



Mental Health Statistical Information Program Survey Results: 2018 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 2 and August 10, 2018, 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 2018 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 81,122 adults with SMI who received services during state fiscal year 2017. 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 2017 administration of the sampling. Survey materials were mailed out in two waves, with a second resurvey of the sample at about six 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, 18.2% ($n = 1,819$) of the advance notifications and survey packets were returned as undeliverable mail. One and eight tenths percent (1.8%; $n = 149$) of surveyed consumers declined participation. Of the consumers in the sample who received a mail packet, 80.2% ($n = 6,562$) did not respond by the survey deadline. A valid survey was returned by 1,470 consumers, or 18.0% of the sample that received a mail packet.

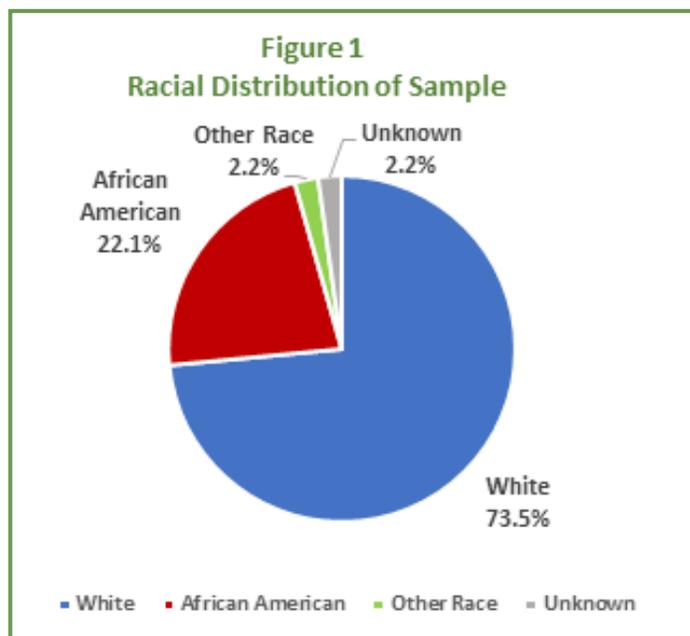
Sample Demographics

Among adult consumers who returned the survey, 62.0% were female ($n = 911$) and 38.0% were male ($n = 559$). The gender distribution in the return sample was not representative of the SFY 2017 service universe of 81,122 adults with SMI, where 55.2% were female, 42.6% were male, and 2.1% were of unknown gender. Mean age of the return

sample was 48.4 years ($SD = 13.0$), which is significantly older than the population's mean age of 42.6 years ($SD = 14.5$).

Survey respondents were 73.5% White ($n = 1080$), and 22.1% African American ($n = 325$). Four and four tenths percent ($n = 65$) were identified as other or unknown race. The racial distribution of the sample was not representative of the sampling frame, where 68.6% were White, 26.1% were African American, and 5.3% were of other or unknown race.

The return sample was grouped into five county/board types, with the percentage distributions as follows: Appalachian 13.6% ($n = 200$), Rural 6.9% ($n = 102$), Metropolitan 54.1% ($n = 796$), Suburban 12.1% ($n = 178$), and Mixed 12.9% ($n = 189$). The return sample's geographic distribution was not representative of the sampling frame. Rural, Suburban, and Mixed board types were over-represented in the return sample, while Metropolitan board types were under-represented and Appalachian board types were comparable to the sampling frame.



