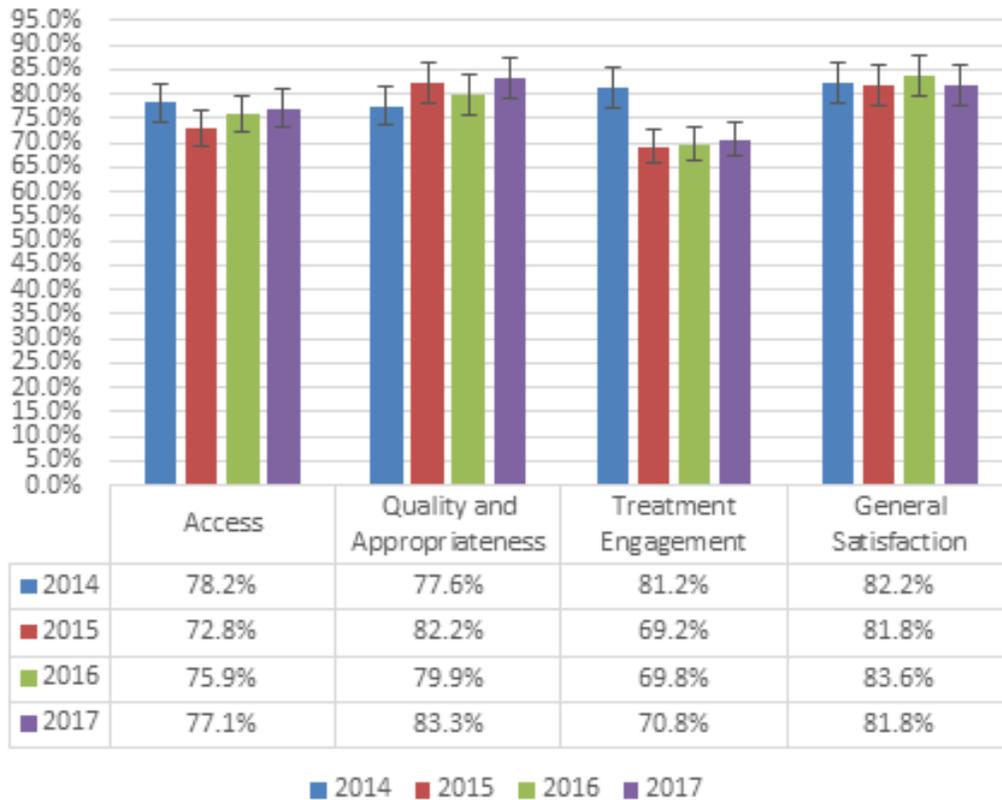
Ninety-two and four-tenths percent (92.4%; n = 1504) of respondents had also received services in SFY 2015. Respondents who received services in SFY 2015 and 2016 were considered “long term,” and those who only received services in SYF 2016 (n = 122; 7.5%) were classified as “short term.” Seven and one-tenth percent (7.1%; n = 116) of the sample indicated they were not receiving services at the time of the survey. Six and six-tenths percent (6.6%; n = 108) of respondents indicated that they had been arrested within the 24 months prior to the survey administration.

### Instrument Scoring

The content of subscales in the MHSIP 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 analysis. A copy of the MHSIP instrument with questions linked to each item number is located at the end this report

	<b>MSHIP Subscale</b>	<b>Survey Item Numbers</b>
<b>Perception of Care</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
<b>Treatment Outcomes</b>	<i>Outcomes</i>	21, 22, 23, 24, 25, 26, 27, 28
	<i>Functioning</i>	28, 29, 30, 31, 32
	<i>Social Connectedness</i>	33, 34, 35, 36

