



# Adult and Youth Mental Health Consumer Services Survey Data 2011

## OVERVIEW

The Ohio Department of Mental Health received funding from the Substance Abuse and Mental Health Administration (SAMHSA) in 2010 and 2011 to survey Ohio's mental health consumers on their perception of services and treatment outcomes using the Mental Health Statistics Improvement Program (MHSIP) survey and Youth Services Survey for Families (YSS-F). Data from the surveys are used for 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 community mental health system. While the primary focus of this report is on the results of the 2011 survey, data from the 2010 survey are provided for context.

## METHODOLOGY

The 2011 survey used a stratified random sample drawn from the MACSIS billing database. All people who had received mental health services in 2010 were organized by gender, race, and geographical area, and then a random sample was drawn so that people from all groups were included. The surveys were mailed to billing addresses belonging to 8,240 adult consumers and 8,200 parents or caretakers of youth consumers. The 2010 survey, which is not comparable to the 2011 survey, used a convenience sample methodology; providers already using the MHSIP and YSS-F agreed to collaborate with the Department in a multi-site distribution and collection strategy, resulting in samples of about 2,000 each for the MHSIP and YSS-F. In the 2010 convenience sample, there were 10 providers collecting MHSIP and 13 providers collecting the YSS-F.

The 2011 survey data is more representative of the entire Ohio mental health consumer population than the 2010 survey. A convenience sample tends to be more skewed because it is limited to a geographic region with a specific racial distribution. In addition, consumers who are unhappy with services or alienated from the provider may not be on the premises when surveys

are distributed at the agency. The random mail sample gives a more accurate and valid representation of Ohio’s diverse mental health consumers because it was able to collect data from consumers throughout the state, some of whom were no longer receiving services.

## RESPONSE TO THE MAIL SURVEY

Surveys were mailed out in two “waves,” with the first batch going out in mid-January 2010, followed by a second batch in mid-February to individuals who did not respond to the first mailing. The mid-February batch was followed up in early March. Cover letters explained to participants that they could call the Department’s toll-free line if they needed assistance filling out the forms. Survey staff received approximately 60 calls for assistance. The overall response rate for the 2011 MHSIP was 24.4% (N = 2,015 of 8,240); 13% of the MHSIP surveys were returned undeliverable (n = 1071). The overall parent response rate for the 2011 YSS-F was 18.4% (N = 1,508 of 8,200); 8.5% of the YSS-F surveys were returned undeliverable (n = 695).

## INSTRUMENTS

The MHSIP, or adult consumer survey, and YSS-F are used by 55 states and territories to collect data on consumer perception of services and outcomes, much like a customer satisfaction survey.

Each survey includes self-report questions organized into domains, or subscales, in order to categorize the subject area. Some of the subscales appear in both surveys while others appear in only one. Questions regarding the consumer’s recent criminal justice involvement, school attendance, and discipline were also included. **Table 1** below illustrates which subscales are included in which survey.

**Table 1**

<b>Survey Instrument Subscales</b>		
<b>Domain</b>	<b>MHSIP</b>	<b>YSS-F</b>
General Satisfaction	✓	✓
Access	✓	✓
Quality and Appropriateness	✓	
Participation in Treatment Planning	✓	✓
Cultural Sensitivity		✓
Outcomes	✓	✓
Functioning	✓	
Social Connectedness	✓	✓
Arrest Data	✓	✓
School Attendance		✓

Although the MHSIP and YSS-F each contained subscales for satisfaction, access, participation in treatment planning, outcomes, and social connectedness, different questions were used to construct these subscales. The number and exact wording of questions on the MHSIP and YSS-F subscales were different, but they measured similar constructs, with general satisfaction typified by questions about the consumer's propensity to recommend the provider to a friend or family member. Access was measured by questions about the location of services; Participation in treatment planning with questions about inclusion in the discussion of treatment goals; Outcomes with questions about quality of life; and Social Connectedness with questions about the availability of social support and community resources. The MHSIP's Outcomes and Functioning subscales shared certain items, but the main difference between the two subscales was Functioning asked more about general coping skills. The Quality and Appropriateness subscale on the MHSIP asked questions about consumer empowerment and included a single, general question about the provider's cultural sensitivity. The YSS-F contained a four-item subscale about the provider's cultural sensitivity.

Each item on the survey was rated using a Likert scale with the following values assigned to each possible response: Strongly Disagree – 1, Disagree – 2, Undecided – 3, Agree – 4, Strongly Agree – 5. The scores were then added up and divided by the total number of questions in the subscale. According to SAMHSA's scoring algorithm, scores that resulted in a mean (average) greater than 3.5 indicated an overall positive perception for that area or domain. The participant needed to respond to at least two-third of the items in each subscale for the score to be considered valid.

