



Mental Health Statistical Information Program: 2019 Adult Consumer Survey Results

September 2019

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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 1 and July 31, 2019, 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 2019 survey administration drew a random sample stratified by race and county/board type from the MACSIS/MITS billing database. A sample of 11,000 adults aged 18+ who met criteria for serious mental illness (SMI) was drawn from a universe of 104,059 adults with SMI who received services during state fiscal year 2018. 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 2019 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. A handful of surveys were administered in Spanish and Haitian Creole.

Sampling Results

About seventeen percent (16.8%; $n = 1,851$) of the advance notifications and survey packets were returned as undeliverable mail. One and seven-tenths percent (1.7%; $n = 156$) of surveyed consumers declined participation. Of sampled consumers who received a mail packet, 83.5% ($n = 7,639$) did not respond by the survey deadline. A valid survey was returned by 1,354 consumers, or 14.8% of those who received a mail packet.

Sample Demographics

Among 1,354 consumers who completed the survey, 62.9% were female ($n = 851$) and 37.1% were male ($n = 503$). The gender distribution in the return sample was not representative of the SFY 2019 service universe of 104,049

adults with SMI, where 56.7% were female, 41.1% were male, and 2.2% were of unknown gender. Mean age of the return sample was 47.9 years ($SD = 12.7$), which is significantly older than the population's mean age of 41.9 years ($SD = 14.1$).

Survey respondents were 70.8% White ($n = 958$), and 24.9% African American ($n = 337$). Four and three-tenths percent (4.3%; $n = 59$) were identified as other or unknown race. The racial distribution of the sample was representative of the sampling frame, where 70.9% were White, 24.8% were African American, and 4.3% were of other or unknown race.

The return sample was grouped into five county/board types, with the percentage distributions as follows: Appalachian 13.4% ($n = 181$), Rural 4.8% ($n = 65$), Metropolitan 59.4% ($n = 804$), Suburban 11.7% ($n = 159$), Mixed 9.9% ($n = 134$), and Unknown .8% ($n = 11$). The return sample's geographic distribution was not representative of the sampling frame. Appalachian, Rural and Metropolitan board types were under represented in the return sample, while Suburban and Mixed board types were over represented.

Other Characteristics of the Sample

Twelve and a half percent (12.5%; $n = 166$) of the sample indicated they were not receiving services at the time of the survey. Seven and three-tenths percent (7.2%; $n = 98$) of respondents indicated that they had been arrested within the 24 months prior to the survey administration.

MHSIP 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.

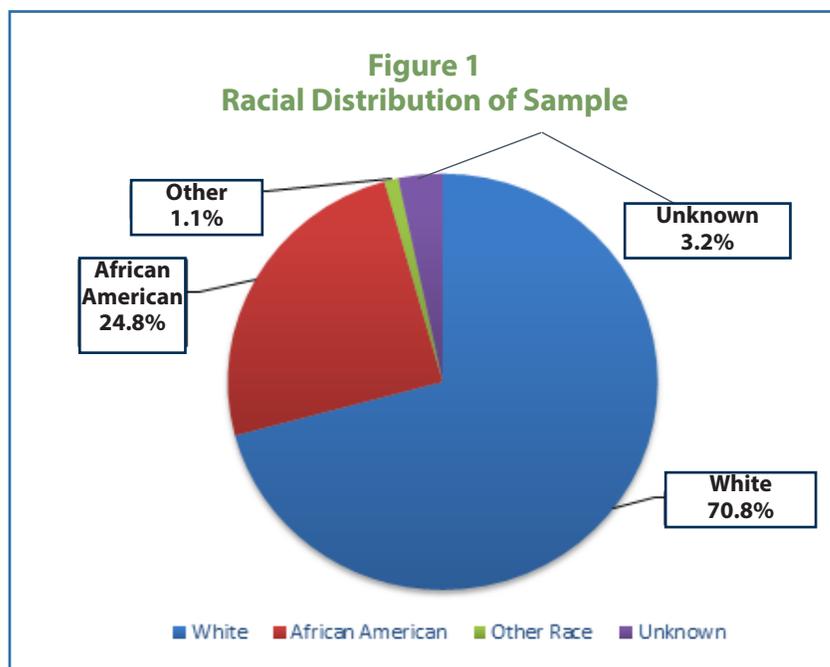
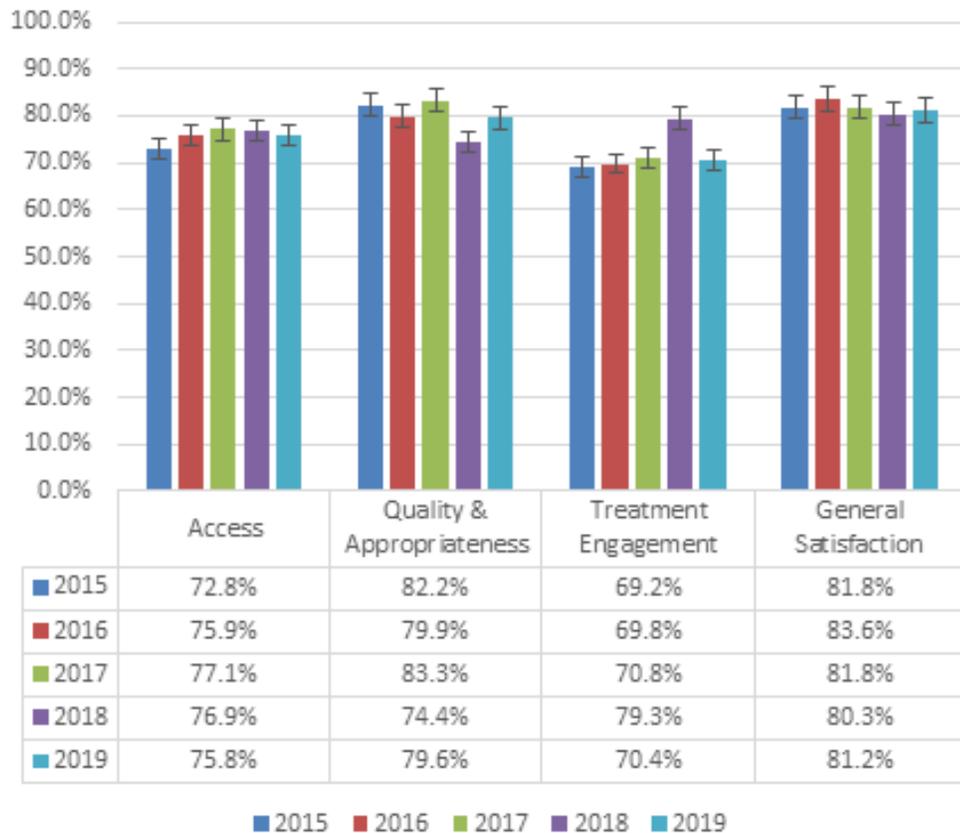


