

2023 MHSIP 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 June 8 and September 30, 2023, 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 2023 survey administration drew a random sample stratified by race and county/board type from the Ohio Behavioral Health Claims database. A sample of 13,001 adults aged 18+ was drawn from a universe of 93,424 adults who received at least three mental health services during the second half of state fiscal year 2022. The sample size for the adult service population was based on a power analysis for a margin or error 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 2023 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

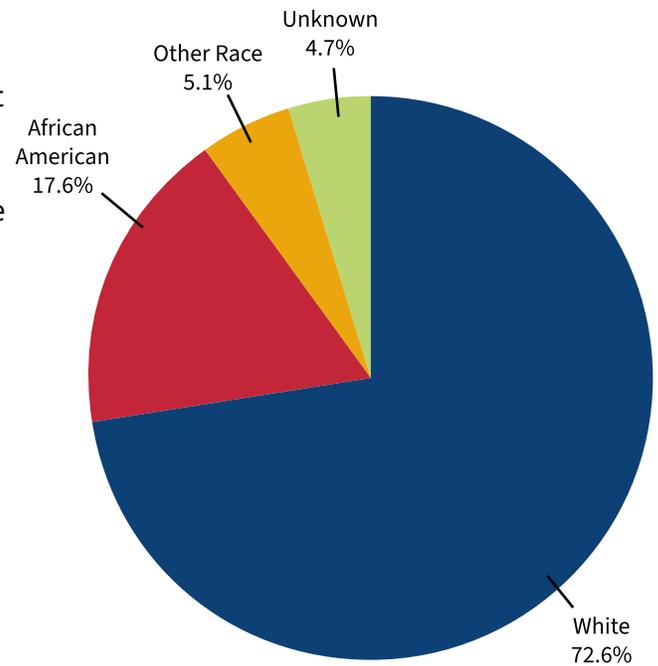
About fifteen percent (15.5%; n = 2,016) of the advance notifications and survey packets were returned as undeliverable mail. About one percent (0.9%; n = 103) of sampled consumers who received a mail packet declined participation. Of sampled consumers who received a mail packet, 88.2% (n = 9,687) did not respond by the survey deadline. A valid survey was returned by 1,195 consumers, or 10.9% of those who received a mail packet.

Sample Demographics

Of the 1,195 consumers who completed the survey, 65.0% were female (n = 777) and 34.3% were male (n = 410). The gender distribution in the return sample was similar but not perfectly representative of the sampling frame of 93,424 adults, where 63.6% were female and 36.4% were male. Mean age of the return sample was 47.8 years (SD = 15.0; median = 50.0), which is significantly older than the population's mean age of 40.8 years (SD = 15.0; median = 39.0).

Survey respondents were 72.6% White (n = 868), and 17.6% African American (n = 210). Five percent (5.1%; n = 61) were identified as another race or bi/multiracial, while 4.7% (n = 56) were of unknown race or had missing data. The racial distribution of the sample was similar to but not completely representative of the sampling frame, where 73.2% were White, 20.1% were African American, 2.2% were another race, and 4.4% were of unknown race. Figure 1 shows the racial distribution of the return sample.

Figure 1. Participants' Race



The return sample was grouped into five county/board types, with the percentage distributions as follows: Appalachian 11.5% (n = 138), Rural 2.2% (n = 26), Large Metropolitan 55.6% (n = 664), Suburban/Small Metropolitan 21.3% (n = 254), and Mixed Area (Boards with counties of multiple different geographic types) 8.8% (n = 105). The return sample's geographic distribution was representative of the sampling frame, with no significant differences in the distribution of the sample geographically.

Other Characteristics of the Sample

A small minority (8.8%; n = 105) of the sample indicated they were not still receiving services at the time of the survey. Eight percent (8.5%; n = 101) 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.

