Mental Health Statistical Information Program
2022 Adult Consumer Survey Results

Report prepared by:
Jessica Linley, Ph.D, MSW, LSW
OhioMHAS Office of Quality, Planning, and Research

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 May 5 and Sept. 30, 2022, 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 State Fiscal Year (SFY) 2022 survey administration drew a random sample stratified by race and county/board type from the MACSIS/MITS billing database. A sample of 13,000 adults aged 18+ was drawn from a universe of 216,665 adults who received at least three mental health services during SFY 2021. 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 2022 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.
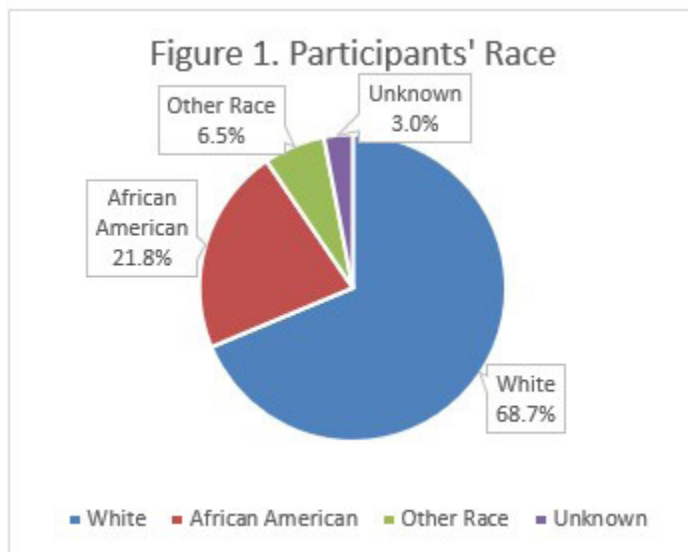
Sampling Results
About fifteen percent (14.8%; n = 1,928) of the advance notifications and survey packets were returned as undeliverable mail. One percent (1.0%; n = 113) of sampled consumers who received a mail packet declined participation. Of sampled consumers who received a mail packet, 88.5% (n = 9,802) did not respond by the survey deadline. A valid survey was returned by 1,157 consumers, or 10.4% of those who received a mail packet.

Sample Demographics
Of the 1,157 consumers who completed the survey, 64.9% were female (n = 751) and 35.1% were male (n = 406). The gender distribution in the return sample was similar but not perfectly representative of the sampling frame of 216,665 adults with mental health diagnoses, where 62.0% were female and 38.0% were male. Mean age of the return sample was 48.4 years (SD = 15.0; median = 51.0), which is significantly older than the population's mean age of 40.7 years (SD = 15.0; median = 39.0).

Survey respondents were 68.7% White (n = 795) and 21.8% African American (n = 252). Six and one-half percent (6.5%; n = 75) were identified as another race, while 3.0% (n = 35) were of unknown race. The racial distribution of the sample was similar to, but not completely representative of, the sampling frame, where 71.1% were White, 22.25% were African American, 2.2% were another race, and 4.5% 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 18.4% (n = 213), Rural 3.4% (n = 39), Large Metropolitan 52.5% (n = 608), Suburban/Small Metropolitan 16.6% (n = 192), and Mixed 9.0% (n = 104). The return sample's geographic distribution was representative of the sampling frame, with no significant differences in the distribution of the sample geographically.

Figure 1. Participants' Race

Other Race 6.5%
Unknown 3.0%
African American 21.8%
White 68.7%

■ White ■ African American ■ Other Race ■ Unknown

Other Characteristics of the Sample
Fifteen percent (14.9%; n = 172) of the sample indicated they were not still receiving services at the time of the survey. Five percent (5.1%; n = 59) of respondents indicated that they had been arrested within the 24 months prior to the survey administration.

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 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.