Table 1. MSHIP Subscale Items		
	MSHIP Subscale	Survey Item Numbers
Perception of Care	General Satisfaction	1, 2, 3
	Access	4, 5, 6, 7, 8, 9
	Quality & Appropriateness	10, 12, 13, 14, 15, 16, 18, 19, 20
	Participation in Treatment	11, 17
Treatment Outcomes	Outcomes	21, 22, 23, 24, 25, 26, 27, 28
	Functioning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

Figure 2
Perception of Care: SFY 2015 - 2019

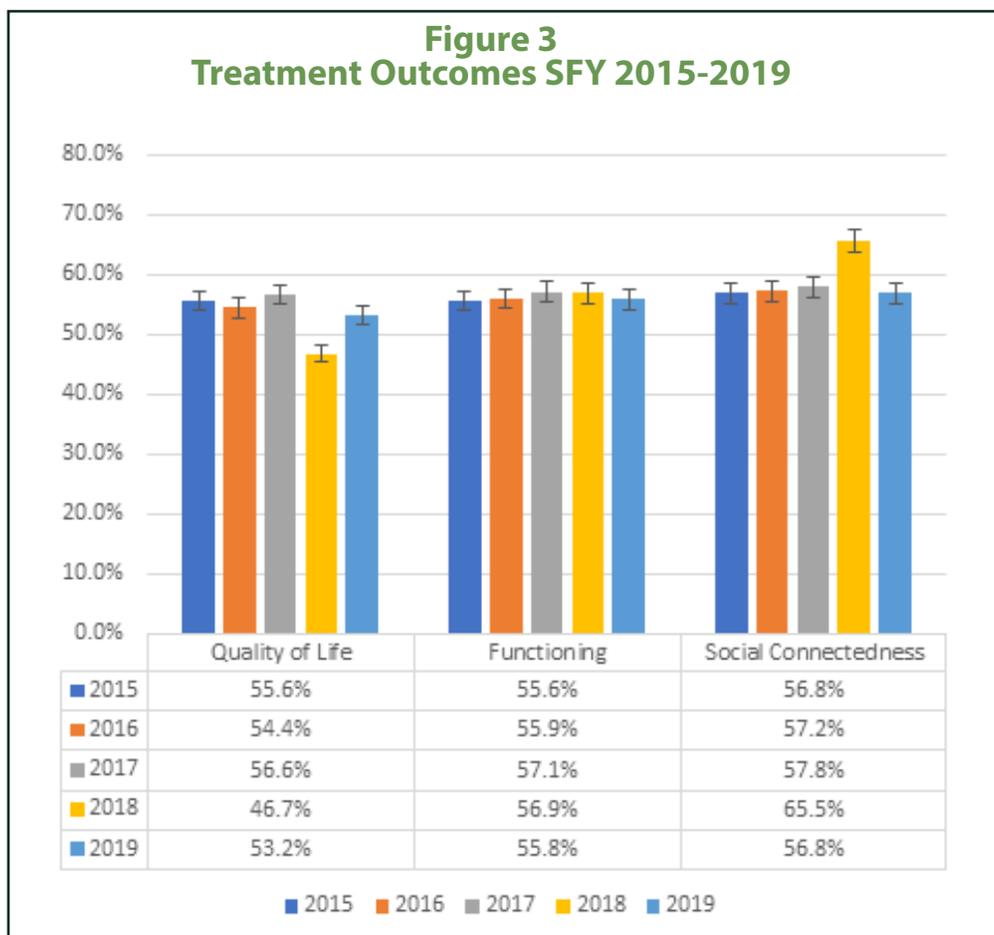


Results

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 2019 results shown in aqua, SFY 2018 in purple, SFY 2017 in green, SFY 2016 in red, and SFY 2015 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) 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. On average over five years, about 76% of consumers gave providers a favorable rating on access and about 82% gave providers a favorable rating on general satisfaction. The standard deviations for the yearly measurement on these subscales are fairly small: 1.7% on access and 1.2% on general satisfaction.



