

Texas Adult Mental Health (AMH) Consumer Survey Results FY 2006

Introduction

In state fiscal year (FY) 2006, Texas conducted its 10th annual Adult Mental Health (AMH) Survey. The AMH Survey, developed by the federal Mental Health Statistics Improvement Program (MHSIP), measures consumer perception of state mental health services.¹ This report presents the FY 2006 AMH Survey results statewide and for NorthSTAR, the Texas Medicaid Managed Care program for behavioral health services. An accompanying report presents the FY 2006 results for the Youth Services Survey for Families (YSSF), which measures the perception of parents whose children have received state mental health services.

Methods

The Texas Health and Human Services Commission (HHSC) mailed questionnaires to adult consumers in May 2006, informing them that the survey was voluntary, confidential, and that providers would not see their individual responses. Consumers were asked to return their completed forms directly to HHSC in a business reply envelope by August 31, 2006. HHSC attempted to find updated addresses and resend surveys returned unopened.

Survey methods have changed in numerous ways from year to year, depending on federal requirements, state data needs, and limitations in state resources. One significant change occurred in 2004. Prior to 2004, the state delivered surveys to consumers indirectly through the mental health centers. Beginning in 2004, the state mailed a smaller survey directly to consumers. Also in 2004, four mental health centers participating in a pilot program were not included in the survey.

The two-sided, bilingual (English-Spanish) questionnaire consists of 28 items about state mental health services the consumer received over the past twelve months. Each item is a statement, such as "Overall, I am satisfied with the services I received." Items fall into one of the "domains" described below, providing measurements of the consumer's perception of services along five dimensions.²

1) Satisfaction (with services): Would the consumer choose to receive these services if he or she had other options?

2) Quality/Appropriateness (of services): Was staff competent and were the services professional?

3) Access (to services): Were sufficient services available when and where needed?

4) Participation in Treatment: Did the consumer feel involved in treatment decisions?

¹ MHSIP is a branch of the Center for Mental Health Services.

² The YSSF and AMH Survey include several similar domains. However, since different items comprise these domains, survey results are not comparable.

5) Outcomes (of services): As a result of services, has the consumer’s functioning in social and work settings improved and has he/she experienced fewer symptoms?

For FY 2006, the survey piloted eight new items for two proposed domains: Social Connectedness (to friends, family, and community) and Functioning (due to services). Additional pilot items focused on criminal justice involvement. See Appendix A for a copy of the survey instrument and Appendix B for a breakdown of items by domain.³

The Department of State Health Services (DSHS) provided HHSC with a stratified random sample of consumers selected through the agency’s mental health encounter database. Consumers 18 years or older who had received a recent mental health service beyond an intake assessment were eligible for inclusion. The sample included two strata: one for NorthSTAR and one for Community Mental Health. DSHS drew the NorthSTAR stratum to obtain data to meet the program’s biennial waiver reporting requirements. Creating the two strata also provided the opportunity to compare results between service models. To calculate the overall statewide results, HHSC weighted the NorthSTAR and Community Mental Health strata to their population sizes and used SPSS Complex Samples statistical software to calculate point estimates, 95% confidence intervals (CIs), and, where appropriate, Pearson’s Chi Squares. In total, NorthSTAR consumers completed 312 surveys and Community Mental Health consumers completed 308 surveys (Table 1).

Table 1: Texas Adult Mental Health Survey FY 2006 Sampling

	Population Size (January 2006)	# Surveys Sent	# Completed Surveys Returned	% Completed Surveys Returned	% Incorrect Addresses	% No Response
NorthSTAR	4,039	1,755	312	18%	26%	58%
Community Mental Health	48,661	1,270	308	24%	14%	62%
Total	52,700	3,025	620	20%	21%	59%

³ The actual survey instrument is legal size but has been reformatted as Appendix A in letter size to fit into the report.

In general, the characteristics of the survey respondents in each stratum reflect those of the respective consumers sent surveys. This similarity suggests that respondents fairly represent the overall population of mental health consumers who received services (Table 2). However, for both the NorthSTAR and Community Mental Health strata, consumers age 40 or older were more likely than younger consumers to respond to the AMH Survey.

