



Adult and Youth Consumer Mental Health Services Surveys 2012

Overview

The Ohio Department of Mental Health Office of Research and Evaluation (ODMH-ORE) administered its annual mail survey of mental health consumers on their perception of care and treatment outcomes between February 3 and April 27, 2012. Adult consumers and the parent/guardians of children and adolescent consumers were queried using the Mental Health Statistics Improvement Program (MHSIP) survey and the Youth Services Survey for Families (YSS-F), respectively. 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 2012 survey administration drew random samples stratified by race and county/board geographic type from the MACSIS billing database. A sample of 4,740 adults who met criteria for serious mental illness (SMI) was drawn from a universe of 98,860 adults with SMI who received services between January 1 and June 30, 2011. A sample of 6,470 children/adolescents who met criteria for severe emotional disturbance (SED) was drawn from a universe of 68,980 individuals with SED under the age of 18 who received services in last two quarters of State Fiscal Year (SFY) 2011. Sample sizes for both the adult and child/adolescent populations were based on a power analysis for confidence intervals of +/-3. Racial minorities in both the adult and youth populations were over-sampled in an effort to obtain adequate representation.

Surveys were mailed out in two waves, with a reminder postcard issued between mailings. Survey participants were given the option of responding by mail with a pre-paid business envelope, by phone over the department's toll-free line, or by internet through a survey website address.

Sampling Results

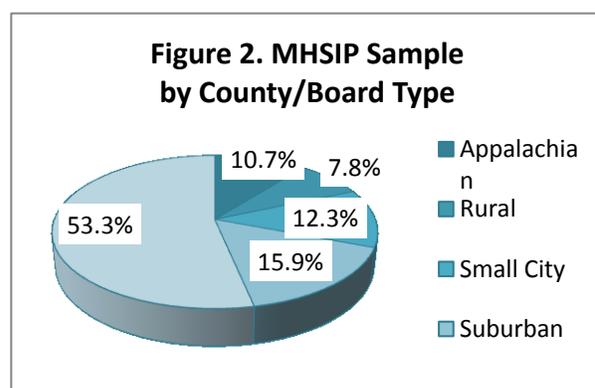
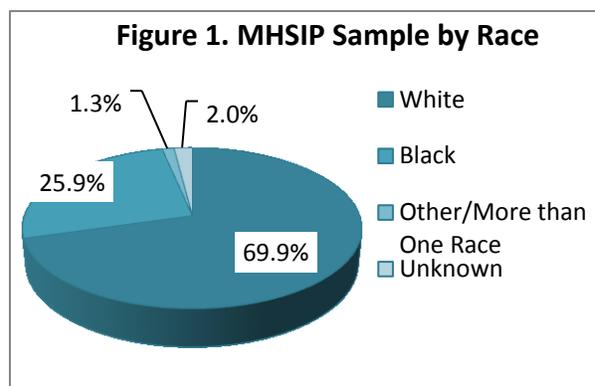
In the adult sample, 112 individuals declined participation, 731 survey packets were returned as undeliverable mail, 2,578 individuals did not respond, and 1,318 returned a completed survey. In the child/adolescent sample, 69 parent/guardians declined participation, 678 survey packets were returned as undeliverable mail, 4,369 survey recipients did not respond, and 1,354 returned a completed survey. Table 1 provides the percentages for the four categories of sampling results for both groups.

Table 1. Sampling Results		
	Adult Sample	Child & Adolescent Sample
Declined Participation	2.3%	1.1%
Mail Returned	15.4%	10.5%
No Response	54.4%	67.5%
Completed Survey	27.8%	20.9%

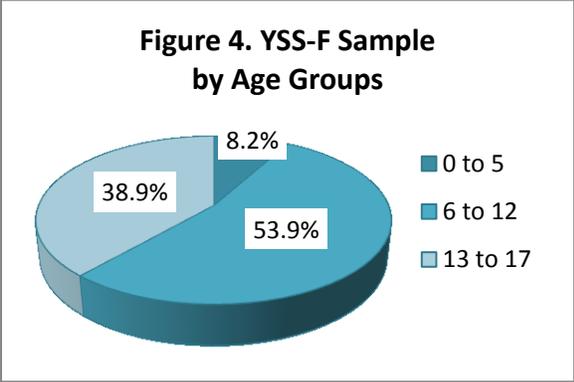
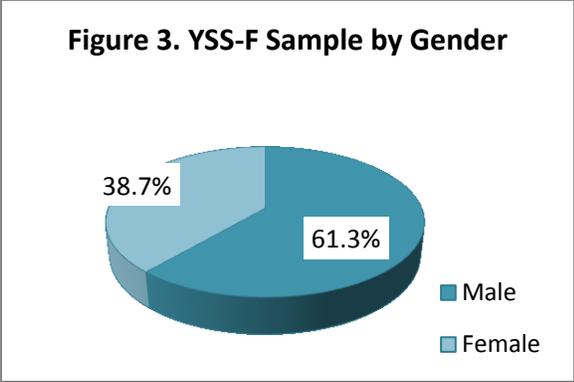
Sample Demographics

