



# Mental Health Statistical Information Program: 2020 Adult Consumer Survey Results

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## Overview

The Ohio Department of Mental Health and Addiction Services' Bureau of Quality, Planning, and Research administered its annual mail survey to adult consumers of services related to mental illness on their perception of care and treatment outcomes. Adults were queried between April 29 and September 30, 2021, 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 SFY 2021 survey administration drew a random sample stratified by race and county/board type from the MACSIS/MITS billing database. A sample of 13,004 adults aged 18+ who received services pertaining to mental health diagnoses was drawn from a universe of 262,310 adults who received services during state fiscal year 2020. Similarly to the previous year's report, this is a broader inclusion criterion than was used in 2019 and earlier, which restricted the survey to adults who had received services for Serious Mental Illness (SMI) only. 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.

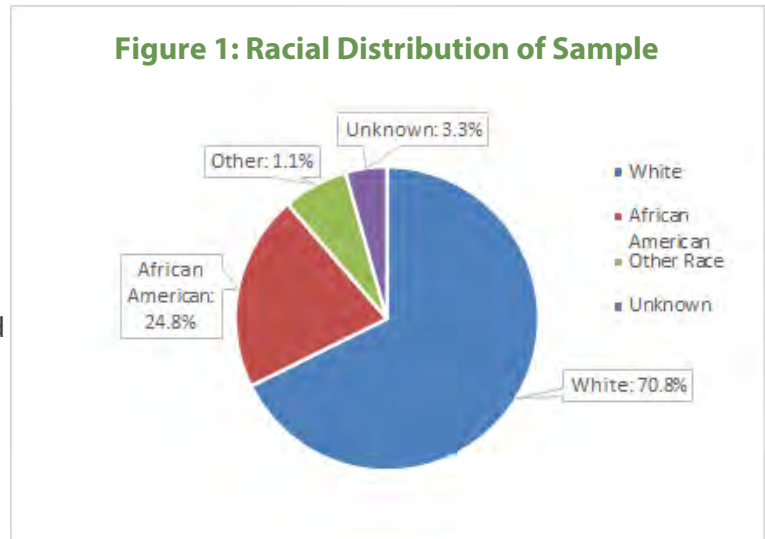
A notification was sent in advance of the surveys to let recipients know they had been selected in the SFY 2021 administration of the sampling. The adult survey was administered in two waves, with those who had not yet responded by mid-July having the survey resent to them. Survey participants were given the option of response by mail with a pre-paid business envelope or via an Internet survey website.

## Sampling Results

About sixteen percent (16.2%; n = 2,104) of the advance notifications and survey packets were returned as undeliverable mail. One and six-tenths percent (1.6%; n = 171) of sampled consumers who received a mail packet declined participation. Of sampled consumers who received a mail packet, 88.6% (n = 9,664) did not respond by the survey deadline. A valid survey was returned by 1,065 consumers, or 9.8% of those who received a mail packet.

## Sample Demographics

Of the 1,065 consumers who completed the survey, 64.0% were female (n = 682) and 36.0% were male (n = 383). The gender distribution in the return sample was not representative of the sampling frame of 262,310 adults with mental health diagnoses, where 59.4% were female and 40.6% were male. Mean age of the return sample was 48.2 years (SD = 14.4), which is significantly older than the population's mean age of 40.2 years (SD = 15.1).



Survey respondents were 67.7% White (n = 721), and 20.9% African American (n = 223). Six and nine-tenths percent (6.9%; n = 74) were identified as another race, while 4.4% (n = 47) were of unknown race. The racial distribution of the sample was similar to but not completely representative of the sampling frame, where 71.0% were White, 21.5% were African American, 2.1% were another race, and 5.4% were of unknown race. Figure 1 shows the racial distribution of the return sample.

The return sample was grouped into five county/board types, with the percentage distributions as follows: Appalachian 14.6% (n = 156), Rural 5.1% (n = 54), Metropolitan 56.1% (n = 597), Suburban 13.4% (n = 143), and Mixed 10.8% (n = 115). The return sample's geographic distribution was not completely representative of the sampling frame, although Metropolitan and Suburban boards types were appropriately represented. Mixed board types were slightly overrepresented (10.8% of the sample and 9.8% of the sampling frame), while Appalachian and Rural board types were slightly underrepresented (14.6% of the sample and 15.5% of the sampling frame, and 5.1% of the sample and 6.1% of the sampling frame, respectively).