**Figure 2**  
**Perception of Care: SFY 2014 - 2017**



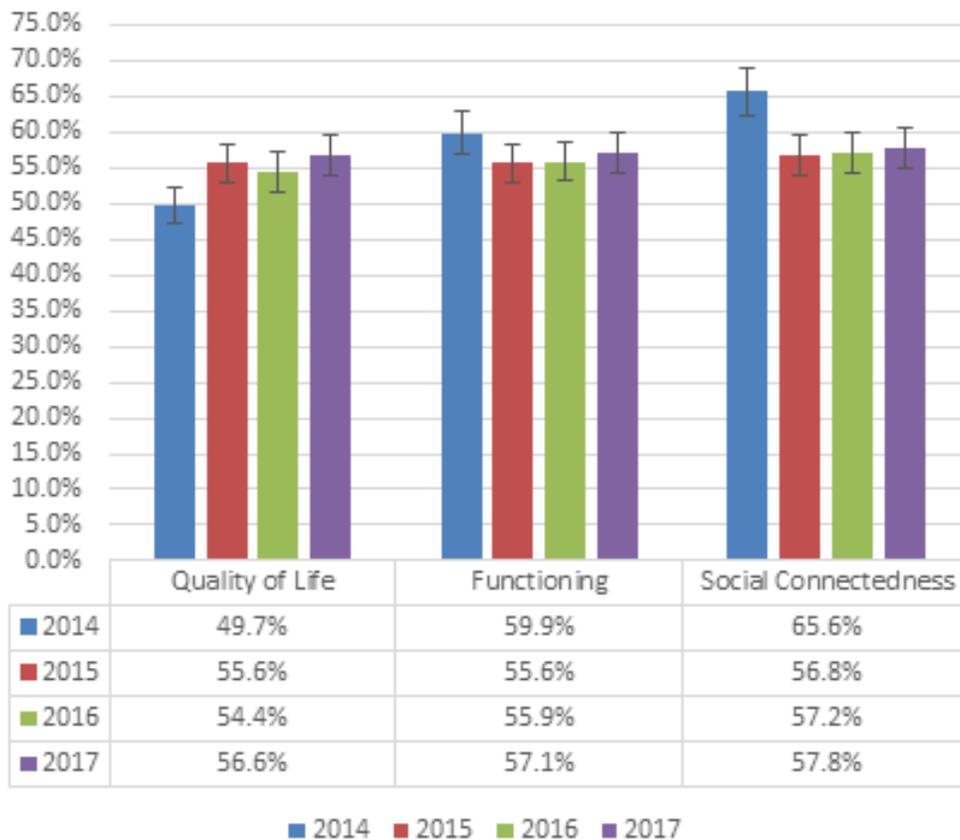
## **Results**

### **Perception of Care Subscales**

Figure 2 shows results on the four MHSIP Perception of Care subscales—Access, Quality & Appropriateness, Treatment Engagement, and General Satisfaction—over four years, with the SFY 2017 results shown in purple, SFY 2016 in green, SFY 2015 in red, and SFY 2014 in blue. The “I” bars at the top of each bar indicate the +/-3 percent margin of error (MOE) for each year’s results on the four subscales.

The MOE bars over four years on three of the scales (Access, Quality & Appropriateness, and General Satisfaction) can be said to overlap. Within each subscale, the top of one year’s bar does not drop below the bottom of another year’s bar. This indicates that from one year to the next, there is not a significant difference in the positive percentages reported for each subscale. The variation shown for the Treatment Engagement subscale is different, because the top of the MOE bars for SFY 2015, 2016, and 2017 are well below the bottom of the MOE bar for SFY 2014. This indicates that for the most recent three years, the positive percentages of 69.2, 69.8, and 70.8 are significantly lower than the 81.2 positive percent reported in SFY 2014.

**Figure 3**  
**Treatment Outcomes SFY 2014-2017**



***Self-reported Treatment Outcomes***

Figure 3 shows results on the MHSIP’s three outcome subscales—Quality of Life, Functioning, and Social Connectedness—over four years of survey administration. SFY 2017 results are illustrated by purple, SFY 2016 results by green, SFY 2015 by red, and SFY 2014 by blue bars.

The MOE bars on the Quality of Life subscale overlap across the past three years, while the MOE bar from SFY 2014 is lower than the bars for SFY 2015, 2016, and 2017. This indicates that the positive percentages for this subscale have been comparable for the past three years, and significantly higher than in SFY 2014. The MOE bars on the Functioning subscale overlap across the four years. This indicates that from one year to the next, there is not a significant difference in the positive percentages reported on this subscale.

The variation shown for the Social Connectedness subscale is different. The MOE bar for SFY 2017 does overlap with the MOE bars for the two previous years; however, the top of the MOE bars for SFY 2015, 2016, and 2017 are well below the bottom of the MOE bar for SFY 2014. This indicates that for three most recent years, the positive percentages of 57.8%, 57.2%, and 56.8% are significantly lower than the 65.6 positive percent reported in SFY 2014.

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## **Limitations**

While oversampling the service population assures there will be enough completed surveys for +/-3 percentage points in the confidence intervals of the scales, the low return rate of 19.0% raises questions about the overall representativeness of the sample. The problem of a low return rate can be controlled somewhat when stratification groups in the sample are representative of the population. In the SFY 2017 survey, racial groups were representative of the sampling universe, but geographic groups were not. Racial groups within geographic groups were not representative of the sampling universe. Therefore, results may not be generalizable to the population due to bias in the sample.

## **Discussion**

In SFY 2017, the positive percentages reported for three of the subscales within Perception of Care (Access, Quality and Appropriateness, and Treatment Engagement) were slightly higher than in the previous two years (SFY 2015 and 2016), while the positive percentage reported for the General Satisfaction subscale was slightly lower than SFY 2016. Overall, the results in these subscales were comparable to the results of the previous two years. Within the three Treatment Outcomes subscales, the positive percentages were marginally higher, but comparable to the previous two years (SFY 2015 and 2016).

The trend highlighted last year (see: 2016 MHSIP Adult Consumer Survey Report) of survey respondents' perceptions of Treatment Engagement and Social Connectedness appears to have continued. For the last three years, a significantly lower perception of personal engagement in treatment has correlated with significantly lower perceptions of social connection. Increased caseloads resulting from Medicaid expansion and the widespread use of cost containment measures since SFY 2014 may have impacted the quality of time spent engaging clients on identifying personal recovery goals. The less involvement felt by an individual with his/her treatment and recovery, the less connected the individual feels to his/her community. However, it must be stated that this relationship between the two measures is a correlation, not an explanation. Lower perception of personal engagement in treatment cannot be said to cause lower perceptions of social connection, and vice versa. There may be no causal relationship between the downward trends in the two scales.



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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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**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 statements about individuals other than your provider.**

	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 during the past year?  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.

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**Citation:**

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