The NorthSTAR and Community Mental Health respondents were relatively similar to each other by gender, age, and primary diagnosis, but different in race/ethnic composition (Table 2). Twenty nine percent of NorthSTAR versus 16% of Community Mental Health respondents were Black, while 30% of Community Mental Health versus 8% of NorthSTAR respondents were Hispanic. The respective proportions of White respondents were similar.

Table 2: Texas Adult Mental Health Survey FY 2006
Characteristics of Consumers Sent and Completed Surveys by Stratum

	Community Mental Health		NorthSTAR	
	Consumers Sent Surveys	Consumers Completed Surveys	Consumers Sent Surveys	Consumers Completed Surveys
Gender				
Female	61%	60%	60%	65%
Male	39%	40%	40%	35%
Age				
< 40 years old	33%	23%	42%	29%
40 years or older	67%	77%	58%	71%
Race/Ethnicity				
Black	17%	16%	33%	29%
Hispanic	26%	30%	9%	8%
White	53%	53%	57%	59%
Other	3%	2%	1%	3%
Primary Diagnosis				
Bipolar	33%	31%	31%	28%
Major depression	33%	34%	28%	26%
Schizophrenia	33%	35%	29%	33%
Other	1%	.3%	12%	13%

Results

Consumers rated each of the survey items on a scale of 1-5: 1) Strongly Agree, 2) Agree, 3) Neutral, 4) Disagree, or 5) Strongly Disagree. The survey results focus on the domain “agreement rates” or “positive responses” which means the percentage of consumers that reported “Agree” or “Strongly Agree” to the items in a domain. For example, a 76% Access agreement rate means that 76% of the respondents agreed or strongly agreed with the items in the Access domain.

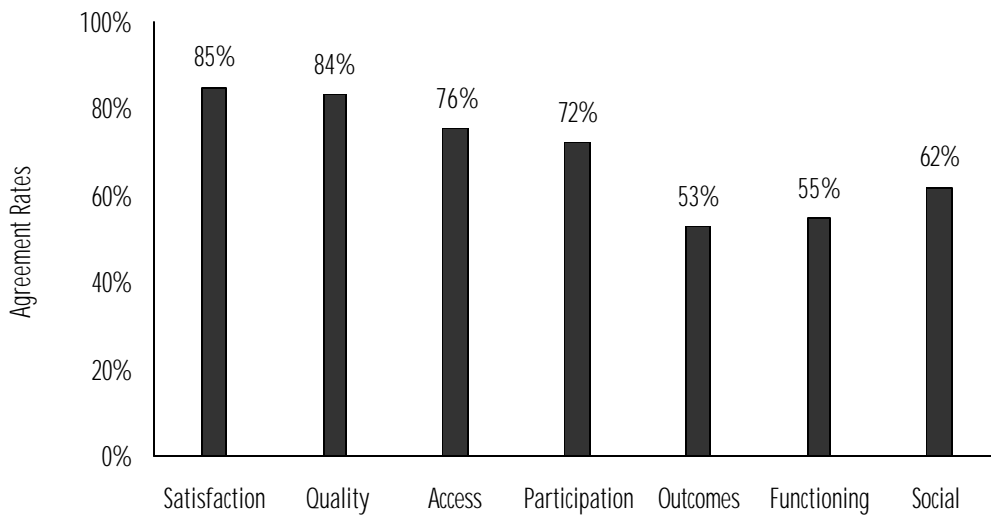
Key Finding 1: The Outcomes agreement rate is trending downward.

In 2006, 85% of the consumers surveyed statewide responded positively to the Satisfaction domain, 84% to Quality, 76% to Access, 72% to Participation in Treatment, and 53% to Outcomes (Figure 1). As Figure 2 shows, there are several patterns emerging among these domain agreement rates.⁴ Overall, they have remained relatively stable over the past four years. (In 2004, all domain agreement rates decreased, suggesting that the changes in survey methods that year may have affected overall agreement rates.) However, Outcomes has continued to trend downward. Over the past four years, Outcomes have decreased fifteen percentage points. Outcomes measures whether consumers believe that, due to the state mental health services they received, their lives have improved.⁵

⁴ For a more accurate comparison across time, this report presents the survey results beginning in FY 2003, when the survey instrument in its current form was implemented.