## **DEMOGRAPHICS**

The 2011 random surveys contained identification numbers which linked to demographic and service information. That information was used to determine how well survey participants represented the sample, as well as give more insight into some of the factors that might have influenced how and why they responded as they did.

### ***Geographic Classification and Race***

Although the stratified sample was selected to ensure generalizability to all Ohio's mental health service recipients, survey respondents were not representative of the population in several areas. Geographically, Appalachian consumers were over-represented and suburban consumers were under-represented among respondents for both the MHSIP and YSS-F. Major metropolitan consumers were under-represented in the youth surveys. Racially, African-American consumers were under-represented in both surveys while White consumers were over-represented. In short, the results from the surveys cannot be interpreted to represent entire racial or geographic groups.

### ***Age, Gender, and Other Factors***

The 2011 adult survey was overrepresented by females (63.3%) to males (36.3%), a ratio of almost two females for every one male. The average respondent's age was 45.5 years old and the median age was 47.2 years old. The oldest respondent in the 2011 adult sample was 85.7 years old and the youngest was 17. At the time of the adult survey, some 86% reported they were still currently receiving services, 10% were no longer receiving services, and 4% were unknown. By matching survey identifiers with service data in MACSIS, we determined that majority of our sample (84.6%) had received services for more than one year while 15.4% were new to services in the current year.

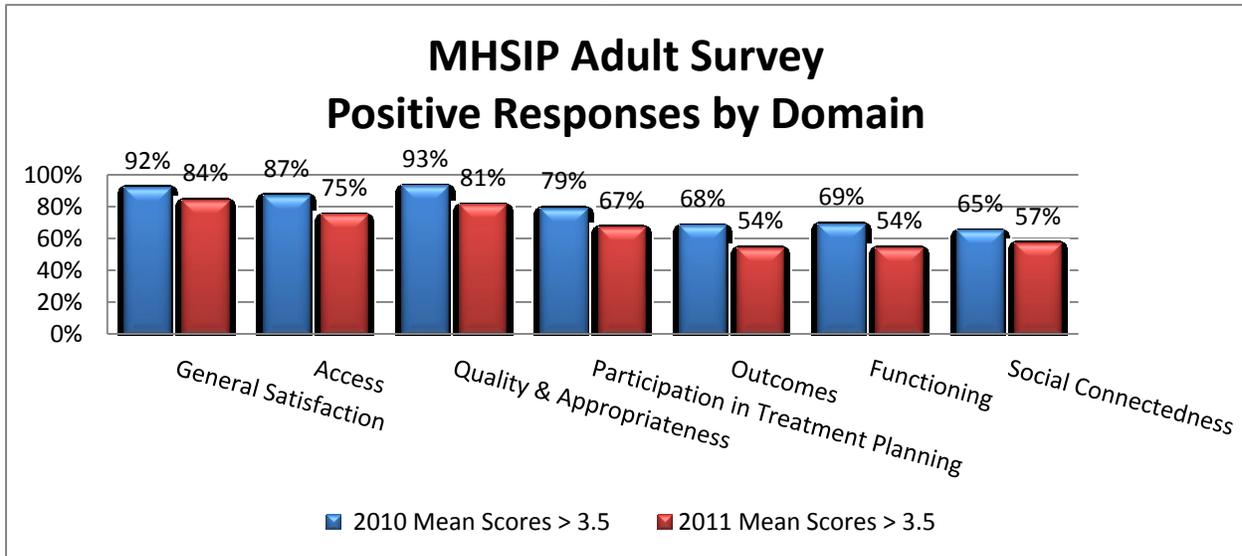
In parent responses to the 2011 youth survey, the average age of the youth consumers was 11.3 years old and median 16.9. The oldest consumer represented by parent response was 16.9 years and the youngest was 2.5 years old. Despite a 50/50 distribution of male-to-female consumers in the random sample, more parents responded for males (62.5%) than females (37.5%), opposite of the adult survey sample. A large majority--95% of the families surveyed--reported that the child receiving services currently was living at home; only 3% were not living with a parent/guardian and 2% were unknown. Of the families surveyed, 21% percent reported the child was no longer receiving services, while 76% were still receiving services; status of current service receipt was unknown for 3%. By matching survey identifiers with service data in MACSIS, we determined that the majority of the youth sample (71.8%) received services for more than one year, while 28.2% received services only in the current year.