Other Characteristics of the Sample

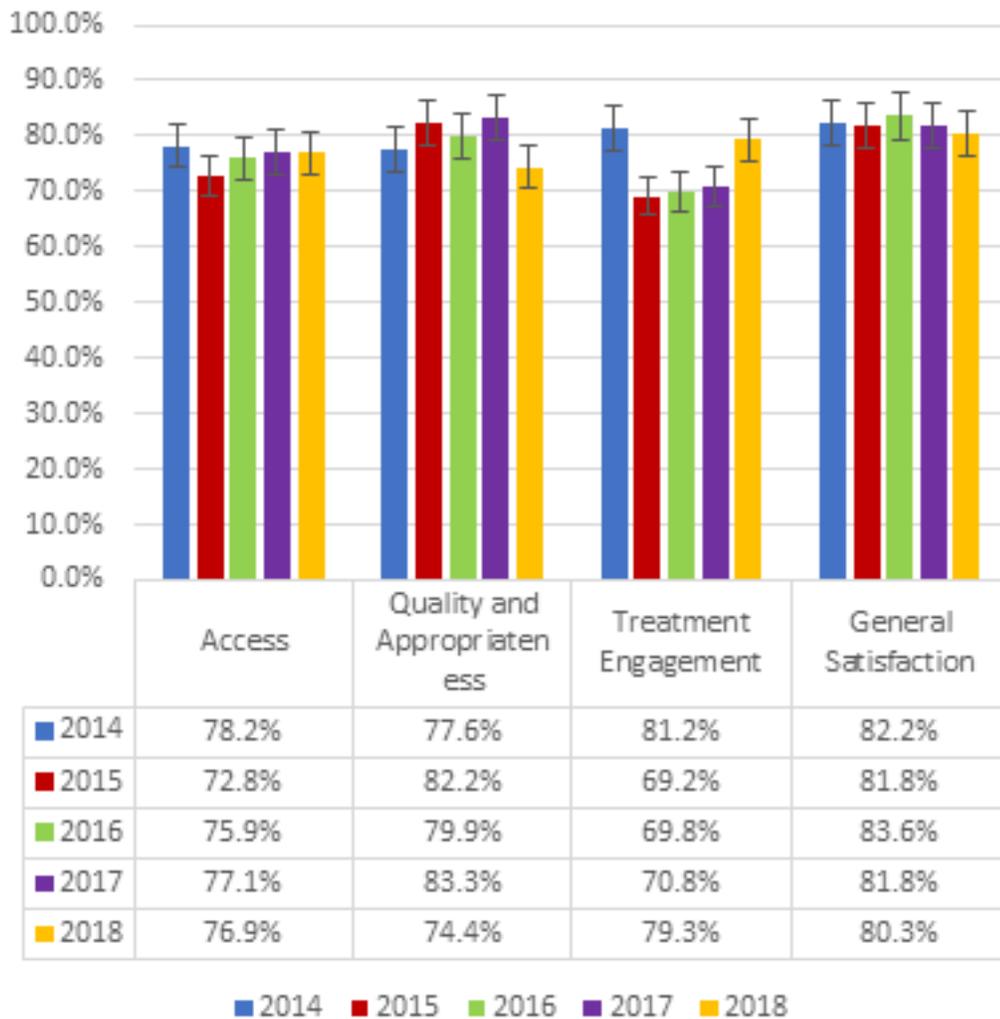
Nine and seven tenths percent (9.7%; $n = 143$) of the sample indicated they were not receiving services at the time of the survey. Seven and eight tenths percent (7.8%; $n = 115$) of respondents indicated that they had been arrested within the 24 months prior to the survey administration.

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 of this report.

	MSHIP Subscale	Survey Item Numbers
Perception of Care	<i>General Satisfaction</i>	1, 2, 3
	<i>Access</i>	4, 5, 6, 7, 8, 9
	<i>Quality & Appropriateness</i>	10, 12, 13, 14, 15, 16, 18, 19, 20
	<i>Participation in Treatment</i>	11, 17
Treatment Outcomes	<i>Outcomes (Quality of Life)</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 - 2018