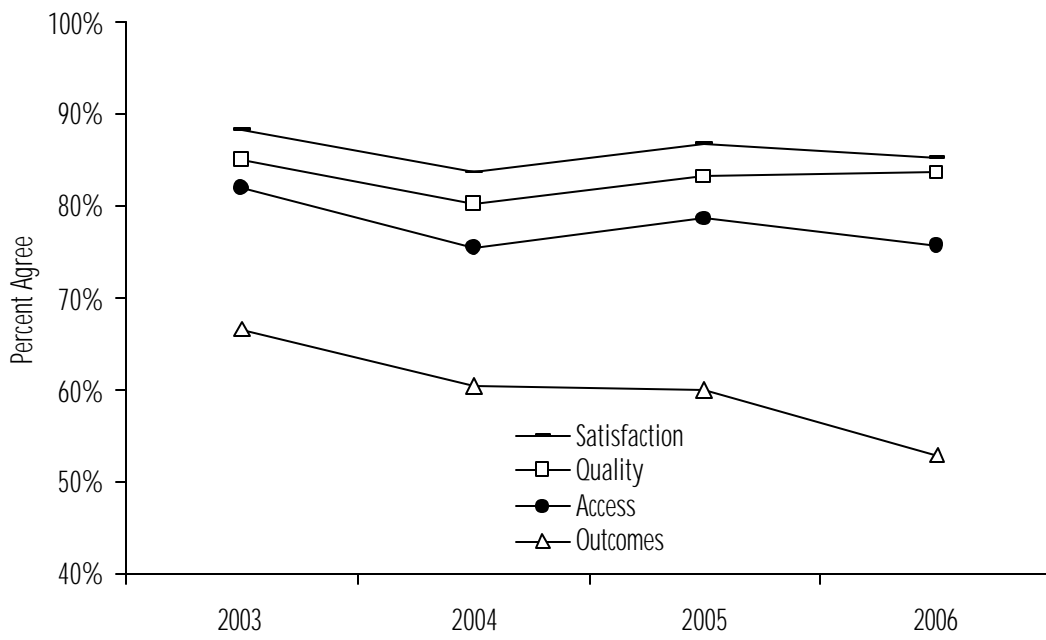
⁵ The Outcomes domain includes ten items about the effect of services on the consumer’s functioning at home, work or school, in relationships, in daily life, as well as in crisis. In addition, Outcomes includes an item about symptoms and another about housing status. See Appendix 2 for a complete list of the items in each domain.

Figure 1: Texas Adult Mental Health Survey 2006
Domain Agreement Rates*



* Percentage of respondents that agreed or strongly agreed with the items in the domain.

Figure 2: Texas Adult Mental Health Survey FY 1997-2006
Domain Agreement Rates*



* Percentage of respondents that agreed or strongly agreed with the items in the domain.

Key Finding 2: Perception of services appears to vary to some degree by consumer age, race/ethnicity, and mental health diagnosis.

A breakdown of results by respondent characteristics indicates that a number of domain agreement rates vary by age, race/ethnicity, and diagnosis. In an odds ratio analysis, consumers younger than 40 years old perceived three domains – Satisfaction, Access, and Quality – significantly lower than consumers 40 years or older (the reference group) at $p < .05$ (Table 3). Applying the same analysis to race/ethnicity, Hispanic consumers rated the Outcomes domain significantly higher than White consumers (the reference group). In addition, consumers with Schizophrenia rated the Social Connectedness domain higher than consumers with Major Depression (the reference group), i.e. they reported feeling more connected to friends and family. The analysis discovered no statistically significant differences by gender.