### **RESULTS: 2011 Adult (MHSIP) Random Mail Survey**

- Compared to the 2010 survey, scores on the 2011 Adult Consumer Survey were lower by about 10%-15% in every domain.
- The highest percentage of positive responses for 2011 were in the following domains:
  - General Satisfaction (84%)
  - Quality and Appropriateness (81%)
  - Access (75%)
- The lowest percentage of positive responses for 2011 were in the following domains:
  - Participation in Treatment Planning (67%)
  - Social Connectedness (57%)
  - Functioning (54%)
  - Outcomes (54%)

**Figure 1** below illustrates the percentages of positive responses (scores > 3.5) in the seven domains in the 2011 random sample. Domain scores from 2010 convenience sample provide context to these results. The domains ranked in roughly the same order in both surveys, but were significantly higher in the 2010 convenience sample. This is likely due to the different sampling methodology used in 2010 and 2011.

**Figure 1**

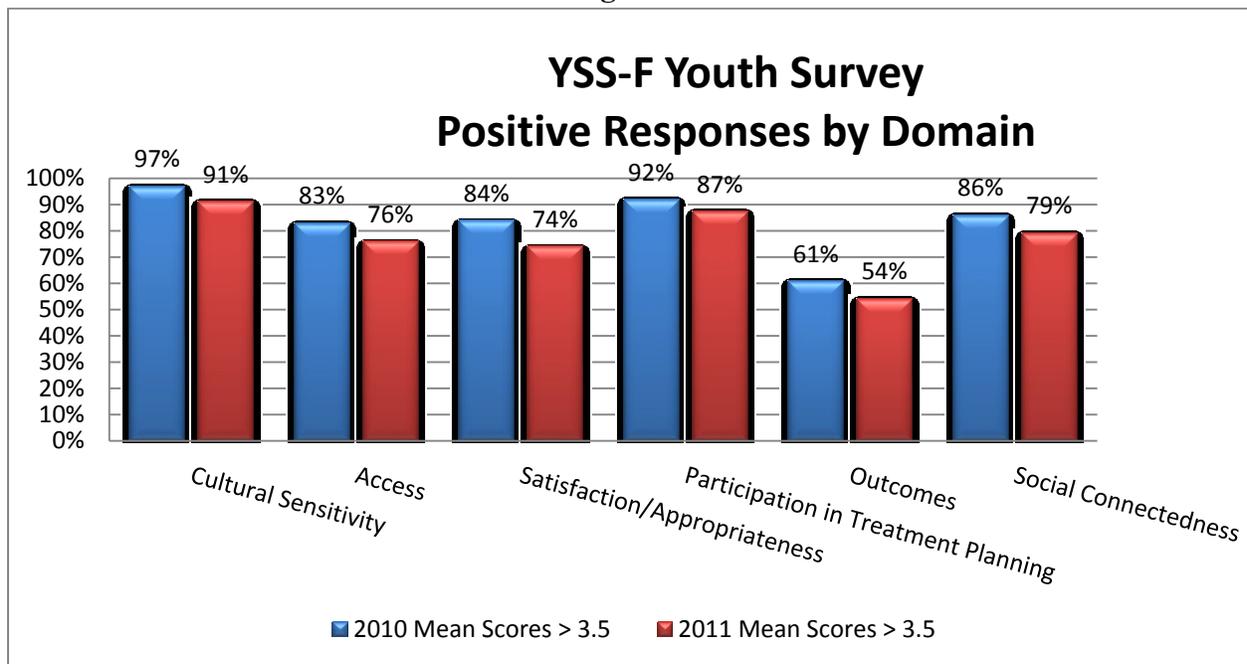


**RESULTS: 2011 Youth and Family (YSS-F) Random Survey**

- Subscale scores on the 2011 YSS-F Survey were slightly higher than those on the MHSIP. In comparable domains such as satisfaction, a greater percentage of families reported a positive perception of services compared to adult consumers.
- Similar to the MHSIP Surveys, 2011 YSS-F scores were also lower in every domain.
- The highest percentage of positive responses in 2011 were in the following domains:
  - Cultural Sensitivity (91%)
  - Participation in Treatment Planning (87%)
  - Social Connectedness (79%)
- The lowest percentage of positive responses for 2011 were in the following domains:
  - Access (76%)
  - Appropriateness (74%)
  - Outcomes (54%)

**Figure 2** below shows results of 2010 convenience and 2011 random mail youth and family survey positive responses (scores averaging > 3.5). The comparison is similar to that of the adult surveys with 2010 scores higher in every domain than in 2011. The 2010 survey’s percent of positive responses is about 5-10% higher than the 2011 random mail sample; again, this is likely due to the different sampling methodology used in 2011.