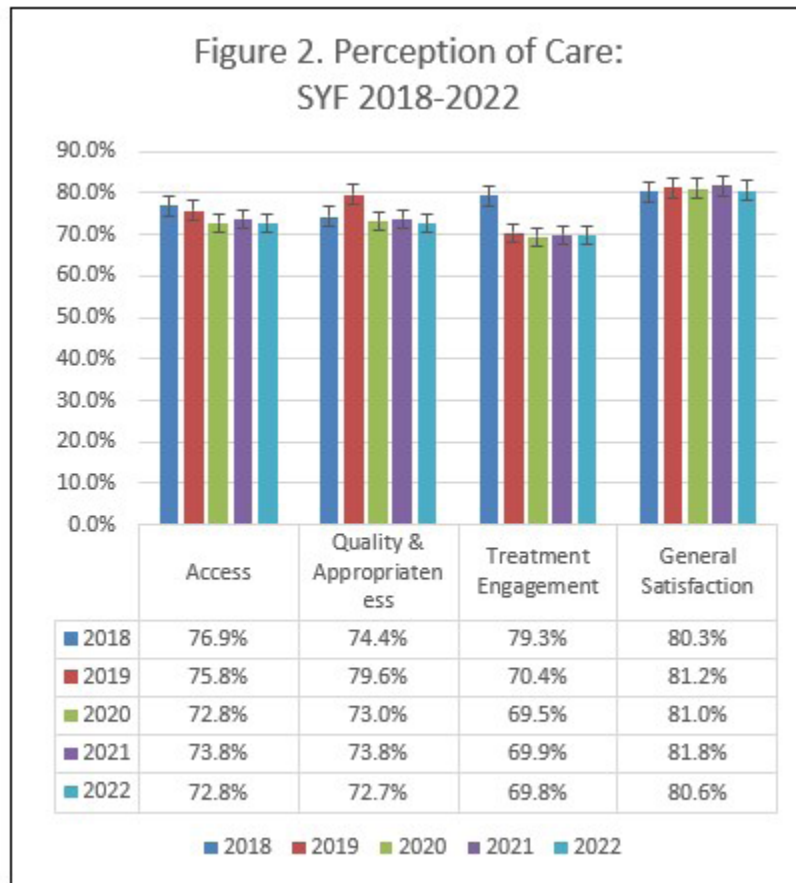| Table 1. MSHIP Subscale Items		
	MSHIP Subscale	**Survey Item Numbers**
Perception of Care	General Satisfaction	1, 2, 3
	Access	4, 5, 6, 7, 8, 9
	Quality & Appropriateness	10, 12, 13, 14, 15, 16, 18, 19, 20
	Participation in Treatment	11, 17
Treatment Outcomes	Quality of Life (Outcomes)	21, 22, 23,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

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 2022 results shown in aqua, SFY

2021 in purple, SFY 2020 in green, SFY 2019 in red, and SFY 2018 in blue. The "I" bars at the top of each bar indicate the +/-3 percent margin of error (MOE) for each year's results on the four subscales.

The MOE bars over five years on two of the scales (Access and General Satisfaction) overlap. Within each subscale, the top of one year's bar does not drop below the bottom of another year's bar. This indicates that from one year to the next, there is not a significant difference in the positive percentages reported for these subscales. On average over five years, 74.4% of consumers gave providers a favorable rating on Access and 81.0% gave providers a favorable rating on General Satisfaction. The standard deviations for the yearly measurement on these subscales are small: 1.8% on Access and 0.6% on General Satisfaction.

The Quality and Appropriateness subscale's MOE overlap in SFYs 2018 and 2020-2022, while SFY 2019 is significantly higher. On the Treatment Engagement subscale, the MOE bars for SFYs 2019-2022 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, 74.7% of consumers gave providers a favorable rating on Quality and Appropriateness and 71.8% 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: 2.8% on Quality and Appropriateness and 4.2% on Treatment Engagement.

Figure 2. Perception of Care: SYF 2018-2022

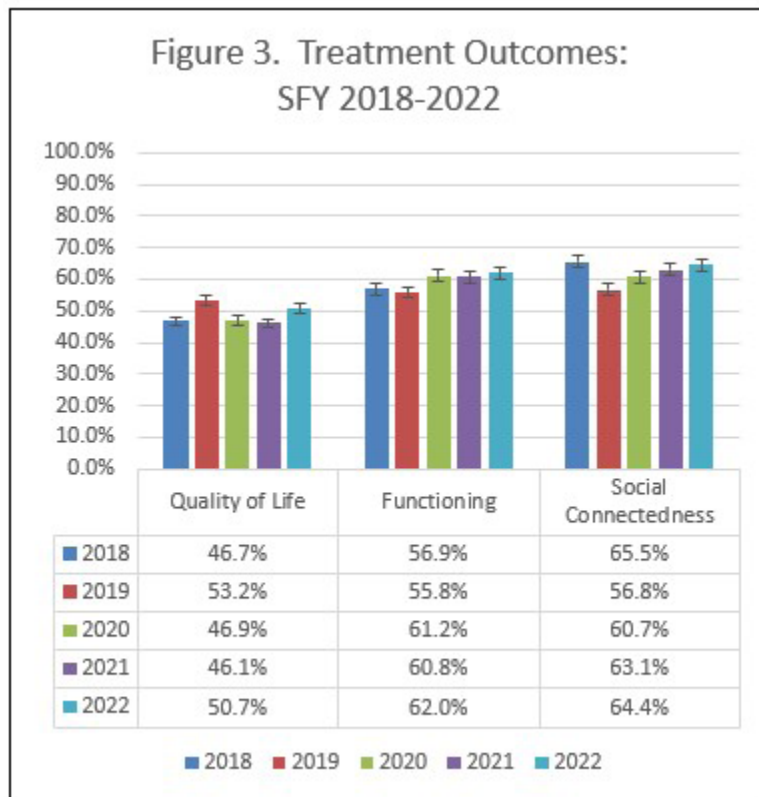|	Access	Quality & Appropriateness	Treatment Engagement	General Satisfaction
2018	76.9%	74.4%	79.3%	80.3%
2019	75.8%	79.6%	70.4%	81.2%
2020	72.8%	73.0%	69.5%	81.0%
2021	73.8%	73.8%	69.9%	81.8%
2022	72.8%	72.7%	69.8%	80.6%