The adult participant sample was 63.7% female (N = 839) and 36.6% male (N = 479), with a mean age of 46.5 years. Divided into six age groupings, distribution percentages were: 18 to 24 (6.9%), 25 to 34 (12.6%), 35 to 44 (20.0%), 45 to 54 (35.7%), 55 to 64 (20.3%), and 65-plus (4.5%). Tests of proportions on the sample's gender and age group distributions showed statistical differences between the survey participants and the sampled population. Gender distributions were significantly different ($\chi^2 = 13.359$, $df = 1$, $p = .000$), with more females in the respondent sample than in the service population. Age distributions were significantly different, ($\chi^2 = 165.276$, $df = 5$, $p = .000$), with fewer respondents in the 18 to 24 and 25 to 34 age groups and more respondents in the 44 to 54 and 55 to 64 age groups than in the service population.

The adult participant sample was 69.9% White (N = 934), 25.9% Black (N = 341), 1.3% other minority or more than one race (N = 17), and 2.0% unknown/missing race (N = 26). Some 2.0% (N = 26) of the sample were identified by one of several Hispanic/Latino ethnicities. Grouped into five county/board types, the percentage distributions were as follows: Appalachian (10.7%), Rural (7.8%), Small City (12.3%), Suburban (15.9%), and Major Metropolitan (53.3%). One sample tests of proportion on racial and geographic stratification among adult survey participants indicated no statistical difference between the participant sample and the population. Distribution of the sample's Hispanic/Latino ethnicity was not significantly different than the population. See Figures 1 and 2 for visual representation of the MHSIP sample proportions relevant to this study.



The child/adolescent sample was 38.3% female (N = 519) and 61.7% male (N = 835), with a mean age of 11.5 years. Divided into three age groupings, distribution percentages were: zero to 5 (7.2%), 6 to 12 (53.9%), and 13 to 17 (38.9%). Tests of proportions on the sample's gender and age group distributions showed no statistical differences between survey subjects and the sampled population.



The child/adolescent subject sample was 66.9% White (N = 906), 26.1% Black (N = 26.1%), 2.4% other minority or more than one race (N = 33), and 4.5% unknown/missing race (N = 61). Some 3.9% (N = 97) of the sample were identified by one of several Hispanic/Latino Ethnicities. Grouped into five county/board types, the percentage distributions were as follows: Appalachian (N = 13.1%), Rural (6.9%), Small City (14.8%), Suburban (11.2%), and Major Metropolitan (54.0%). Tests of proportions on the racial and geographic stratification indicated a significant statistical difference between subjects in the sample and the population, with $\chi^2 = 11.575$, $df = 4$, $p = .021$. Major Metro boards were under-represented, and Suburban and Appalachian boards were over-represented. Racial distribution was significantly different ($\chi^2 = 9.228$, $df = 3$, $p = .026$), with Whites over-represented and Blacks under-represented. Distribution of the sample's Hispanic/Latino ethnicity was not significantly

different than the population. See Figures 3 and 4 for visual representation of YSS-F sample proportions relevant to this study.

Other Factors

Among adult respondents, 85.4% (N = 1126) received services in both SFY 2010 and 2011, while 14.6% (N = 192) were active only in SFY 2011. Among child/adolescent subjects, 70.5% (N = 955) received services in both SFY 2010 and 2011, while 29.5% (N = 399) were active only in SFY 2011. Tests on the adult and child/adolescent response proportions indicated that both samples were statistically different than their populations, with $\chi^2 = 36.579$, $df = 1$, $p = .000$ on the adult sample and $\chi^2 = 10.852$, $df = 1$, $p = .001$ on the child/adolescent sample.

Some 9.5% of adult (N =126) and 25.8% of child/adolescent (N =350) respondents indicated they were not receiving services at the time of the survey. Additionally, 4.3% of parent/guardians (N = 58) reported the child/adolescent consumer was not living with them at the time of the survey. Because population parameters for current service receipt and living situation are unknown, tests of proportions were not conducted.

