



Mental Health Statistical Information Program Survey Results: 2016 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 February 9 and June 30, 2016 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 2016 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 110,487 adults with SMI who received services in the last two quarters of SFY 2015. 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.

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 a two waves, with a second resurvey of the sample at twelve 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 adult return sample, 18.1 percent (n = 1,812) of the advance notifications and survey packets were returned as undeliverable mail. One percent (n = 82) of surveyed consumers declined participation, and 80.1 percent (n = 5,854) of survey recipients did not respond by the survey deadline. A valid survey was returned by 1,547 consumers, or 18.9 percent of the sample that received a mail packet

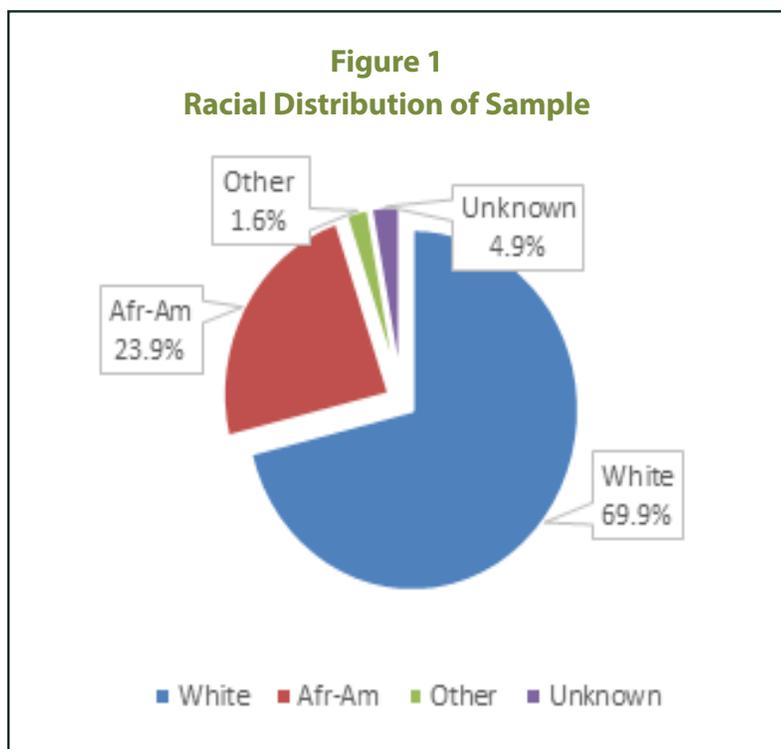
Sample Demographics

Among adult consumers who returned the survey, 63.3 percent were female (n = 980), 36.1 percent male (n = 558), and 0.6 percent (n = 9) unknown gender. The gender distribution in the return sample was not representative of the SFY 2015 service universe of 110,487 adults with SMI, where 56.2 percent were female, 41.6

percent were male, and .8 percent gender unknown. Mean age of the return sample was 47.5 years (SD = 12.4), which is significantly older than the population's mean age of 41.4 years (SD = 13.8).

Survey respondents were 69.9 percent White (n = 1,081), 23.9 percent African American (n = 369), 1.6 percent other race (n = 25), and 4.7 percent unknown race (n = 69). (See Figure 1.) Some 0.3 percent (n = 5) of the sample were identified by one of several Hispanic/Latino ethnicities. Racial and ethnic distributions in the return sample were not representative of the SFY 2015 universe.

The sample was grouped into five county/board types, with the percentage distributions as follows: Appalachian 16.4 percent (n = 252), Rural 8.5 percent (n = 130), Small City 14.1 percent (n = 217), Suburban 14.5 percent (n = 223), Major Metropolitan 46.2 percent (n = 711), and missing 0.9 percent (n = 14). The geographic distribution of respondents was not representative of the SFY 2015 universe.