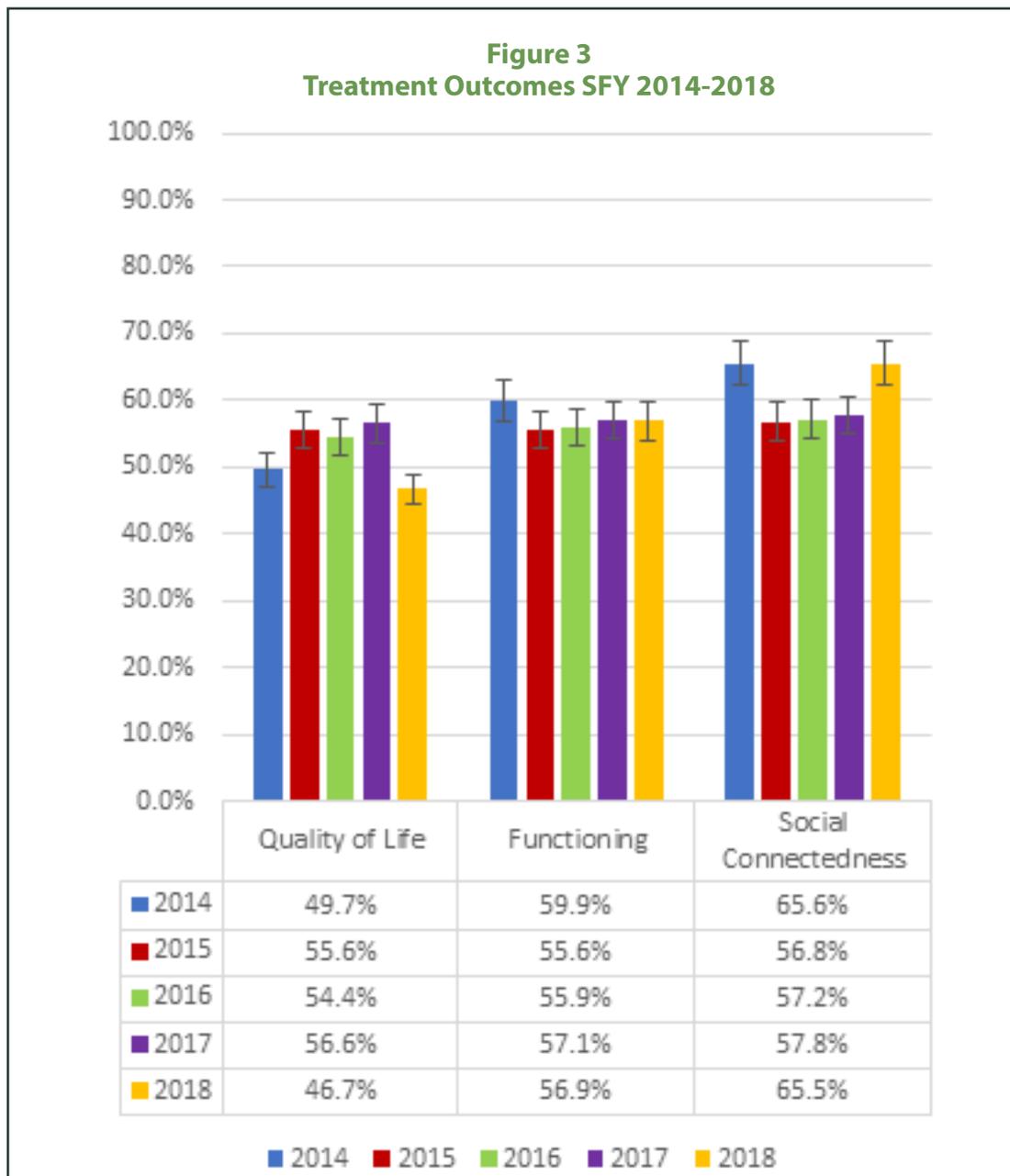


Results

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 five years, with the SFY 2018 results shown in yellow, SFY 2017 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 five years on two of the scales (Access 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 these subscales. The Quality & Appropriateness and Treatment Engagement subscales, however, do show more variation within the past five years. In the Quality & Appropriateness subscale, the top of the MOE bar for SFY 2018 is below the bottoms of the MOE bars for the SFY 2017 and 2015, although it does overlap with SFY 2016 and 2014. This indicates that the positive percentage for this subscale this year was significantly lower than for the previous year.



In the Treatment Engagement subscale, the MOE bar for SFY 2018 overlaps with the MOE bar for SFY 2014; however, it is higher than the bars for the previous three years: SFY 205, 206, and 2017. This suggests that the positive percentage for this subscale this year was significantly higher than the previous three years.

Self-reported Treatment Outcomes

Figure 3 shows results on the MHSIP’s three outcome subscales—Quality of Life, Functioning, and Social Connectedness—over five years of survey administration. SFY 2018 results are shown in yellow, SFY 2017 in purple, SFY 2016 results in green, SFY 2015 in red, and SFY 2014 in blue.

The MOE bars for the Functioning subscale overlap across the past five years, indicating that there is not a significant difference from one year to the next within this subscale. The SFY 2018 MOE bar on the Quality of Life/Outcomes subscale does not overlap with the bars from SFY 2015, 2016, or 2017, with top of the 2018 bar not reaching the bottoms of the earlier MOE bars (although it does slightly overlap with SFY 2014). This

suggests that the positive percentage for this subscale this year is significantly lower than the previous three years. The variation shown for the Social Connectedness subscale is different. The bottom of the MOE bar for SFY 2018 is higher than the top of the MOE bars for the three previous years.

The tops of the MOE bars for SFY 2015, 2016, and 2017 are well below the bottoms of the MOE bars for SFY 2014 and SFY 2018. This indicates that the positive percentage for Social Connectedness has significantly increased this year.

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 18.0% 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 2018 survey, racial groups and 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 2018, the positive percentages reported for two of the subscales within Perception of Care (Access and Treatment Engagement) were higher than or comparable to the previous three years (SFY 2015, 2016, and 2017), while the positive percentage reported for the Quality & Appropriateness and General Satisfaction subscales were lower than the previous three years. The variation in General Satisfaction was minimal, while the variation in Quality & Appropriateness was more pronounced. It is interesting to note that the positive percentage for Quality & Appropriateness was the lowest it has been in five years.

In SFY 2018, the positive percentages of the subscales within Treatment Outcomes (Quality of Life/Outcomes, Functioning, and Social Connectedness) showed much variation. The the positive percentage reported for Quality of Life/Outcomes was significantly lower than the previous three years and is at its lowest point in five years. However, the positive percentage for Social Connectedness, after a three-year slump, rose to its highest point in four years. The Functioning subscale remained comparable to the previous three years.

The trend highlighted in the past two years (see: 2016 MHSIP Adult Consumer Survey Report; 2017 MHSIP Adult Consumer Survey Report) of survey respondents' perceptions of Treatment Engagement and Social Connectedness appears to have continued. For three years (SFY 2015, 2016, and 2017), a significantly lower perception of personal engagement in treatment correlated with significantly lower perceptions of social connection. Previous reports hypothesized that 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. Or, the direction of the relationship may be just the reverse: the more connected an individual feels to his/her community, the more likely s/he is to engage in treatment. This year, the pattern of correlation between these two subscales has continued, but with higher positive percentages: a significantly higher perception of personal engagement in treatment correlated with significantly higher perceptions of social connection. However, as stated in previous reports, 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 or upward 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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