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 2022 results are shown in aqua, SFY 2021 in purple, SFY 2020 results in green, SFY 2019 in red, and SFY 2018 in blue. It should be noted that the Quality of Life and Functioning scales measure the participants' perception of how treatment services have impacted their quality of life and functioning, not their quality of life and functioning in general.

The MOE bars for the Functioning subscale overlap across the two 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 2020-2022, the

lower end of the MOE bars only slightly overlaps the higher ends of the MOE bars for the previous two years, showing that the averages for the two most recent years are borderline significantly higher. On a five-year average, 59.3% of consumers give a favorable rating of their functioning as a result of treatment. The standard deviation is 2.8%.

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 2019 and 2022 subscale measurements overlap with each other, and SFY 2022 overlaps with the other three years as well. On a five-year average, 48.7% of consumers gave a favorable rating on their Quality of Life as a result of treatment, with a standard deviation of 3.1% displaying the variation.

In the Social Connectedness subscale, SFY 2018 was the highest percentage, followed by a drop in SFY 2019. The percentage gradually but consistently climbed through SFY 2022, displaying a high amount of overlap among the MOE bars of those years. On a five-year average, 62.1% of consumers give a favorable rating of their Social Connectedness, and the standard deviation is 3.5%.

Figure 3. Treatment Outcomes: SFY 2018-2022

	Quality of Life	Functioning	Social Connectedness
2018	46.7%	56.9%	65.5%
2019	53.2%	55.8%	56.8%
2020	46.9%	61.2%	60.7%
2021	46.1%	60.8%	63.1%
2022	50.7%	62.0%	64.4%

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 10.4% 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 2022 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 slightly overrepresented in the return sample, and the return sample was significantly older than the sampling frame. Results in SFY 2022 may be generalizable due to geographic distribution, but there is still some bias in the sample due to gender, racial, and age distribution. Although biases in the yearly samples may account for variation in results, it should be noted that two 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 survey samples from SFY 2020 and later 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 2022 were highly consistent with SFY 2021 results, with SFY 2022 having only slightly and not statistically significantly lower results in perception of care and slightly and not statistically significantly higher results in treatment outcomes. 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, about 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 nearly three out of four consumers, but over time there is variability in the proportion of consumers that give this measure high marks. 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, especially in the SFY 2019 survey which stands out in this subscale. 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 71.8%, 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. 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 2022 treatment outcome measure results are similar to the results of the SFY 2021 survey, with the results for the Quality of Life subscale showing a jump of 4.6%. Although this does not rise to the level of statistical significance, it is a notable increase. The results for SFYs 2020-2022 results display a marginally significantly higher proportion that reported positively about Functioning than the previous two years. This may be due to the updated sampling method of sampling any adults that received three or more mental health services within the fiscal year rather than only those with SMI.

For the subscale Social Connectedness, the results for SFY 2022 continue to show a gradual but consistent upward climb since SFY 2019. Although each year's results overlap with the previous year's results, by SFY 2022, there is a large and significant increase from the results of SFY 2019. The results of SFY 2021 and 2022 are much closer to the high percentage that was seen in SFY 2018. It is important to note that the SFY 2022 results represent consumers who received services during the previous fiscal year; that is, from July 1, 2020 to June 30, 2021. This timeframe covers the main portion of the COVID-19 pandemic. 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, however, this is not illustrated in the results.

The three outcome measures display average percentages of 48.7% (Quality of Life), 59.3% (Functioning), and 62.1% (Social Connectedness). For Functioning and Social Connectedness, about six out of every 10 consumers report positive outcomes, while nearly five out of 10 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.