## Other Characteristics of the Sample

One quarter (26.4%; n = 276) of the sample indicated they were not still receiving services at the time of the survey. Six and two-tenths percent (6.2%; n = 66) 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.)

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

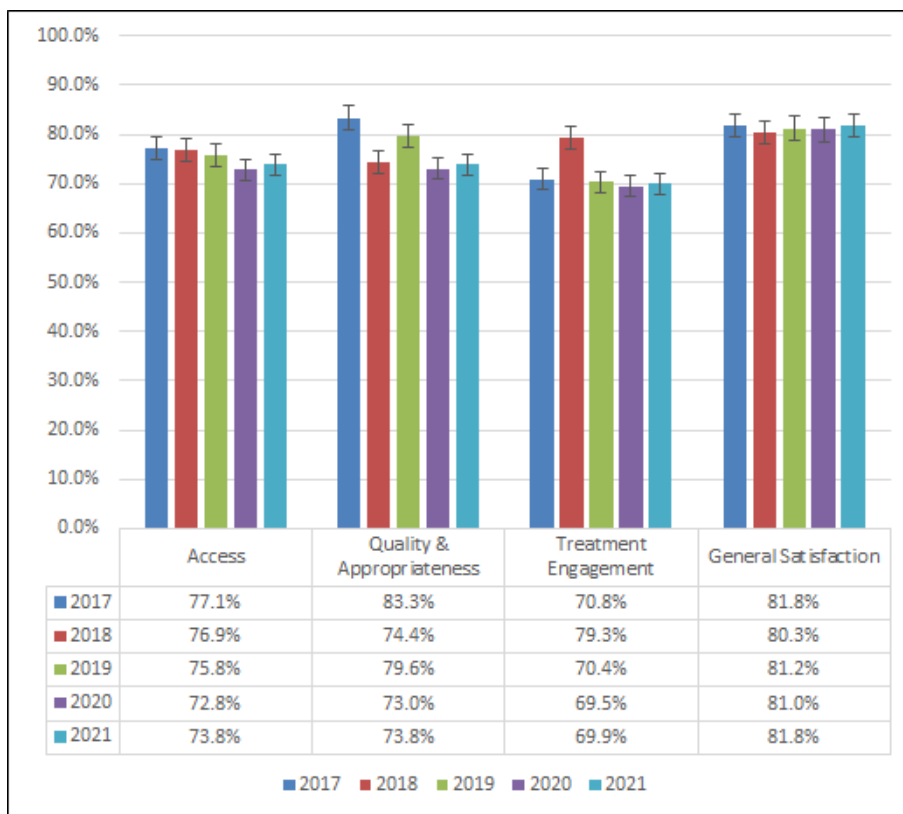
Items in a subscale are summed and divided by the total number of items, and scores greater than 3.5 in a scale of 1 to 5 are reported in the positive range. Cases with subscales where more than one-third of items are missing are dropped from the analysis. A copy of the MHSIP instrument with questions linked to each item number is located at the end this report.

## Results

### Perception of Care Subscales

Figure 2 shows results on the four MHSIP Perception of Care subscales — Access, Quality and Appropriateness, Treatment Engagement, and General Satisfaction — over five years, with the SFY 2021 results shown in aqua, SFY 2020 in purple, SFY 2019 in green, SFY 2018 in red, and SFY 2017 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.

**Figure 2: Perception of Care, SFY 2017-2021**



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, 75.3% of consumers gave providers a favorable rating on Access and 81.2% gave providers a favorable rating on General Satisfaction. The standard deviations for the yearly measurement on these subscales are small: 1.9% on Access and 0.6% on General Satisfaction.

The Quality and Appropriateness subscale’s MOE overlap in SFY 2017 and 2019, while SFY 2018 and 2020 overlap with SFY 2021.