Survey Results

MHSIP and YSS-F Sample Weighting

Subscale calculations for adult participant sample were weighted according to age group and gender, and the child/adolescent sample was weighted according to race and county/board geographic type to adjust for disproportionate distributions of the respective demographic variables.

MHSIP Subscale Scoring

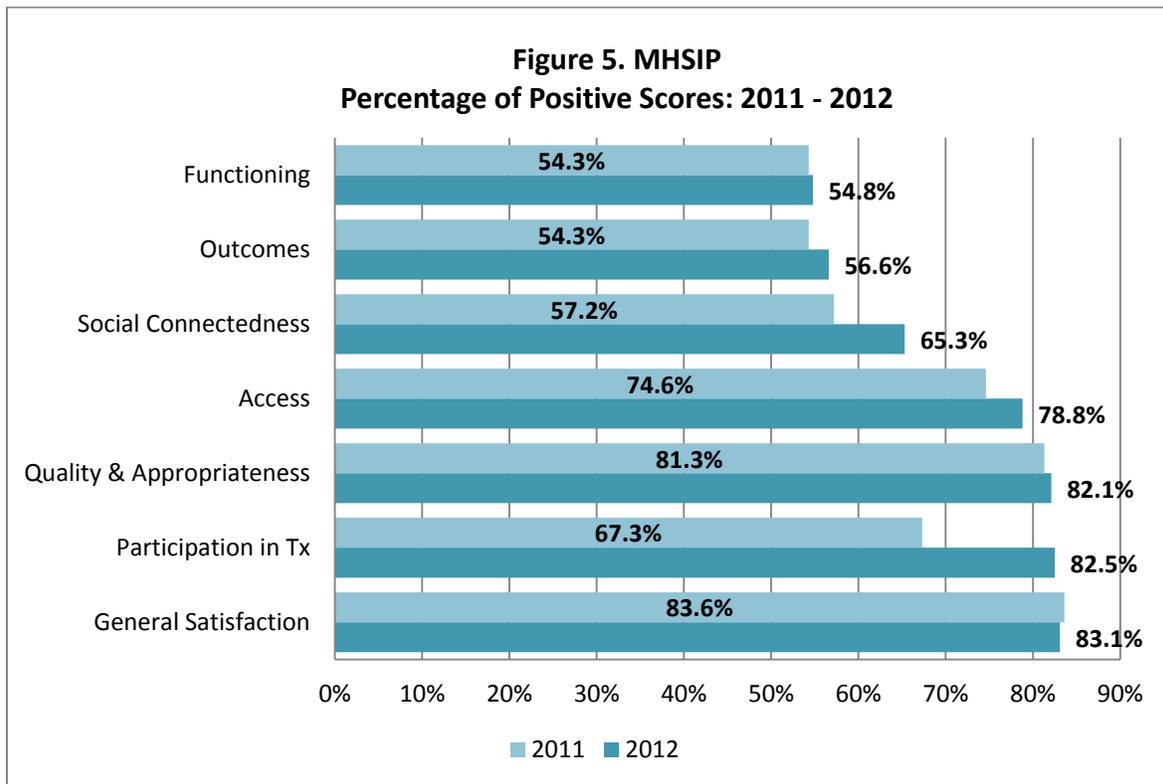
The MHSIP survey instrument is comprised of 40 items organized into seven domains of subscales. Each group of survey items determines the perceptions and attitudes specifically related to that domain's area of interest. The seven domain subscales are listed in Table 2, along with the individual items that make up each subscale. The MHSIP survey instrument with questions linked to each item number is located at the end of this report.

Survey items were presented to consumers in statements, using a standard Likert scale to define how much respondents agreed or disagreed. Each response was assigned a numerical value and scored accordingly. 'Strongly Disagree' was assigned a score of one, 'Disagree' a two, 'Neutral' a three, 'Agree' a four, and 'Strongly Agree' was assigned a five. Each item in a subscale was summed, then divided by the total number of items in the scale to calculate the mean score. Only subscales with at least two-thirds of the values for items were calculated. Mean scores higher than 3.5 indicate an overall positive perception of items within a domain.