The Quality & Appropriateness subscale MOE overlap in SFY 2015-2017 and SFY 2019, and the SFY 2018 overlaps with SFY 2019. There is significant variation in 2018, but it is not significant in 2019. On the Treatment Engagement subscale, the MOE bars for 2015-2017 and 2019 overlap. SFY 2018 subscale measurement is a true outlier, as its MOE does not overlap with the 2019 results. On the five-year average, about 80% of consumers gave providers a favorable rating on quality & appropriateness and about 72% gave providers a favorable rating on treatment engagement. The standard deviations for the yearly measurement on these subscales are comparatively large: 3.4% on Quality & Appropriateness and 4.2% on treatment engagement.

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 2019 results are shown in aqua, SFY 2018 in purple, SFY 2017 results in green, SFY 2016 in red, and SFY 2015 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. On a five-year average, about 56% of consumers give a favorable rating of their functioning as a result of treatment. The standard deviation is very small at .7%.

There are overlaps in the MOE bars on the Quality of Life/Outcomes subscale over four years (SFY 2015-2017 and SFY 2019). The results of the SFY 2018 subscale measurement is an outlier. The variation in results for the Social Connectedness subscale shows a similar outlier in 2018. The bottom of the MOE bar for 2018 is higher than the top of the MOE bars for all other years, including 2019. On a five-year average, about 53% of consumers gave a favorable rating on their quality of life as a result of treatment, and about 59% of consumers

give a favorable rating of their social connectedness. The standard deviations are comparatively high: 3.9% on quality of life and 3.8% on social connectedness. This is due in large part to the 2018 outlier scores.

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 14.5% 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 2019 survey, racial groups were representative of the sampling universe. Results in 2019 may be generalizable due to racial distribution, but there is still bias in the sample due to geographic, age and gender misrepresentation. Although biases in the yearly samples may account for variation in results, it should be noted that three of the four subscales measures show very little variability over time. Among all the subscales, Functioning shows the least variability. On that measure, survey participants are very similar from one year to the next. However, they may not accurately reflect

Discussion

If stability in a subscale's measurement over time is taken to be an accurate reflection of statewide conditions, results show that regardless of the year in which they report on their treatment, a little over three-quarters of consumers have a positive perception of service access and about four out of five consumers report a positive level of general satisfaction with services. Quality and appropriateness of care also is rated positively by four out of five consumers, but over time there is variability in the proportion who give this measure high marks. While satisfaction with services is consistent across the state over time, the perception of service quality and appropriateness is not—even though similar average proportions of consumers give these measures favorable ratings. The variability in the perception of quality and appropriateness may be due to differences in providers represented by the consumers who chose to participate in each year's survey. Although diverse providers are represented in each year's survey responses, they don't differ as much on the measure of access as they do on the measure of quality and appropriateness.

At 72%, the average proportion of consumers who positively rank treatment engagement over a five-year period is the lowest of the four perception of care subscales. The proportion of consumers with positive ratings shows little variability in four out of five years' measurement, but in 2018 there was a significant increase on this subscale. An unusually high percentage of survey respondents reported feeling engaged in treatment by their providers that year, and this measure is important because it strongly predicts treatment outcomes. The unusually high proportion reporting positively on treatment engagement in 2018 could be due to differences in the providers represented by the consumers in the sample, but it's more likely there was a difference in the consumers who reported that year. On the treatment outcome measure of functioning, the proportion of consumers reporting positively in 2018 were no different than those who reported in other annual administrations of the survey. The 2018 cohort was different, however, in the proportions that reported positively about quality of life and social connectedness. In 2019, the proportions that positively ranked quality of life and social connectedness are much closer to those in 2015-2017. Assuming outcome measures like quality of life and social connectedness are better explained by characteristics of consumers than by differences in the providers that serve them, it is more likely that consumers in the 2018 sample were atypical than that there was something different about the service delivery that year.

Across the three outcome measures, similar proportions report positively over five-year period: Average percentages of positive outcomes on the three measures respectively is 53%, 56%, and 59%. Slightly less than six out of every ten consumers report positive outcomes. When it comes to any one of the three treatment outcomes captured in the annual consumer survey, the glass is just a little over half full.

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.

Citation:

Carstens, C. (2019). *Mental Health Statistical Information Program Survey Results: 2019 Adult Consumer Survey*. Columbus, OH: Ohio Department of Mental Health and Addiction Services, Office of Quality, Planning and Research.