

CONSUMER SURVEY NEWS

★ This newsletter presents the results of the FY 2004 Adult Mental Health Survey, an annual survey of consumers receiving mental health services from the state of Texas. ★

WHAT IS THE ADULT MENTAL HEALTH SURVEY?

The Adult Mental Health Consumer Survey was created in 1996 to measure consumer perception of mental health services. The underlying idea is that to adequately evaluate the performance of a mental health system, it is essential to ask the consumer. FY 2004 was the *eighth* year that Texas conducted the Adult Mental Health Consumer Survey.

The survey instrument consists of 28 items that relate to services received over the past six months. It is two-pages, in both English and Spanish. Each item is a positive statement about services, such as "Overall, I am satisfied with the services I received." The survey items group into five areas ("domains"): Satisfaction, Quality/Appropriateness, Access, Outcomes, and Participation in Treatment.

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How Was the Survey Conducted?

To accurately represent the consumers who receive services from the state of Texas, a random sample of mental health consumers was selected to receive a survey. In the past, enough surveys were sent to consumers at each Mental Health Authority (MHA) to allow comparison between MHAs. The MHAs themselves hand-delivered or mailed the surveys to the consumers. This year the Health and Human Services Commission (HHSC) designed a smaller survey at the statewide level and mailed the surveys directly to the consumers in June 2004. Consumers were informed that the survey was voluntary and confidential. They were asked to send the completed survey directly to

HHSC in a business reply envelope by August 31, 2004. When a survey was returned unopened due to an incorrect address, HHSC contacted the appropriate MHA to find a more recent address and resend the survey.

In FY 2004, the Resiliency and Disease Management Program (RDM) conducted separate consumer surveys as part of the evaluation efforts of that initiative. Therefore, consumers from Lubbock Regional MHMR, Hill Country Community MHMR, MHMR of Tarrant County, and Texas Panhandle MHMR are not included in these survey results. ★

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How Many People Received and Completed the Survey?

At the time the sample was created, there were 66,074 adult mental health consumers at the Mental Health Authorities (excluding the four Resil-

ency and Disease Management sites). To be confident in the results, 382 surveys were needed. We sent five times that number to en-

sure that enough surveys were completed. We received 524 completed surveys, exceeding the goal of 382 and yielding a 27.4% return rate. The "margin or error" means that if 75.5% of the consumers surveyed agreed with the items in the Access domain, we are 95% confident that approximately 71-80% (75.5% +/- 4.24%) of all consumers in the state would agree with the Access items. ★

Population Size:	66,074
Surveys Needed:	382
Surveys Sent:	1910
Surveys Completed:	524
Return Rate:	27.4%
Margin of Error:	+/- 4.24%

Our opinions do not really blossom into fruition until we have expressed them to someone else.

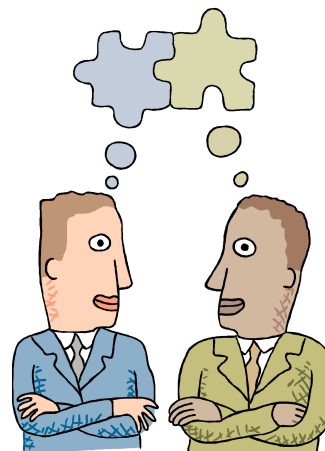
**Mark Twain
(1835 - 1910)**

How Were the Results Calculated?

Consumers rated each of the survey items on a scale of 1-5; Strongly Agree, Agree, Neutral, Disagree, and Strongly Disagree. In the analysis, ratings of Agree and Strongly Agree were combined and ratings of Disagree and Strongly

Disagree were combined. For simplicity, column headings of Agree, Neutral, and Disagree refer to these collapsed categories. The survey results focus on the "agreement rates," which refer to the

Agree and Strongly Agree responses, or "positive" responses. An 83.7% Satisfaction agreement rate means that 83.7% of the respondents agreed or strongly agreed with the items in the Satisfaction domain.



Who Completed the Survey?

Two-thirds of the respondents were female; one third was male. Sixty percent were in their 40's or 50's, 26% were younger and 13% were older. Fifty-five percent were White, 24% were Hispanic, and 19% were

Black. Consumers of all three primary diagnoses were well represented: 35% Schizophrenia, 34% Major Depression, and 25% Bipolar Illness. The respondents' demographics generally reflected the demographics of the con-

sumers who were sent surveys. There were a few possible exceptions: women and older consumers (50 or older) were slightly more likely to complete the survey.