Table 2. MHSIP Subscale Items	
MHSIP Subscale	Survey Item Number
<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
<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

The highest overall subscale was *General Satisfaction*, with 83.1% of respondents in the positive scoring range higher than 3.5. (See Figure 5 for percent of positive scores.) *Participation in Treatment*, a subscale that gauges the consumer's perception of engagement in treatment planning, ranked second highest with 82.5% of respondents scoring in the positive range. *Quality and Appropriateness* of treatment ranked third highest, with 82.1% of scores in the positive range. Some 78.8% of respondents met the positive range on *Access*, the subscale with items related to the convenience of location, time, and availability of services. The *Social Connectedness* subscale, which measures social, family, and community support, has a modest 65% of respondents with positive scores. *Functioning* and *Outcomes* ranked the lowest on the MHSIP subscales. These subscales focus on the presence of healthy coping skills and quality of life, domains thought to measure recovery. Just over half of consumers (54.8) responded in the positive range for *Functioning*, while 56.6% were in the positive range on *Outcomes*.

Figure 5, which shows percentage of positive scores calculated in both 2011 and 2012, indicates that on most subscales, the 2012 percentages are equal or higher. The largest single change between 2011 and 2012 was the increased percent of positive scores on the *Participation in Treatment* subscale. Tests of proportions for each subscale indicated that there was no significant statistical difference between 2011 and 2012 percentages.

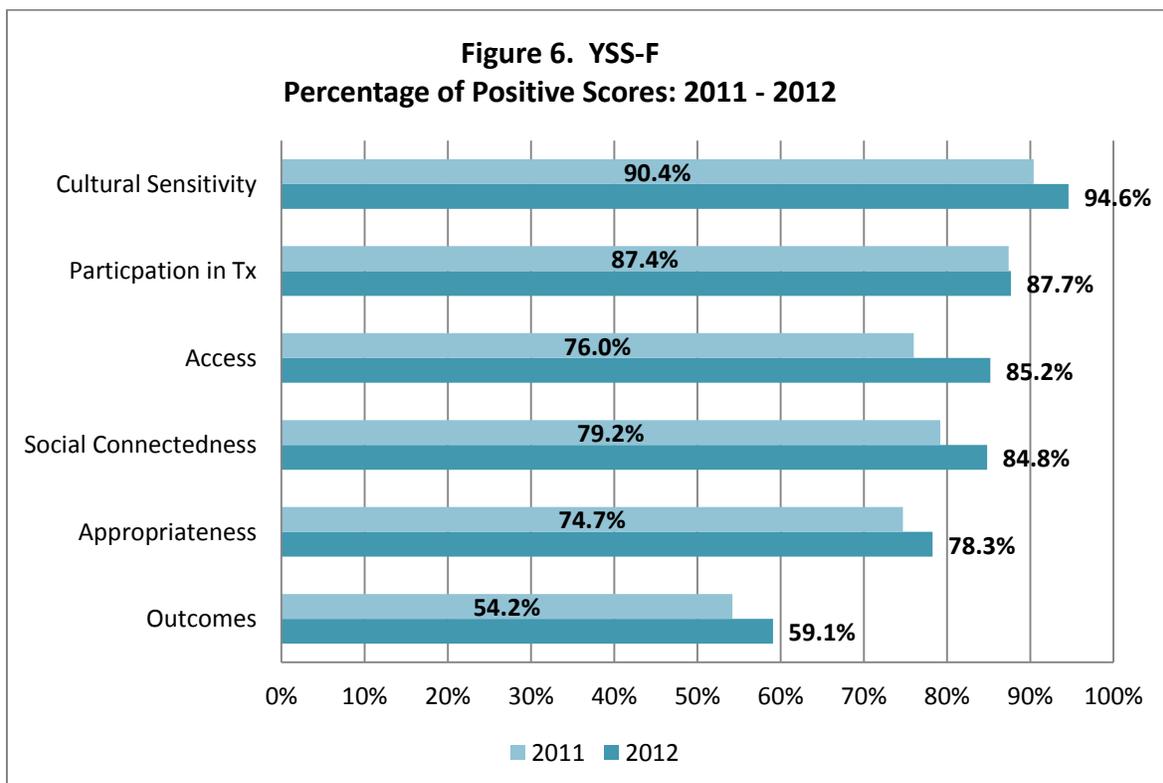


YSS-F Subscale Scores

The content of subscales in the YSS-F instrument is unique to the child and adolescent mental health population, but the scoring is identical to the MHSIP. 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 final analysis. A copy of the YSS-F instrument with questions linked to each item numbers is located at the end of this report.