**Figure 2**



**Criminal Justice Involvement: Adult Consumers**

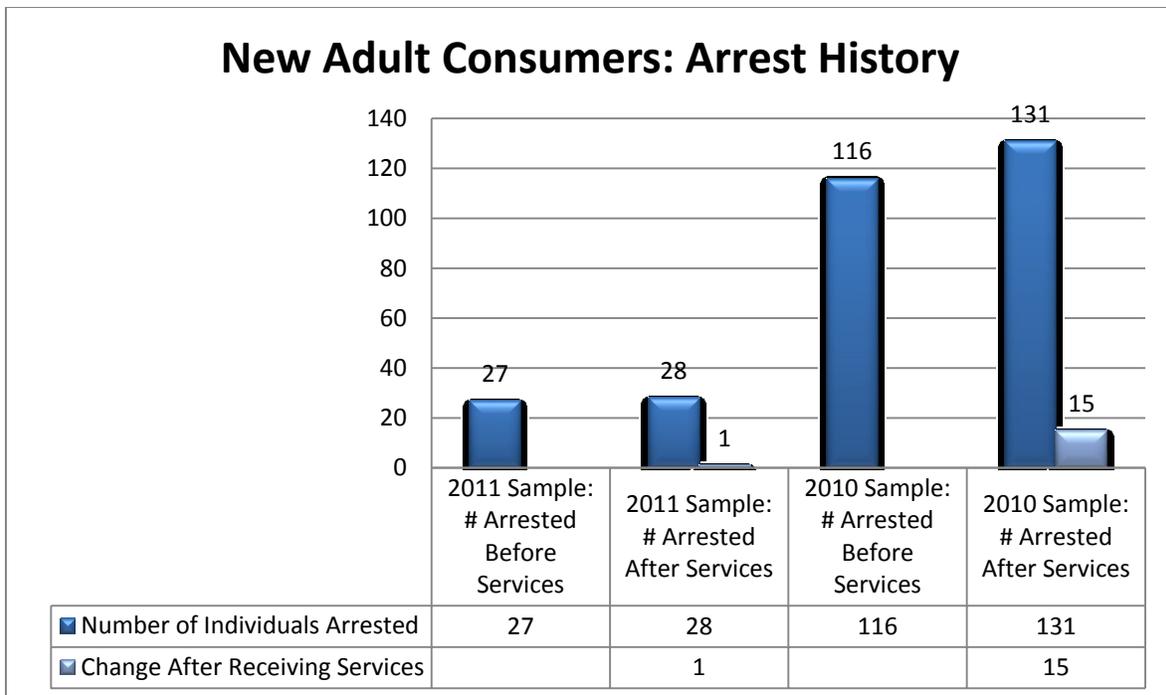
Both the adult and youth surveys included an additional set of questions on criminal justice involvement. Consumers were asked to respond whether or not they had been arrested in the past 12 months, and the 12 months prior to that. The questions were designed to gain insight into whether treatment resulted in fewer arrests, depending on whether the respondent was new to treatment or had been in treatment long term (more than a year). The majority of adult consumers, whether they were new or long term, reported no arrests. Overall, only about 6.3% of adult consumers in the 2011 sample reported an arrest history. These data may not be as accurate as other survey information. There may have been some hesitation to honestly self-report such sensitive and private information.

In addition, this section of the survey contained skip patterns asking respondents to complete one sequence of questions if they had received services for less than a year versus another sequence

of questions if they had received services more than a year. Many respondents were confused by this section of the survey and filled out questions in both sequences. To correct this problem, we determined length of time in treatment by matching survey identifiers with MACSIS service records and used the answers provided in the sequence of questions corresponding to the length of time established by MACSIS records.