Table 3: Texas Adult Mental Health Survey FY 2006
Domain Agreement Rates by Respondent Characteristics

	Satisfaction	Quality	Access	Participation	Outcomes	Function	Social
Gender							
Female	87%	85%	73%	74%	54%	55%	62%
Male	83%	81%	79%	70%	51%	55%	62%
Age							
< 40 years old	75%*	74%*	66%*	71%	52%	57%	58%
40 years old +	88%	86%	78%	71%	53%	54%	63%
Race/Ethnicity							
Black	79%	79%	71%	66%	47%	47%	61%
Hispanic	89%	86%	81%	81%	63%*	60%	70%
White	86%	84%	75%	70%	49%	55%	58%
Primary Diagnosis							
Bipolar	85%	81%	72%	68%	54%	57%	57%
Schizophrenia	83%	85%	82%	70%	54%	60%	73%*
Major depression	87%	84%	73%	79%	50%	48%	54%

Notes: Weighted by NorthSTAR and Community Mental Health population sizes

Italicized categories were used as references in odds ratio calculation

*Significant from reference at $p < .05$

Key Finding 3: Results for the Quality/Appropriateness domain differed for NorthSTAR and Community Mental Health respondents.

Most NorthSTAR and Community Mental Health agreement rates were similar. However, NorthSTAR’s agreement rate for Quality/Appropriateness was lower than the Community Mental Health rate (Table 4). A Pearson Chi Square 2-tailed test revealed that the difference was statistically significant ($p = .02$ at a 95% CI). Further stratification of the cross tab presented in Table 4 by age group indicated that differences in the perception of Quality/Appropriateness potentially involve primarily older NorthSTAR consumers. The p value for respondents under 40 was .82 while the p value for respondents 40 years or older was .07 (Table 5).

Table 4: Texas Adult Mental Health Survey FY 2006
NorthSTAR and Community Mental Health Domain Agreement Rates

	NorthSTAR Agreement Rate	Lower - Upper Confidence Interval at 95%	Community Mental Health Agreement Rate	Lower - Upper Confidence Interval at 95%
Satisfaction	86%	81% - 89%	85%	81% - 89%
Quality/Appropriateness*	77%	72% - 81%	84%	80% - 88%
Access	77%	72% - 81%	76%	71% - 80%
Participation in Treatment	66%	60% - 71%	73%	67% - 78%
Outcomes	53%	47% - 58%	53%	47% - 58%
Functioning	48%	42% - 54%	56%	50% - 61%
Social Connectedness	59%	53% - 64%	62%	56% - 68%

*Significant at $p < .05$

Table 5: Texas Adult Mental Health Survey FY 2006
NorthSTAR and Community Mental Health Quality/Appropriateness Agreement Rates
By Age Groups

		Quality Agreement Rate
< 40 Years Old	P = .82	
	NorthSTAR	72%
	Community Mental Health	74%
40 Years or Older	P = .07	
	NorthSTAR	80%
	Community Mental Health	86%

Note: p values are based on Pearson’s Chi Square calculations

Conclusion

Results of the FY 2006 AMH Survey raise questions about why consumers appear to be growing less satisfied with outcomes of state mental health services. Several factors in the past five years, some related to service delivery and some unrelated, may help to explain these trends, including:

- Changes to consumer survey methods: Texas has made numerous modifications to the survey methods year to year to account for federal requirements, state data needs, and limitations in state resources. Changes have involved items on the survey instrument, survey distribution, and sampling design.
- Administrative impacts: The 78th Texas Legislature consolidated twelve health and human service state agencies into five and constrained state funding for mental health services.
- Transition to a new state mental health service delivery system: The state adopted new clinical assessment, utilization management, and quality assurance tools to allocate resources based on identified consumer needs.
- Factors external to mental health services: Socioeconomic conditions, natural disasters, or current events can affect consumers' perception of their mental health.

Appendix A



_____, TX _____

To improve services, please tell us what you think of your services over the last 12 months.
Para mejorar servicios, por favor díganos lo que usted piensa en sus servicios durante los 12 meses pasados.

Your responses are confidential. Sus respuestas son confidenciales.