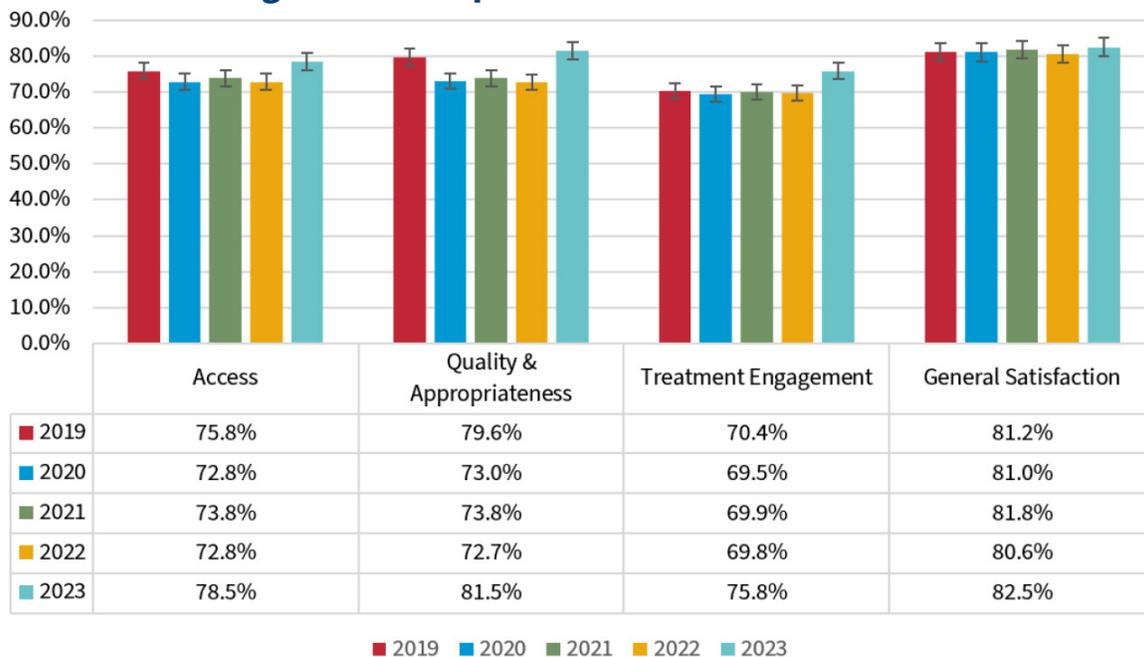
Table 1. MSHIP Subscale Items		
	MSHIP Subscale	Survey Item Numbers
Perception of Care	<i>General Satisfaction</i>	1, 2, 3
	<i>Access</i>	4, 5, 6, 7, 8, 9
	<i>Quality & Appropriateness</i>	10, 12, 13, 14, 15, 16, 18, 19, 20
	<i>Participation in Treatment</i>	11, 17
Treatment Outcomes	<i>Quality of Life (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

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 2023 results shown in aqua, SFY 2022 in purple, SFY 2021 in green, SFY 2020 in red, and SFY 2019 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. When the MOE bars overlap each other, this indicates that there is not a significant difference in the positive percentages reported for these subscales from one year to the next. When the MOE bars do not overlap (there is space between the top of one year’s bar and the bottom of another year’s bar), this suggests that there is a significant difference between those years.

Figure 2. Perception of Care: SFY 2019-2023



For the General Satisfaction scale, the results have been stable over five years. The MOE bars over five years overlap with each other, and no outlier is seen. The mean for the past five years for General Satisfaction is 81.4%, and the standard deviation is 0.7%. Other subscales show more variability across time.

For the subscales Access and Quality and Appropriateness, the results in 2019 and 2023 were higher than the results in 2020-2022, although the results in Quality and Appropriateness are significant, those in Access did not meet the significance threshold. On the five-year average, 74.7% of consumers gave providers a favorable rating on Access and 76.1% gave providers a favorable rating on Quality and Appropriateness. The standard deviations for the yearly measurement on these subscales display the higher variation between years: 2.4% on Access, and 4.1% on Quality and Appropriateness. The subscale Treatment Engagement was stable over four years, and shows a 2023 percentage that just achieves significance over SFYs 2020 and 2022, although it overlaps slightly with SFYs 2019 and 2021. The mean for the past five years for Treatment Engagement is 71.1%, and the standard deviation is 2.7%.