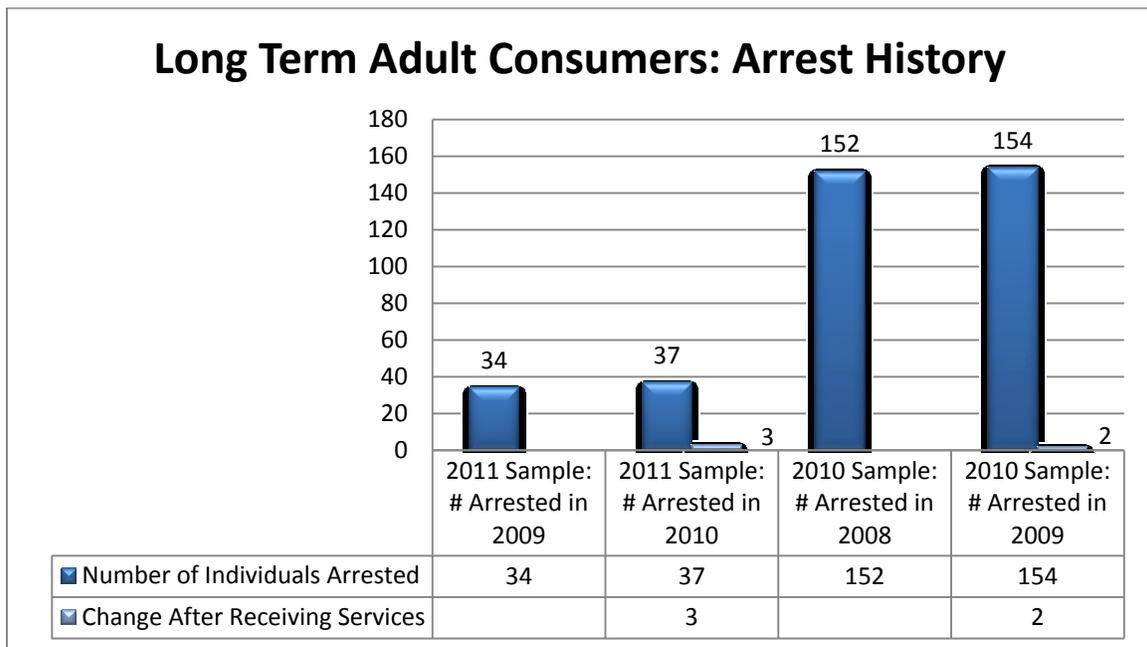
**Figure 3** below illustrates the number of adult respondents new to services in the year of survey administration (e.g., 2010 and 2011) who report being arrested before and after the start of services. Compared to the 2011 random sample, a much higher number of adults new to services in the 2010 convenience sample reported an arrest history. Nevertheless, in both samples there is a slight increase in the number of arrests after the consumers began receiving mental health services.

**Figure 3**



**Figure 4** below shows the number of long term adult consumers in the 2011 and 2010 surveys who reported being arrested in the preceding 12 and 24 month periods. Again, more individuals in the 2010 convenience sample reported an arrest in the preceding 24 months than in the 2011 random sample. Additionally, a larger proportion of consumers in the 2011 sample reported an arrest in the preceding 12 months than in the 2010 sample.

**Figure 4**



***Understanding Differences in Self-reported Arrests between 2010 and 2011***

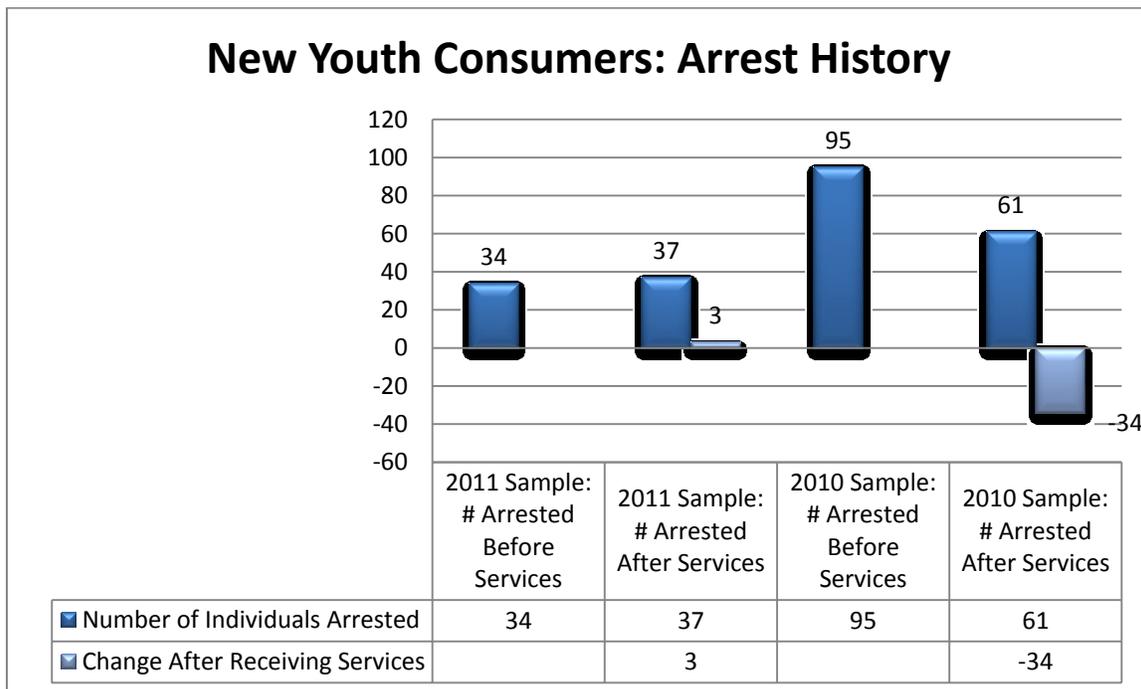
Whether adults were new to services or long term consumers, there is a marked difference between the 2010 and 2011 samples on number of self-reported arrests. While problems with question format in the 2011 survey may have contributed to confusion in attempts to answer arrest questions, the percentage of non-responses (questions left blank) in that portion of the 2011 survey was very small (2.5%). The 2010 convenience sample may have included providers with a concentration of court-ordered consumers, e.g., those with drug and alcohol issues in addition to mental health concerns.