YSS-F Subscale	Survey Item Numbers
<i>Access</i>	8, 9
<i>Participation in Treatment</i>	2, 3, 6
<i>Cultural Sensitivity</i>	12, 13, 14, 15
<i>Appropriateness</i>	1, 4, 5, 7, 10, 11
<i>Outcomes</i>	16, 17, 18, 19, 20, 21, 22
<i>Social Connectedness</i>	23, 24, 25, 26

Overall percent of positive scores on the YSS-F subscales were a bit higher than those in the MHSIP subscales. The highest percent of positive scores was for the *Cultural Sensitivity* subscale, a domain specific to the YSS-F. (See Table 3 for items in subscale domains.) The subscale, which focuses on perceptions of cultural competent care, received positive scores from 94.6% of survey respondents. (See Figure 6 for percent of positive subscale responses.) *Participation in Treatment* was the next highest subscale with percent of positive scores. This domain gauges the parent or guardian’s satisfaction with their input in their child’s treatment. Some 87.7% of respondents ranked the subscale in the positive range. *Access to care* was ranked positively by 85.2% of parents/guardians. *Social Connectedness*, a subscale that asks the parent/guardian to measure their perceptions of the family’s support system, was ranked positive by 84.8% of the YSS-F respondents. *Appropriateness* of treatment was the second lowest YSS-F subscale in percent of positive responses. Positive perceptions regarding a correct fit of their child’s treatment was reported by 78.3% of parents and guardians. Lastly, like MHSIP respondents, YSS-F respondents ranked *Outcomes* lowest of the subscales. Just over half (59.9%) of parents and guardians responded positively to the *Outcomes* items. Figure 6 depicts percentage of positive scores calculated in both 2011 and 2012 and indicates that on most subscales, the 2012 percentages are equal or higher. In the 2012 administration, the largest increase in positive responses over 2011 occurred in the Access to care domain. Tests of proportions on each subscale indicated there was no significant statistical difference between the 2011 and 2012 percentages.



Means Tests on MHSIP Subscale Scores

One-way analysis of variance tests on the adult sample's subscale means for General Satisfaction, Access to Care, Quality and Appropriateness, Participation in Treatment, Outcomes, Functioning, and Social Connectedness did not indicate a statistical difference between White, Black, Other/More than One Race (OMOR), and Unknown/Missing Race (UMR). When the 3.3% of the sample made up of OMOR and UMR respondents was dropped from the analysis, an independent samples T-test on subscale means for the Quality and Appropriateness and Participation in Treatment indicated a significant statistical difference between the White and Black racial groups. Statistics for the two race analysis are found in Table 4.

Table 4. Mean Differences on Two MHSIP Subscales by Racial Group							
Subscale	Race	N	Mean	SD	t	df	p
Quality & Appropriateness	White	930	4.11	0.726	2.455	1253	0.014
	Black	325	3.99	0.815			
Participation in Treatment	White	899	4.02	0.858	2.142	1212	0.032
	Black	314	3.89	0.940			

Analysis of variance tests on the adult subscale means for Access, Quality and Appropriateness, and Social Connectedness indicated a statistical difference between the five county/board geographic groups. Statistics for the county/board type analysis are shown in Table 5.

Table 5. Mean Differences on Seven MHSIP Subscales by County/Board Type							
Subscale	County/Board Type	N	Mean	SD	F	df	p
Access	Appalachian	149	4.11	0.721	2.532	4	0.039
	Rural	101	4.02	0.822			
	Small City	164	4.12	0.821			
	Suburban	217	3.99	0.792			
	Major Metro	693	3.93	0.915			
Quality & Appropriateness	Appalachian	146	4.18	0.634	2.385	4	0.049
	Rural	99	4.09	0.780			
	Small City	160	4.17	0.721			
	Suburban	212	4.07	0.732			
	Major Metro	682	4.02	0.773			
Social Connectedness	Appalachian	140	3.87	0.842	3.612	4	0.006
	Rural	94	3.56	0.921			
	Small City	153	3.75	0.939			
	Suburban	210	3.53	0.972			
	Major Metro	625	3.62	0.968			

Post-hoc analysis indicated that the high mean scores for the Appalachian and Small City groups on the Access subscale differed significantly from low mean for the Major Metro group. This pattern was repeated with the high mean scores on the Quality and Appropriateness subscale for the Appalachian and Small City group also differing significantly from the low mean for the Major Metro group. The high means for the Appalachian group on the Social Connectedness subscale also differed significantly from the low means of the Suburban and Rural groups. Additionally, the higher Small City group mean differed significantly from the low Suburban group mean.

Means testing on all seven adult subscales indicated a significant difference between individuals currently receiving services and those who had discontinued at the time of the survey. Statistics for continuing recipients and non-recipients are shown in Table 6.