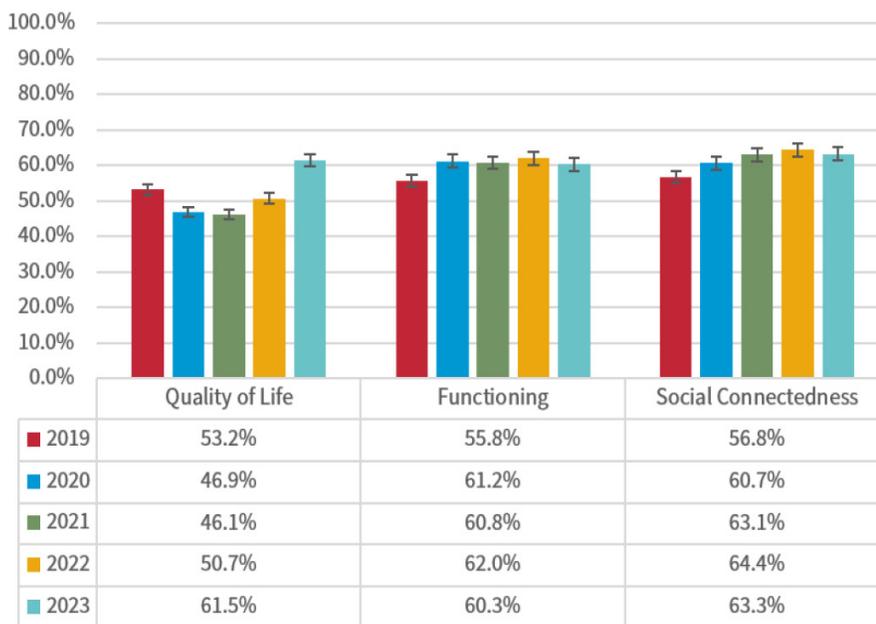
Self-reported Treatment Outcomes

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 2023 results are shown in aqua, SFY 2022 in purple, SFY 2021 results in green, SFY 2020 in red, and SFY 2019 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 Quality of Life subscale displays a significant decrease in positive perception from SFY 2019 to SFYs 2020/21. It slightly increases in SFY 2022 and then substantially increases in SFY 2023. The results in SFY 2023 are significantly higher than in the previous four years. On a five-year average, 51.7% of consumers gave a favorable rating on their Quality of Life as a result of treatment, with a standard deviation of 6.2% displaying the large variation.

Figure 3. Treatment Outcomes: SFY 2019-2023



The Functioning subscale displays more stability across the past five years. The lowest point in the last five years was in SFY 2019, and an increase was seen in SFY 2020, although this increase was not statistically significant. From SFY 2020 through SFY 2023, the percentages have been very consistent. On a five-year average, 60.0% of consumers give a favorable rating of their functioning as a result of treatment. The standard deviation is 2.4%.

In the Social Connectedness subscale, SFY 2019 was the lowest percentage, followed by consistent slight increases through SFY 2022 and an imperceptible drop in SFY

2023. Although none of these changes were statistically significant from year to year, the last three years of SFYs 2021/22/23 display results that are statistically significantly higher than those in SFY 2019. On a five-year average, 61.7% of consumers give a favorable rating of their Social Connectedness, and the standard deviation is 3.0%.

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 10.9% 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 2023 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: African American 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 2023 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 the General Satisfaction subscale shows very little variability over time. 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.

It should also be noted that the SFY2023 survey sample was chosen from a sampling universe of adults who had received services in the last half of SFY 2022, while previous survey administrations had a sampling universe of adults from the entire previous state fiscal year. This was done to ensure that those who received a survey had received the services in question no longer than 18 months prior. Survey administrators hope that this change will ensure that consumers have a strong recollection of the services they received and will increase their desire to return a completed survey. Any change in methodology such as this must be considered when comparing results across years, as this might have an impact on the pattern of results.

Overall, the perception of care results from SFY 2023 were highly consistent with SFY 2022 results for General Satisfaction and significantly or approaching significantly higher results in Quality and Appropriateness (significant), Treatment Engagements (just met significance threshold), and Access (did not meet but is approaching significance threshold). 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 four out of five consumers report a positive level of General Satisfaction with services.

For the subscales Access, Quality and Appropriateness, and Treatment Engagement, the results in the 2023 survey administration were higher than the results in 2020-2022, although not all subscales meet the significance threshold. In SFY 2023, over three-quarters of consumers have a positive perception of service access (Access), and Quality and Appropriateness of care also is rated positively by more than four out of five consumers. Similarly, three out of four consumers rate their Treatment Engagement as positive. One theory on a reason for these subscale increases might be that post pandemic, consumers are returning to in-person services or more frequent services and are therefore perceiving better access, more quality, and increased engagement than consumers from previous pandemic years. However, it must also be considered that the change of sampling to only those who received services within the second half of SFY 2022 created an effect in which consumers are better able to remember and evaluate services received. It remains to be seen if this pattern of increased positive scores continues in the next few years.

The results for the Quality of Life subscale show a statistically significant increase over each of the previous four years. The Quality of Life scale asks about various positive outcomes resulting from treatment. One hypothesis for this increase is that post-pandemic, consumers are receiving in-person services or more frequent services and are therefore perceiving the impact of the services as more positive. It might also be the case that consumers are having more opportunities post-pandemic to be in the community/social situations and therefore are more likely to notice the positive changes resulting from treatment. One last possibility is that the change of sampling to only those who received services within the second half of SFY 2022 allowed consumers to better evaluate the connection between services and quality of life outcomes.