***Criminal Justice Involvement: Youth Consumers***

Parents were also asked to report on the arrest history of youth receiving services, and only a very small percentage (14.7%) of our sample reported that their child had an arrest history. Currently institutionalized youth consumers were excluded from the 2011 sample; inclusion of this population would have increased the percentage of reported arrests.

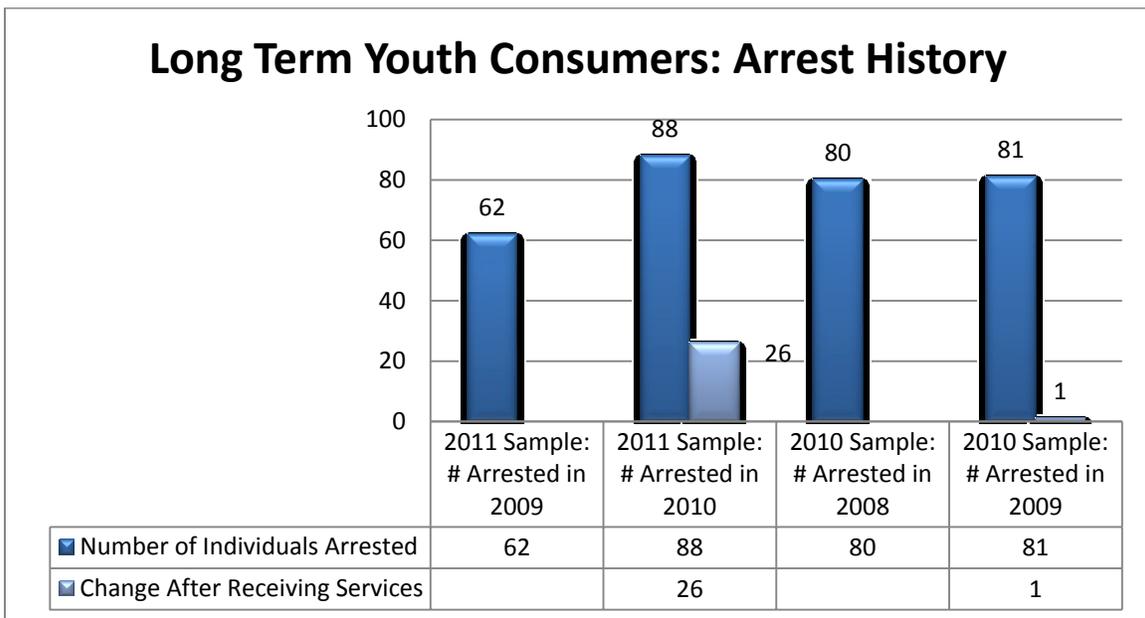
**Figure 5** below shows the total number of youth new to services with an arrest history reported by the parent. Although there are fewer arrests reported in the 2011 random sample compared to 2010 convenience sample, the difference for youth new to services is not as great as that seen among adults new to services (see Figure 3). In the 2011 random sample of youth new to services, parents reported a small increase in the number of arrests after the onset of services. In the 2010 convenience sample, parents of youth new to services reported fewer arrests following the onset of services. The 2010 reduction in number of arrests after the onset of services is depicted by a negative of 34 arrests.

**Figure 5**



**Figure 6** below shows the number of long term youth consumers whose parents reported an arrest in the year of survey administration or the year prior to that. In the 2011 random sample of long term youth, there was an increase in number of reported arrests in 2010 over 2009. During this period, the number of arrests increased a little over 1.4 times. In the 2010 convenience sample, there was only one more arrest reported during 2009 over 2008.