Table 6. Mean Differences on Seven MHSIP Subscales by Continued and Discontinued Service Receipt							
Subscale	Are You Still Receiving Services?	N	Mean	SD	t	df	p
General Satisfaction	No	118	3.57	1.257	-5.450	129.16	0.000
	Yes	1110	4.22	0.865			
Access	No	120	3.45	1.034	-6.198	135.41	0.000
	Yes	1127	4.05	0.817			
Quality & Appropriateness	No	116	3.78	0.869	-3.855	133.32	0.000
	Yes	1108	4.10	0.734			
Participation in Treatment	No	114	3.61	1.038	-4.030	129.34	0.000
	Yes	1069	4.02	0.853			
Outcomes	No	113	3.25	0.885	-3.832	1207	0.000
	Yes	1096	3.58	0.875			
Functioning	No	119	3.26	0.885	-3.347	1245	0.001
	Yes	1128	3.56	0.932			
Social Connectedness	No	117	3.37	0.960	-3.308	1182	0.001
	Yes	1067	3.68	0.951			

Means Tests on YSS-F Subscale Scores

One-way analysis of variance tests on the child/adolescent sample's mean scores for social connectedness indicated a significant difference between the high mean for the zero to five age group, and the low means for the six to 12 and 13 to 17 age groups. Statistics for the three age groups analysis are shown in Table 7.

Table 7. Mean Difference on YSS-F Social Connectedness Subscale by Age Group							
Subscale	Age Group	N	Mean	SD	F	df	p
Social Connectedness	zero to 5	96	4.40	0.642	7.776	2	0.000
	6 to 12	723	4.06	0.797			
	13 to 17	524	4.07	0.802			

Post-hoc analysis indicated that the high mean score for the zero to five age group differed significantly from the six to 12 and 13 to 17 age group means for the Social Connectedness subscale.

Means testing on the sample's mean scores for Participation in Treatment indicated a significant difference between the high mean for males and the lower mean for females. Statistics for the gender group analysis are shown in Table 8.

Table 8. Mean Difference on YSS-F Participation in Treatment Subscale by Gender							
Subscale	Gender	N	Mean	SD	t	df	p
Participation in Treatment	Female	546	4.12	0.808	-2.766	1345	0.006
	Male	801	4.23	0.710			

Means testing on the child/adolescent sample's subscale means for *Participation in Treatment*, *Cultural Sensitivity*, *Appropriateness*, and *Outcomes* indicated significant differences between parents/guardians who reported the child/adolescent was still receiving services and those who reported discontinuation of services. Statistics for continuing recipients and non-recipients are shown in Table 9.

Table 9. Mean Differences on Four YSS-F Subscales by Continued and Discontinued Service Receipt							
Subscale	Child Still Receiving Services?	N	Mean	SD	t	df	p
Participation in Treatment	No	348	4.02	.896	-4.368	493.104	0.000
	Yes	980	4.25	.675			
Cultural Sensitivity	No	344	4.24	.758	-3.262	1314	0.001
	Yes	972	4.37	.626			
Appropriateness	No	348	3.89	1.001	-2.181	433.355	0.030
	Yes	982	4.02	.849			
Outcomes	No	346	3.67	1.007	2.409	1327	0.018
	Yes	977	3.53	.921			

On the Treatment Participation, Cultural Sensitivity, and Appropriateness subscales, mean scores were significantly lower for those whose children had discontinued services were than for those whose children were continuing services. Conversely, the mean score for Outcomes was significantly higher among those who had discontinued services compared to those who were continuing.

Means testing on all five YSS-F subscales indicated significant differences between those parent/guardians who reported the child/adolescent was living with them and those who reported the subject was not. Statistics for the living situation analysis are shown in Table 10.

Table 10. Mean Differences on Five YSS-F Subscales by Subject's Living Situation							
Subscale	Child Living With You?	N	Mean	SD	t	df	p
Access	Yes	1274	4.10	0.875	2.283	1328	0.023
	No	56	3.83	0.953			
Participation in Treatment	Yes	1281	4.21	0.734	3.770	59.051	0.000
	No	57	3.72	0.970			
Cultural Sensitivity	Yes	1268	4.34	0.661	2.797	1323	0.005
	No	57	4.09	0.865			
Appropriateness	Yes	1282	4.00	0.884	2.802	59.752	0.007
	No	57	3.61	1.050			
Outcomes	Yes	1275	3.59	0.933	4.388	1330	0.000
	No	57	3.03	1.070			
Social Connectedness	Yes	1279	4.10	0.785	3.062	1334	0.002
	No	57	3.77	0.918			

On all five YSS-F subscales, the mean scores were significantly higher for parent/guardians reporting the child was living with them at the time of the survey. A Chi-square test of *Current Service Receipt* and *Living Situation* indicated a significant association between discontinuance of services and the consumers' out-of-home living arrangement, with $\chi^2 = 5.851$, $df = 1$, $p = .016$.