Mark clearly in the box like this: <i>Marque claramente en la caja como esto:</i>	For each item, mark one box. <i>Para cada artículo, marque una caja.</i>	Strongly Agree <i>De Acuerdo Fuerte</i>	Agree <i>De Acuerdo</i>	Neutral <i>Soy Neutral</i>	Disagree <i>En Desacuerdo</i>	Strongly Disagree <i>En Desacuerdo Fuerte</i>
						
1. I like the services that I received here. <i>Me agradan los servicios que recibí aquí.</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. If I had other choices, I would still get services from this agency. <i>Si tuviera otras elecciones, yo obtendría todavía os servicios de esta agencia.</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I would recommend this agency to a friend or family member. <i>Recomendaría esta agencia a un miembro del amigo o la familia.</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The location of services was convenient (parking, public transportation, distance, etc.). <i>La localización de servicios fue conveniente (estacionamiento, transporte público, distancias, etc.).</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Staff were willing to see me as often as I felt it was necessary. <i>El personal estaba dispuesto a verme tantas veces como sentía era necesario.</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Staff returned my call in 24 hours. <i>Empleados contestaron mis llamadas telefónicas en menos de 24 horas.</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Services were available at times that were good for me. <i>Los servicios estaban disponibles a horas que eran buenas para mí.</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I was able to get all the services I thought I needed. <i>Pude conseguir todos los servicios que creía necesitar.</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I was able to see a psychiatrist when I wanted to. <i>Pude ver a un psiquiatra cuando quise.</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Staff here believe that I can grow, change and recover. <i>El personal de aquí cree que puedo crecer, cambiar y reponerme.</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I felt comfortable asking questions about my treatment and medication. <i>Me sentí cómodo/a haciendo preguntas sobre mi tratamiento y mi medicación.</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I felt free to complain. <i>Me sentí con total libertad para quejarme.</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I was given information about my rights. <i>Me entregaron información sobre mis derechos.</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Staff encouraged me to take responsibility for how I live my life. <i>El personal me animó a que me hiciera responsable de mi modo de vida.</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Staff told me what side effects to watch out for. <i>El personal me informó de los efectos secundarios que podría esperar.</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Staff respected my wishes about who is and who is not to be given information about my treatment. <i>Empleados respetaron mis deseos acerca de quien debe y quien no debe recibir información sobre mi tratamiento.</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I, not staff, decided my treatment goals. <i>Yo, y no el personal, decidí mis objetivos respecto al tratamiento.</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Staff were sensitive to my cultural background (race, religion, language, etc.). <i>Empleados fueron comprensivos a mi cultura /étnico pasado (raza, idioma, religión, tradiciones, etc.).</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness. <i>El personal me ayudó a conseguir la información que necesitaba para que pudiera encargarme de controlar mi enfermedad.</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.). <i>Estuve animado a usar programas dirigidos por consumidores (grupos de apoyo, centros "drop-in", líneas telefónicas para crisis, etc.).</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly Agree De Acuerdo Fuerte	Agree De Acuerdo	Neutral Soy Neutral	Disagree En Desacuerdo	Strongly Disagree En Desacuerdo Fuerte
As a direct result of the services: Como resultado de los servicios que he recibido:					
21. I deal more effectively with daily problems. <i>Soy más capaz de controlar mejor mi vida.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. I am better able to control my life. <i>Trato con más efectividad los problemas diarios.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. I am better able to deal with crisis. <i>Soy mas capaz de manejar mis crisis.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. I am getting along better with my family. <i>Me estoy llevando mejor con mi familia.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. I do better in social situations. <i>Me manejo mejor las situaciones sociales.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. I do better in school and/or work. <i>Me manejo mejor mi escuela y/o trabajo.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. My housing situation has improved. <i>Mi situación en cuanto a la vivienda ha mejorado.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. My symptoms are not bothering me as much. <i>Mis síntomas no me molestan tanto.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. I do things that are more meaningful to me. <i>Hago cosas que significan más para mí.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. I am better able to take care of my needs. <i>Puedo atender mis necesidades más fácilmente.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. I am better able to handle things when they go wrong. <i>Puedo manejar mejor las cosas cuando no salen bien.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. I am better able to do things that I want to do. <i>Puedo hacer más fácilmente las cosas que quiero.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For questions 33-36 please answer for relationships with persons other than your mental health provider(s). Para las preguntas 33 a 36, por favor, conteste sobre la relación que tiene con otras personas aparte de su proveedor de servicios para la salud mental.