Other Characteristics of the Sample

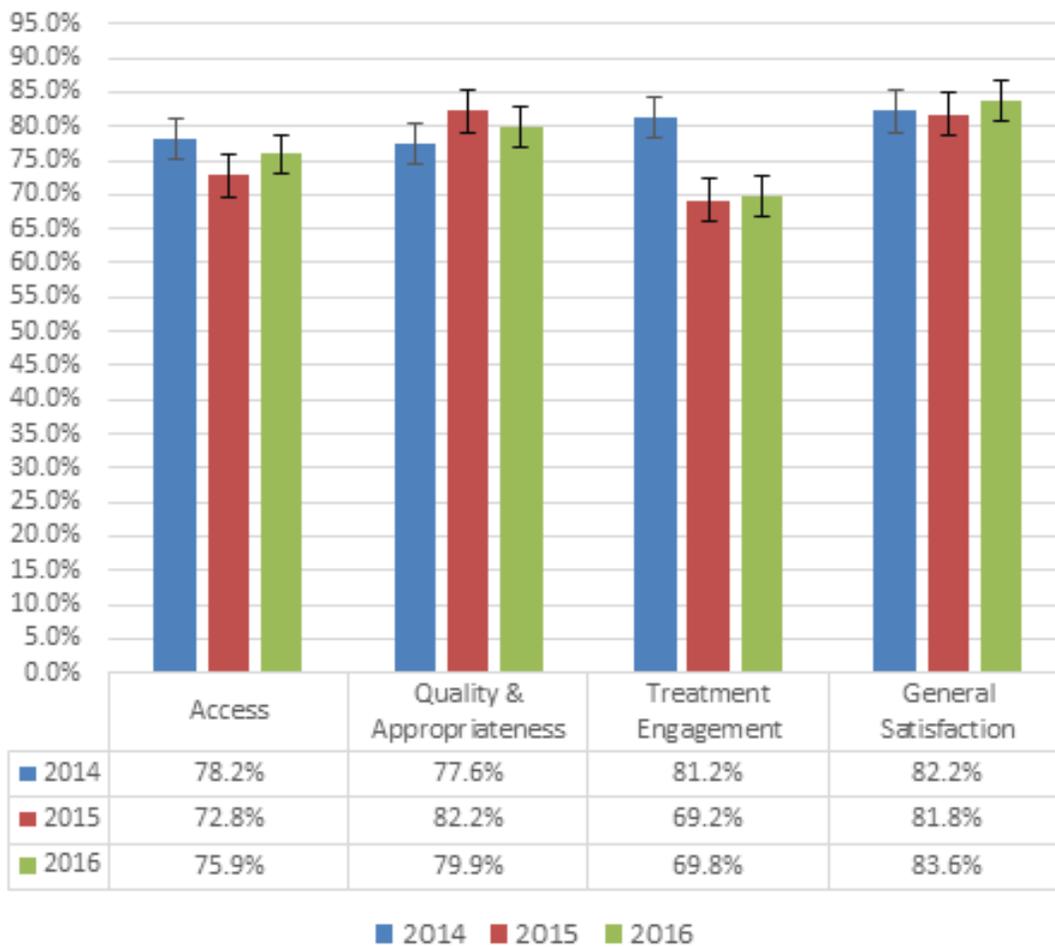
Some 84.9 percent (n = 1,313/1,547) of respondents had received services in SFY 2014. Respondents who received services in SFY 2014 and 2015 were considered “long term,” and those (n = 225/1,547; 14.5%) who only received services in SYF 2015 were classified as “short term.” Some 8.3 percent (n = 129) of the sample indicated they were not receiving services at the time of the survey. Some 6.8 percent (n = 88/1,294) of the long-term respondents indicated that they had been arrested within the 24 months prior to the survey administration. Among short-term respondents, 10.1 percent (n = 34/221) reported an arrest prior to the onset of treatment or within the 12 months prior to 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-

	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 2014 - 2016



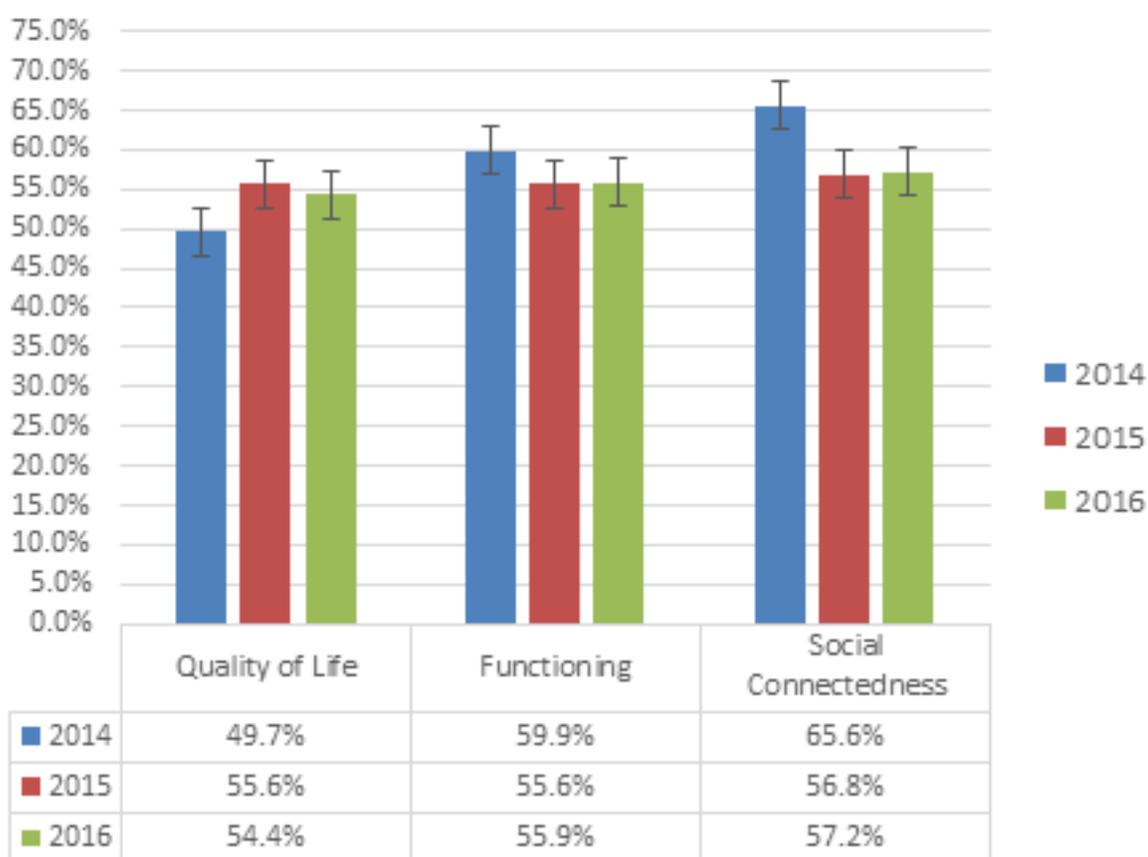
third of items are missing are dropped from the analysis. A copy of the MHSIP instrument with questions linked to each item number is located at the end this report.