**Figure 6**

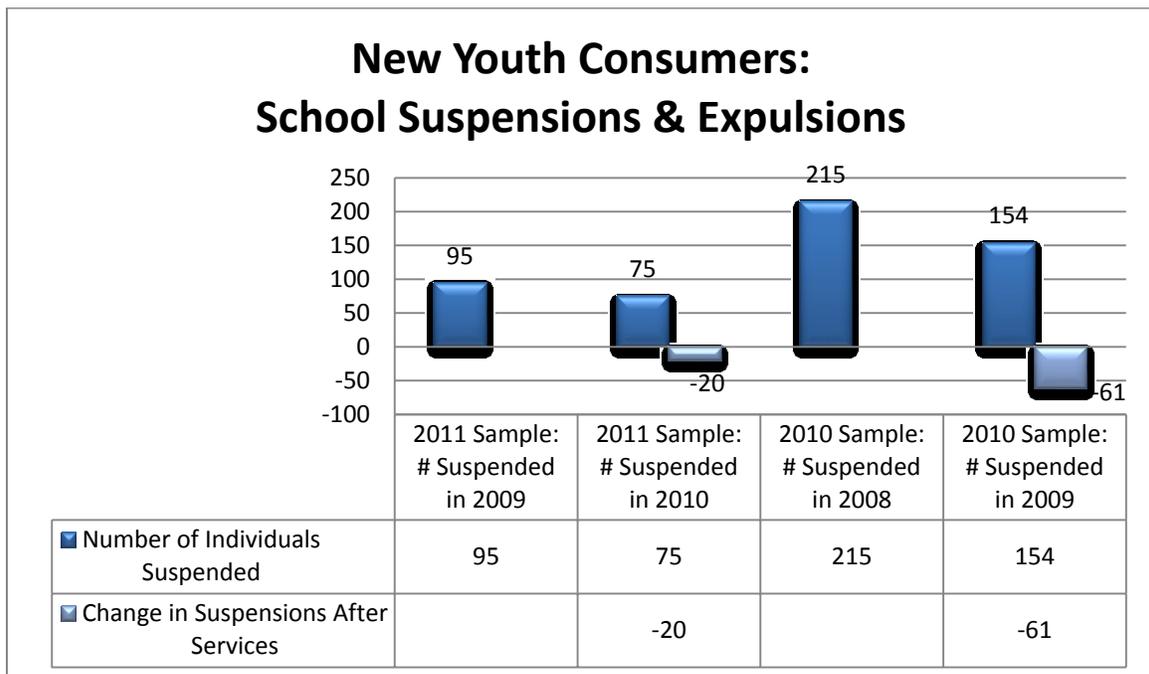


### ***School Attendance***

Parents also answered questions on the YSS-F about their child’s suspensions and expulsions, school attendance, and days absent. Data were split by how long the child has been receiving services, either new to services (less than 12 months) or long term (more than 12 months). Again, the questions asked about previous and current attendance data to determine whether mental health services possibly affected the amount of time students were out of school due to suspensions or expulsions.

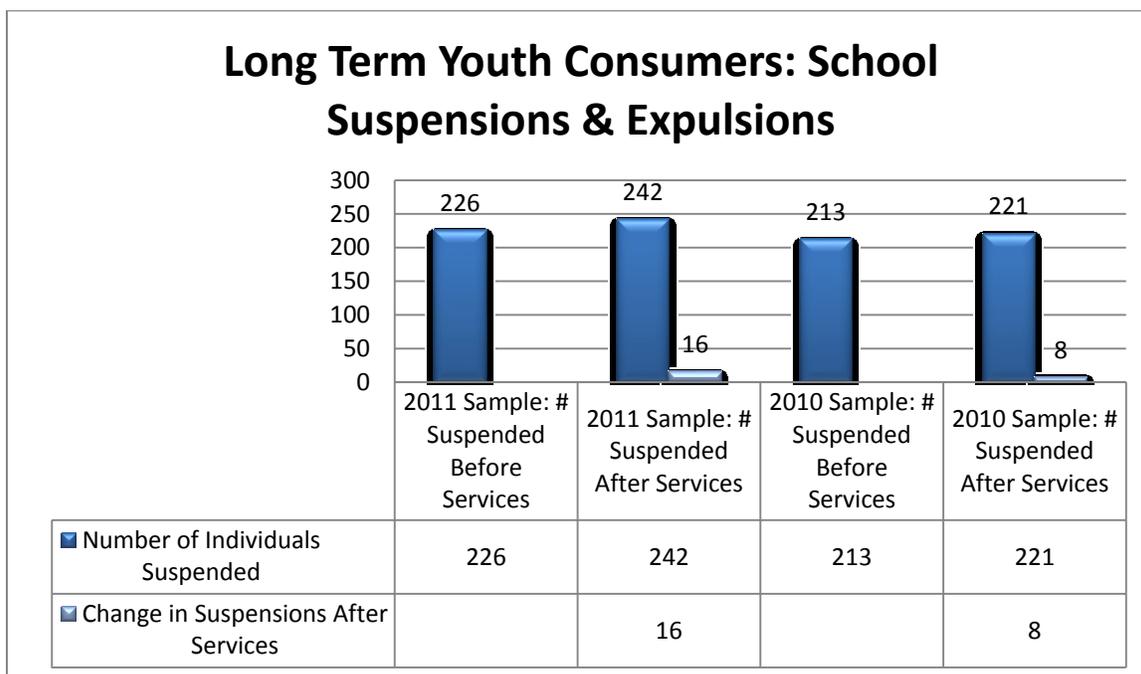
**Figure 7** below shows the number of parents reporting suspensions and expulsions for children new to services. The 2010 convenience sample showed a much higher number of families reporting a suspension among their children who began receiving services that year than in the 2011 sample. Both samples showed a comparable drop in suspensions and expulsions after receiving treatments, as indicated by the -20 for the 2011 sample and -61 for the 2010 sample.