Summary

Subscale Rankings and Positive Response Percentages

On both the MHSIP and YSS-F, consumers ranked the Perception of Care subscales higher than the Treatment Outcomes and Social \Connectedness subscales. This pattern is consistent with the 2010 and 2009 administration of the surveys, although the actual subscale means and percentage of positive scores vary from those two administrations. Nationally, this pattern holds true across other states using the MHSIP and YSS-F: Consumers rank Perception of Care higher than Outcomes and Social Connectedness. With the MHSIP results, the Perception of Care domain that ranked the lowest was Access, while YSS-F respondents ranked Appropriateness lowest among the Perception of Care

subscales. With both the YSS-F and MHSIP, respondents ranked the Social Connectedness subscale higher than either Outcomes or Functioning.

Means Testing

T-tests and ANOVAs indicate that racial and geographic differences are associated with MHSIP rankings on Quality and Appropriateness of care. Race and geography are correlated in Ohio, with African Americans populations primarily located in Major Metropolitan areas. It is evident from the findings that African American consumers do not feel as engaged in Treatment Participation as their White peers. It is also evident that geographic location makes a distinct contribution to the distribution of mean scores for Access and Social Connectedness, whereas race does not.

The MHSIP factor that associates with the most difference between types of consumers on the domains of Perception of Care and Outcomes is whether or not the respondent was receiving services at the time of the survey. For just under 10% of the adults who received care in 2011, services were unsatisfactory and outcomes were poor.

Means tests on the YSS-F subscales indicate that age and gender of the consumer contributed to differences in the parent/guardians' Perception of Care and Outcomes. Caregivers of adolescents receiving treatment report significantly less Social Connectedness than those parenting younger children. Parent/Guardians of females report a significantly lower perception of engagement in treatment than those with male children in treatment.

Among the YSS-F respondents, whether or not the child/adolescent was in current service receipt at the time of the survey is associated with dissatisfaction in Perception of Care and Outcomes. Respondents whose children had discontinued service were significantly more likely to be dissatisfied with their Participation in Treatment, the providers' Cultural Sensitivity, the Appropriateness of services, and the treatment Outcomes.

The YSS-F factor that associates with the most difference between types of consumers on the YSS-F domains of Perception of Care and Outcomes is whether or not the child/adolescent was living with the responding parent/guardian at the time of the survey.

Discussion

Limitations

Additional analyses are needed to determine how much race or geographic location contributes to the variance between low and high mean scores on MHSIP subscales. More work also is needed on the stratification of sampling with regard to the racial and geographic distribution of the child/adolescent sample. It is interesting that discontinued service receipt and the out-of-home living situation are significant factors affecting the perception of care and outcomes reported by parents/guardians of child/adolescent consumers, but how these factors associate with race cannot be determined with the current sample.

Benchmarking

The issue of appropriately benchmarking measures of satisfaction and treatment effectiveness will be addressed through continued administration of the MHSIP and YSS-F. Not all states use a randomized stratification strategy in their annual administration of the MHSIP and YSS-F, so nationally aggregated results currently are not useful for benchmarking purposes. Ohio survey administration staff currently is working with SAMHSA staff to identify states using similar survey methods to identify appropriate benchmarks. Although percentage of positive subscale scores in the 2012 survey administration were generally higher than in 2011, benchmarks for the subscales cannot be set until after a third randomized administration of the MHSIP and YSS-F in Ohio. At that point, there will be a sufficient number of samples to estimate statewide average means and percentages of positive responses.

Boards and providers interested in administering the MHSIP or YSS-F at the agency site to a sample of consumers who receiving treatment will need benchmarks set on the “continuing services” portions of the statewide samples. The significant differences in the mean scores of consumers who have discontinued services versus those who are continuing services suggest there will be greater satisfaction and better outcomes from surveys administered by providers to consumers who are currently receiving care.