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 three years, with the SFY 2016 results shown 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 three 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.

Figure 3
Treatment Outcomes: SFY 2014-2016



The variation shown for the Treatment Engagement subscale is different, because the top of the MOE bars for SFY 2015 and SFY 2016 are well below the bottom of the MOE bar for SFY 2014. This indicates that for the most recent two years, the positive percentages of the 69.2 and 69.8 are significantly lower than the 81.2 positive percent reported in SFY 2014.

Self-reported Treatment Outcomes

Figure 3 shows results on the MHSIP's three outcome subscales—*Quality of Life, Functioning, and Social Connectedness*—over three years of survey administration. SFY 2016 results are illustrated by the green, SFY 2015 by red, and SFY 2014 by blue bars. The MOE bars on the Quality of Life and Functioning subscales are overlapping across the three years. This indicates that from one year to the next, there is not a significant difference in the positive percentages reported on those subscales.

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

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 18.1 percent 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, but in the case of the SFY 2016 survey, racial and geographic groups were not representative. Results may not be generalizable to the population due to bias in the sample.

Discussion

Whatever biases may have occurred in the SFY 2016 sample, results are essentially no different than those reported for SFY 2015 when the racial and geographic strata were more representative of the population. In fact, results in SFY 2015-16 for all scales except Treatment Engagement and Social Connectedness are no different than those reported in SFY 2014. It would appear that a two-year trend is occurring among survey respondents on their perceptions of Treatment Engagement and Social Connectedness. 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. For the last two years, a significantly lower perception of personal engagement in treatment has correlated with significantly lower perceptions of social connection. The less involved an individual feels with his/her treatment and recovery, the less connected the individual feels to his/her community. 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. In fact, other than a correlation, there may be no relationship between the downward trends in the two scales.

A similar downward trend can be seen in results of the SFY 2015-16 Youth Services Survey for Families (YSS-F) on social connectedness, but not on treatment engagement. (See SFY 2016 Youth Services Survey for Families Results.) Adult consumer social connectedness on the MHSIP is a measure of support to the individual, while the YSS-F measures social connectedness of the caregiver. The stigma associated with mental illness is a common experience of both the individual and the caregiver that might explain downward patterns in social connectedness.



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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"/>					

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?	<input type="radio"/> Yes	<input type="radio"/> No
38. Were you arrested during the past year?	<input type="radio"/> Yes	<input type="radio"/> No
39. Were you arrested during the 12 months prior to that?	<input type="radio"/> Yes	<input type="radio"/> No
40. Over the past year, have your encounters with the police:		
<input type="radio"/> Been reduced. I haven't been arrested, hassled by the police, taken by police to a shelter or crisis program.		
<input type="radio"/> Stayed the same.		
<input type="radio"/> Increased.		
<input type="radio"/> Not applicable. No police encounters this year or last.		

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Citation:

Carstens, C. (2016). *Mental Health Statistical Information Program Survey Results: 2016 Adult Consumer Survey*. Columbus, OH: Ohio Department of Mental Health and Addiction Services, Office of Quality, Planning and Research.