On the Treatment Engagement subscale, the MOE bars for SFY 2017 and 2019-2021 overlap. The SFY 2018 subscale measurement is a true outlier, as its MOE does not overlap with the results from any of the surrounding years. On the five-year average, 76.8% of consumers gave providers a favorable rating on Quality and Appropriateness and 72.0% gave providers a favorable rating on Treatment Engagement. The standard deviations for the yearly measurement on these subscales are comparatively large; displaying the higher variation between years: 4.5% on Quality and Appropriateness and 4.1% on Treatment Engagement.

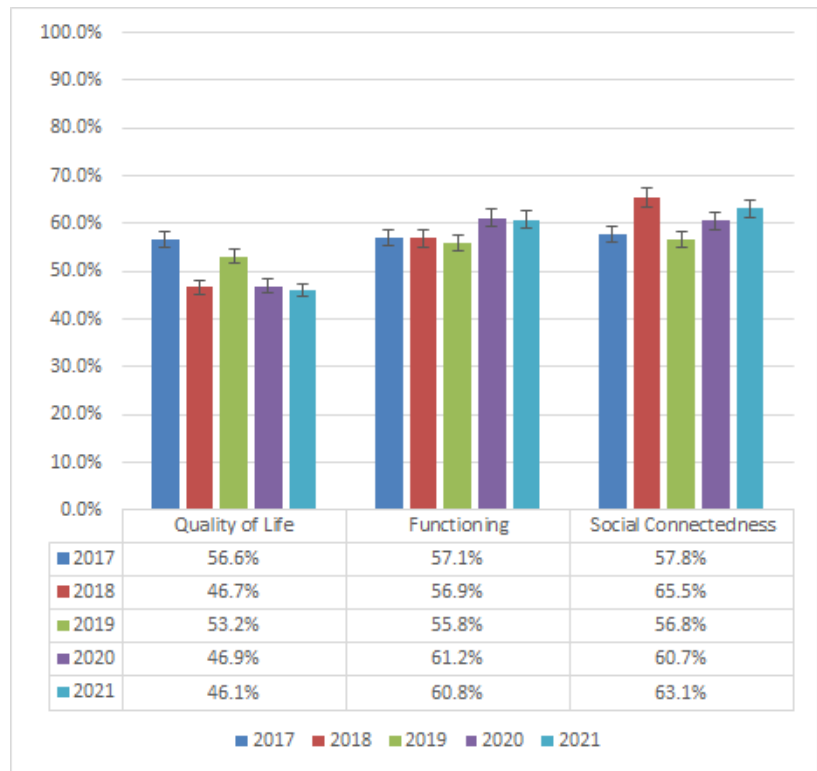
## Self-reported Treatment Outcomes

Figure 3 shows results on the MHSIP’s three outcome subscales — Quality of Life (Outcomes), Functioning, and Social Connectedness — over five years of survey administration. SFY 2021 results are shown in aqua, SFY 2020 in purple, SFY 2019 in green, SFY 2018 in red, and SFY 2017 in blue.

The MOE bars for the Functioning subscale overlap across the three years prior to SFY 2020, indicating that there was not a significant difference from one year to the next within this subscale in that timeframe. In SFYs 2020 and 2021, the lower end of the MOE bars only slightly overlaps the higher ends of the MOE bars for the previous three years, showing that the averages for the two most recent years are borderline significantly higher. On a five-year average, 58.4% of consumers give a favorable rating of their functioning as a result of treatment. The standard deviation is 2.5%.

There are overlaps in the MOE bars on the Quality of Life subscale over three years (SFYs 2018, 2020, and 2021). The results of the SFYs 2017 and 2019 subscale measurements overlap with each other, but not with the other years; they are significantly higher than the other years. On a five-year average, 49.9% of consumers gave a favorable rating on their Quality of Life as a result of treatment, with a comparatively high standard deviation of 4.7% displaying the high variation. Similarly, in the Social Connectedness subscale, SFYs 2017 and 2019 have a high amount of overlap among their MOE bars. The MOE bars for SFYs 2020 and 2021 overlap slightly with these years, while the bottom of the MOE bar for SFY 2018 only touches the top of the MOE bars of SFYs 2020 and 2021. On a five-year average, 60.8% of consumers give a favorable rating of their Social Connectedness, and the standard deviation is 3.6%.