Disparities – Adult Consumers

The finding that African American consumers are significantly less satisfied than White consumers in the areas of service quality and appropriateness and participation in treatment may be viewed as an issue of access. In that case, Ohio’s African American consumers appear to have the perception of limited access to high quality and appropriate care. This perception may account for a corresponding lack of interest in treatment participation, or it may be that service providers are not appropriately engaging these consumers in the treatment process. Interestingly, the present study does not indicate significantly different outcomes based on racial differences.

The geographic disparities in Access to treatment bear further examination in light of the low mean scores among adult consumers living in Major Metropolitan areas. More careful item analysis of the Access subscale is needed to determine which factors—service location, staff availability and responsiveness, or service availability—play the largest role in the relative dissatisfaction among Major Metropolitan consumers. What is perhaps more interesting are the relatively high mean scores on Access among Appalachian and Small City consumers. Neither of these geographic county types have extensive public transportation systems, as is common in the Major Metropolitan areas. Further study should include the availability of home-based services for adults by county/board type. Although there is no comparable means test of the county/board type for YSS-F respondents, it’s worth noting that among parents and guardians who had discontinued services and who were presumably less satisfied with services, Access was a factor that did not prove to be significant. This may be because of the widespread availability of home-based services for child and adolescent consumers.

It may be more helpful to evaluate the factors that contributed to the high mean scores for Quality and Appropriateness from Small City and Appalachian consumers than to focus too intently on the lower

assessment of services provided by the Major Metropolitan consumers. The low means of Major Metropolitan consumers on Quality and Appropriateness could be an extension of the dissatisfaction felt over Access issues.

County/board disparities in Social Connectedness among adult consumers may have as much to do with regional culture and topography as with the direct impact of treatment. County/board areas where consumers ranked Social Connectedness significantly lower might consider augmentation of the local service array with more social support and anti-stigma programs.

Disparities – Child & Adolescent Consumers

The fact that parents and guardians of school-age children and adolescents with SED report lower Social Connectedness than their peers with preschoolers may have as much to do with developmentally-driven family dynamics as with the impact of treatment. Compared to preschool children, older children and adolescents have more opportunities for social interaction, and therefore, there is a greater likelihood of social disapproval of the child/adolescent and his/her family as a consequence of behavioral and emotional problems. The relative availability of social support programs for families of preschoolers versus families with older children and adolescents is unknown, but it would appear that more attention to building the resilience of families with older children and adolescents is warranted in the area of social connectedness.

The apparent gender bias in treatment Participation reported by parent/guardians of female consumers was surprising. It may be that the likelihood of clinicians treated more internalizing symptoms among females—contrasted by a higher prevalence of externalizing symptoms among males—accounts for lower treatment engagement of the parent/guardians of girls. Managing externalizing behavior would appear to require more direct and active parental engagement, whereas internalizing symptoms tend to be overlooked. However, gender differences in the clinical presentation of children and adolescents raises the question of whether parent/guardians should be allowed to feel less involved in their child's treatment.

Discontinuance of Treatment

Both adult and child/adolescent consumers will discontinue services for a variety of reasons, some of which include attainment of treatment objectives and improved mental health functioning. The MHSIP and YSS-F surveys do not ask why consumers choose to discontinue, only whether they have stopped receiving care at the time of the survey. The lower means on the perception of care and outcomes subscales suggests that most consumers who have discontinued services were relatively dissatisfied with the care they received. In the case of children and adolescents, it may be noted that the broadest level of dissatisfaction was reported by the parent/guardians who said the child was no longer living in their home. Reasons for the out-of-home living situation are as varied as reasons to discontinue treatment. To the extent that the out-of-home living situation coincided with the decision to discontinue treatment, the parent/guardian appeared to view the treatment experience and resulting outcomes as a failure.

Conclusion

The 2012 administration of the MHSIP and YSS-F surveys represents the third year of survey activity using these public domain instruments in Ohio. Unlike the 2010 administration, which was based on a convenience sample, the 2011 and 2012 survey administrations used a randomized, stratified design, with strata based on racial groups and county/board type distributions in the service population. Lessons learned from the 2011 sampling resulted in representative stratification in the 2012 response sample of adults for the MHSIP. Effort will be made to adjust the 2013 stratification design for the YSS-F survey population to obtain a representative sample of survey respondents. This will allow results of the YSS-F to be analyzed by racial groups and county/board types.

ODMH-ORE staffs believe that results of the 2012 survey administration—as detailed in this report—are reliable and valid estimates of consumer perception of care and treatment outcomes. Boards and providers are encouraged to carefully review the 2012 survey results, and as deemed appropriate, to use findings confidently in policy and practice decisions aimed at improving quality of care.