33. I am happy with the friendships I have. <i>Estoy contento con las amistades que tengo.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. I have people with whom I can do enjoyable things. <i>Tengo personas con quienes puedo hacer cosas divertidas.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. I feel I belong in my community. <i>Siento que soy parte de la comunidad.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. In a crisis, I would have the support I need from family or friends. <i>En caso de una crisis, tendría el apoyo necesario de mis familiares o amigos.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Por favor, conteste las siguientes preguntas para contarnos cómo le va.

37. Are you currently (still) getting mental health services from this provider?
¿Actualmente (aún) recibe servicios para la salud mental de este proveedor? Yes Si No No

38. How long have you received mental health services from this provider?
¿Cuánto hace que recibe servicios para la salud mental de este proveedor?

a. Less than a year (less than 12 months) (continue to Question 39)
Menos de un año (menos de 12 meses) (siga con la pregunta 39)

b. 1 year or more (at least 12 months) (Continue to Question 42)
1 año o más (por lo menos 12 meses) (siga con la pregunta 42)

42. Were you arrested during the last 12 months?
¿Lo han arrestado durante los últimos 12 meses?

Yes Si No No

43. Were you arrested during the 12 months prior to that (13 - 24 month ago)?
¿Lo arrestaron durante los 12 meses anteriores de eso (hace 13 - 24 meses)?

Yes Si No No

44. Over the last year, have your encounters with the police...
Durante el último año, sus encuentros con la policía:

a. been reduced *se han reducido*

b. stayed the same *no han cambiado*

c. increased *han aumentado*

d. not applicable (They had no police encounters this year or last year) *no es pertinente (No ha tenido ningún encuentro con la policía ni este año ni el año pasado)*

39. Were you arrested since you began to receive mental health services?
¿Lo han arrestado desde que empezó a recibir servicios para la salud mental?

Yes Si No No

40. Were you arrested during the 12 months prior to beginning mental health services?
¿Lo habían arrestado durante los 12 meses anteriores de comenzar los servicios de salud mental?

Yes Si No No

41. Since you began to receive mental health services, have your encounters with the police...
Desde que empezó a recibir servicios para la salud mental, sus encuentros con la policía:

a. been reduced *se han reducido*

b. stayed the same *no han cambiado*

c. increased *han aumentado*

d. not applicable (They had no police encounters this year or last year) *no es pertinente (No ha tenido ningún encuentro con la policía ni este año ni el año pasado)*

Appendix B

Adult Mental Health Survey Items by Domains

Satisfaction

1. I like the services that I received here.
2. If I had other choices, I would still get services from this agency.
3. I would recommend this agency to a friend or family member.

Access

4. The location of services was convenient.
5. Staff were willing to see me as often as I felt it was necessary.
6. Staff returned my call in 24 hours.
7. Services were available at times that were good for me.
8. I was able to get all the services I thought I needed.
9. I was able to see a psychiatrist when I wanted to.

Quality/Appropriateness

10. Staff here believe that I can grow, change and recover.
12. I felt free to complain.
13. I was given information about my rights.
14. Staff encouraged me to take responsibility for how I live my life.
15. Staff told me what side effects to watch out for.
16. Staff respected my wishes about who is and who is not to be given information about my treatment.
18. Staff were sensitive to my cultural background.
19. Staff helped me obtain the information I needed so that I could take charge of my managing my illness.
20. I was encouraged to use consumer-run programs.

Participation in Treatment

11. I felt comfortable asking questions about my treatment and medication.
17. I, not staff, decided my treatment goals.

Outcomes

As a direct result of services:

21. I deal more effectively with daily problems.
22. I am better able to control my life.
23. I am better able to deal with crisis.
24. I am getting along better with my family.
25. I do better in social situation.
26. I do better in school and/or work.
27. My housing situation has improved.
28. My symptoms are not bothering me as much.

Functioning

As a direct result of services:

29. I do things that are more meaningful to me.
30. I am better able to take care of my needs.
31. I am better able to handle things when they go wrong.
32. I am better able to do things that I want to do.

Social Connectedness

Other than mental health providers:

33. I am happy with the friendships I have.
34. I have people with whom I can do enjoyable things.
35. I feel I belong in my community.
36. In a crisis, I would have the support I need from family or friends.