**Figure 7**



**Figure 8** on the following page shows the number of families who reported a suspension/expulsion for children receiving services long term. The sample sizes in the 2011 and 2010 surveys are comparable, but when compared to the short term consumer group shown in Figure 7, the results were not as favorable. In both the 2011 and 2010 samples, there was a small increase in the number of families reporting suspensions/expulsions among long term youth consumers. This is similar to the pattern shown in Figure 6 on arrests for long term youth consumers, suggesting the possibility that youth in the mental health system for several years may have more severe behavioral health problems.

Figure 8



## SUMMARY

Results from both 2010 and 2011 surveys indicate that a large majority of consumers are positively satisfied with the mental health care they receive. Several areas in the 2011 survey scored low enough to consider quality improvement initiatives and/or a greater emphasis on training and planning. Adult consumers scored Access, Participation in Treatment Planning, Functioning, and Social Connectedness lower than other domains in the MHSIP. Parents of youth consumers scored Access and Appropriateness lower than other domains in the YSS-F. The perception of treatment Outcomes could be improved for both adults and youth consumers.

The self-reported arrests in the 2011 sample did not show a favorable trend in lower instances of arrests after the onset of services. Assuming the 2011 random sample is more representative of Ohio consumers than the 2010 convenience sample, the data suggest that once arrested, consumers will continue to experience re-arrest, particularly the longer they are in the system.

School attendance (suspensions and expulsions) did seem to improve among youth consumers new to services. However, in both the 2010 and 2011 samples, a large percentage of long term youth continued to face school discipline in the form of suspensions and expulsions. The response of school systems to youth with problem behaviors may vary more as a consequence of local disciplinary policy rather as a result of long term treatment.

### ***Limitations of Study***

It is not possible to draw useful comparisons between the 2010 and 2011 surveys because of the different methods used to collect the data. While it appears there was a decrease in satisfaction with services in 2011, no real effect can be determined because of the differences in the survey sampling methods. In addition, it is difficult to infer a great deal from the 2011 surveys due to the small sample sizes. While survey non-respondents mirrored the population on demographic measures, they were somewhat different than survey respondents in terms of urban, minority, Appalachian and suburban representation. In the 2012 survey, the under representation of urban and minority respondents will be addressed by over-sampling those consumers. It will also be necessary to under sample Appalachian and Suburban consumers in 2012 due to their over participation in the 2011 survey.

SAMHSA is aware that self-reported data on arrests and school suspensions/expulsions does not yield the most reliable information. This is due to a natural human tendency to under report negative events such as arrests and school discipline. In addition, many people experience difficulty remembering the occurrence of events that may have occurred up to 24 months prior to the survey. Rather than collect arrest information through surveys, SAMHSA is requiring in SFY 2012 that ODMH collect client-level records of arrest events occurring within a 12-month period. Data on arrests will be collected on a client-level basis in SFY 2012 through a new mental health record in the Ohio Behavioral Health (OH-BH) information system administered by ODADAS. Although the collection of this information will continue to rely heavily on self-report, community providers are in a position to know about such events through contact with the consumer when the arrest occurs as well as from sources other than the consumer. SAMHSA also plans to change its required measure of school success by asking about progress made in school rather than about the occurrence of suspensions and expulsions. As with the arrest data, information about school progress will be collected on a client-level basis in SFY 2012 through the OH-BH.