**Figure 3: Treatment Outcomes, SFY 2017-2021**



## 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 9.8% 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. The SFY 2021 sampling frame was carefully stratified to create a stratified random sample for survey participation. However, in the survey return sample, racial groups were not completely representative of the sampling frame: White consumers were slightly underrepresented, while consumers of another race (non-White; non-African American) were overrepresented. In addition, women were overrepresented in the return sample, and the return sample was significantly older than the sampling frame. Results in SFY 2021 may be generalizable due to geographic distribution, but there is still some bias in the sample due to gender, racial, and age distribution.

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Although biases in the yearly samples may account for variation in results, it should be noted that three of the four perception of care subscale measures show very little variability over time. Among all the subscales, General Satisfaction shows the least variability. On that measure, survey participants are very similar from one year to the next.

## Discussion

It is important to note that the SFYs 2020 and 2021 survey samples were drawn from a sampling frame of adults who received services pertaining to any mental health diagnosis rather than adults who received services for Serious Mental Illness (SMI), which had been the sampling frame for SFY 2019 and earlier. It is possible that any new patterns displayed in the SFY 2020 and later results could be due to this broadened inclusion criterion.

Overall, the perception of care results from SFY 2021 were highly consistent with SFY 2020 results, with SFY 2021 having only slightly and not statistically significantly higher results. 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 (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 three out of four consumers, but over time there is variability in the proportion of consumers who give this measure high marks. While satisfaction with services (General Satisfaction) 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 72.0%, 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 SFY 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 SFY 2018 could be due to differences in the providers represented by the consumers in the sample; however, it is more likely there was a difference in the consumers who reported that year. To illustrate, on the treatment outcome measure of Functioning, the proportion of consumers reporting positively in SFY 2018 were no different than those who reported in other annual administrations of the survey. The SFY 2018 cohort was different, however, in the proportions that reported positively about Quality of Life and Social Connectedness. In the subsequent year of SFY 2019, the proportions that positively ranked Quality of Life and Social Connectedness were much closer to those in the previous SFY of 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 SFY 2018 sample were atypical than that there was something different about the service delivery that year.

The SFY 2021 treatment outcome measure results are similar to the results of the SFY 2020 survey. For the subscales on Quality of Life and Functioning, the MOE bars for SFY 2021 overlap heavily with the MOE bars for SFY 2020. The SFY 2020 and 2021 results display a marginally significantly higher proportion that reported positively about Functioning than the previous three years. For the subscale Social Connectedness, the results for SFY 2021 are higher than in SFY 2020, although this does not rise to statistical significance, due to the MOE bars still showing significant overlap. It is important to note that the SFY 2021 results represent consumers who received services

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during the previous fiscal year; that is, from July 1, 2019 to June 30, 2020. This timeframe covers the first few months of the COVID-19 pandemic, and we might expect to see a drop in the percentage of consumers with a positive perception of their social connectedness during the time of quarantines and local shutdowns. So far, this is not illustrated in the results, but it will be important to consider this point during the next annual consumer survey that will cover the timeframe of July 1, 2020 to June 30, 2021.

Across the three outcome measures, between 50 and 60 percent report positively over the five-year period: average percentages of positive outcomes on the three measures is 49.9% (Quality of Life), 58.4% (Functioning), and 60.8% (Social Connectedness). For Functioning and Social Connectedness, about six out of every ten consumers report positive outcomes, while nearly five out of ten report positive outcomes for Quality of Life. Future iterations of the survey will continue to compare the most recent results with the four preceding years. In addition, it will be particularly important to compare the results from this year to future results from SFY 2022 (services received in SFY 2021) to see how the ongoing COVID-19 pandemic affected consumers' perception of care as well as treatment outcomes.

**Citation:**

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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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. I am better able to control my life .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. I am better able to deal with crisis .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. I am getting along better with my family .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. I do better in social situations .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. I do better in school and/or work .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. My housing situation has improved .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. My symptoms are not bothering me as much .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. I do things that are more meaningful to me .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. I am better able to take care of my needs .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. I am better able to handle things when they go wrong .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. I am better able to do things that I want to do .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. I have people with whom I can do enjoyable things.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. I feel I belong in my community. ....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. In a crisis, I would have the support I need from family or friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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.   |                           |                          |