The SFY 2023 treatment outcome measure results for the Functioning and Social Connectedness subscales are slightly lower but overall similar to the results of the SFY 2022 survey. It is interesting to note the stability and consistency of the Functioning scale from SFY 2022 to SFY 2023, especially in light of the statistically significant increase seen in the Quality of Life subscale. One possible explanation for this difference is that, while the Quality of Life subscale incorporates questions about outcomes in both daily personal life and social situations (family, work, school, housing), the Functioning scale is a smaller scale that focuses solely

on personal functioning. If the above hypothesis about increased social interaction post-pandemic is true, this more limited focus of the Functioning subscale might explain the consistent results throughout the years of the pandemic and beyond.

During the pandemic, it was expected that there would be 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 was not illustrated in the results. The subscale Social Connectedness has showed a gradual but consistent upward climb, culminating in results in SFYs 2021, 2022, and 2023 that were significantly higher than in SFY 2019. This suggests that during the pandemic, consumers were able to maintain social connections and access social support, an important element of mental wellness.

Instruments

To provide the best possible mental health services, we need to know what you think about the services you received during the last six months, the people who provided it, and the results. If you received services from more than one provider, please answer for the one you think of as your main or primary provider. Please indicate your agreement/disagreement with each of the following statements by filling in or putting a cross (X) in the circle that best represents your opinion. If the question is about something you have not experienced, black out or put a cross (X) in the "Does Not Apply" circle.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Does Not Apply
1. I like the services that I received at my agency.....	<input type="radio"/>					
2. If I had other choices, I would still get services from my agency .	<input type="radio"/>					
3. I would recommend my agency to a friend or family member ..	<input type="radio"/>					
4. The location of services was convenient (parking, public transportation, distance, etc.)	<input type="radio"/>					
5. Staff were willing to see me as often as I felt it was necessary ...	<input type="radio"/>					
6. Staff returned my call in 24 hours	<input type="radio"/>					
7. Services were available at times that were good for me	<input type="radio"/>					
8. I was able to get all the services I thought I needed	<input type="radio"/>					
9. I was able to see a psychiatrist when I wanted to	<input type="radio"/>					
10. Staff believe that I can grow, change and recover	<input type="radio"/>					
11. I felt comfortable asking questions about my treatment and medication.....	<input type="radio"/>					
12. I felt free to complain	<input type="radio"/>					
13. I was given information about my rights	<input type="radio"/>					
14. Staff encouraged me to take responsibility for how I live my life	<input type="radio"/>					
15. Staff told me what side effects to watch out for	<input type="radio"/>					
16. Staff respected my wishes about who is and who is not to be given information about my treatment	<input type="radio"/>					
17. I, not staff, decided my treatment goals	<input type="radio"/>					
18. Staff were sensitive to my cultural background (race, religion, language, etc.)	<input type="radio"/>					
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness	<input type="radio"/>					
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.)	<input type="radio"/>					

Instruments (Continued)

As a direct result of the services I received:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Does Not Apply
21. I deal more effectively with daily problems	<input type="radio"/>					
22. I am better able to control my life	<input type="radio"/>					
23. I am better able to deal with crisis	<input type="radio"/>					
24. I am getting along better with my family	<input type="radio"/>					
25. I do better in social situations	<input type="radio"/>					
26. I do better in school and/or work	<input type="radio"/>					
27. My housing situation has improved	<input type="radio"/>					
28. My symptoms are not bothering me as much	<input type="radio"/>					
29. I do things that are more meaningful to me	<input type="radio"/>					
30. I am better able to take care of my needs	<input type="radio"/>					
31. I am better able to handle things when they go wrong	<input type="radio"/>					
32. I am better able to do things that I want to do	<input type="radio"/>					

Please answer the following statements about individuals other than your provider.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Does Not Apply
33. I am happy with the friendships I have.....	<input type="radio"/>					
34. I have people with whom I can do enjoyable things.....	<input type="radio"/>					
35. I feel I belong in my community.	<input type="radio"/>					
36. In a crisis, I would have the support I need from family or friends.	<input type="radio"/>					

Please answer the following questions to let us know how you are doing.

37. Are you still getting mental health services?	<input type="radio"/>	Yes	<input type="radio"/>	No		
38. Were you arrested during the past year?	<input type="radio"/>	Yes	<input type="radio"/>	No		
39. Were you arrested during the 12 months prior to that?	<input type="radio"/>	Yes	<input type="radio"/>	No		
40. Over the past year, have your encounters with the police						