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	Consumers Who Responded		Consumers Who Were Sent Surveys	
	N	%	N	%
Gender				
Female	343	66	1131	59
Male	181	35	779	41
Age Group				
18 - 29	53	10	331	17
30 - 39	87	17	440	23
40 - 49	181	35	629	33
50 - 59	134	26	343	18
60 - 69	57	11	124	7
70+	12	2	43	2
Race/Ethnicity				
Black	98	19	400	21
Hispanic	128	24	479	25
White	288	55	1002	53
Other*	10	2	29	2
Primary Diagnosis				
Bipolar	129	25	482	26
Major depression	176	34	604	32
Schizophrenia	183	35	663	35
Other**	33	6	144	8

* Asian and Other

** Substance Abuse, Anxiety, Attention Deficit, Conduct Disorder, Dementia, Mental Retardation, Other

Any clod can have the facts, but having opinions is an Art.
Charles McCabe

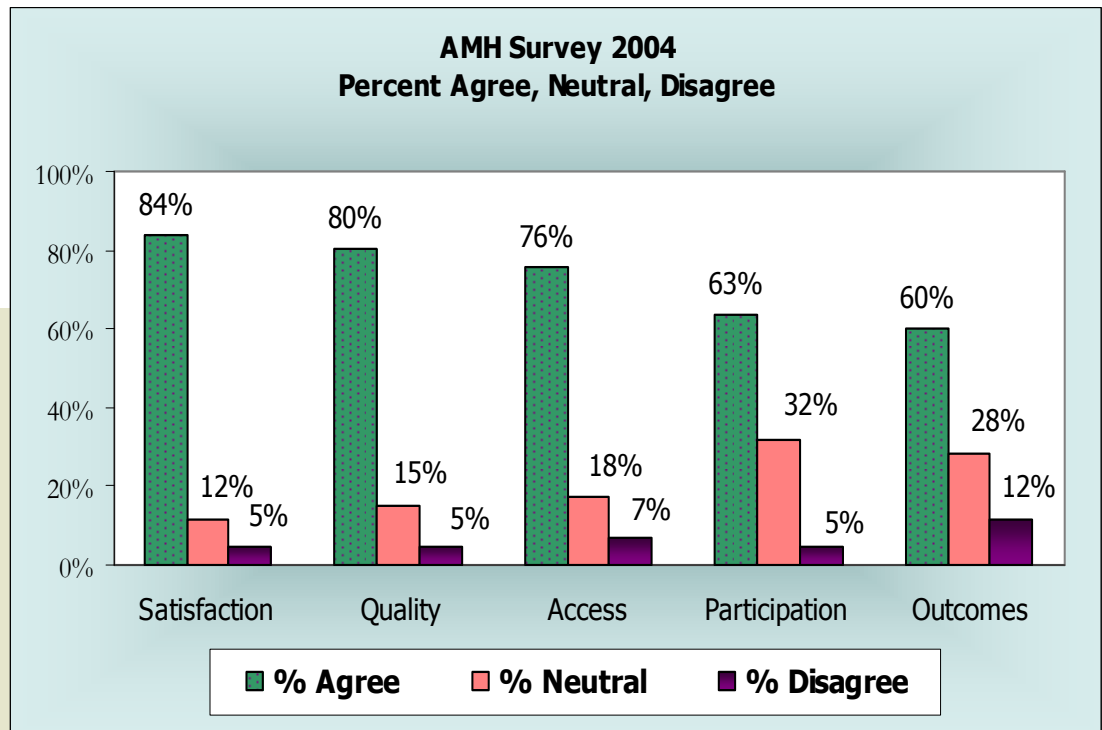
Overall results: What did consumers say about services?

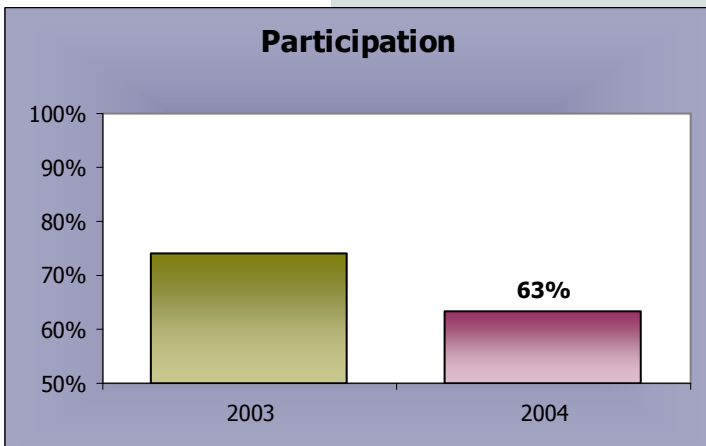
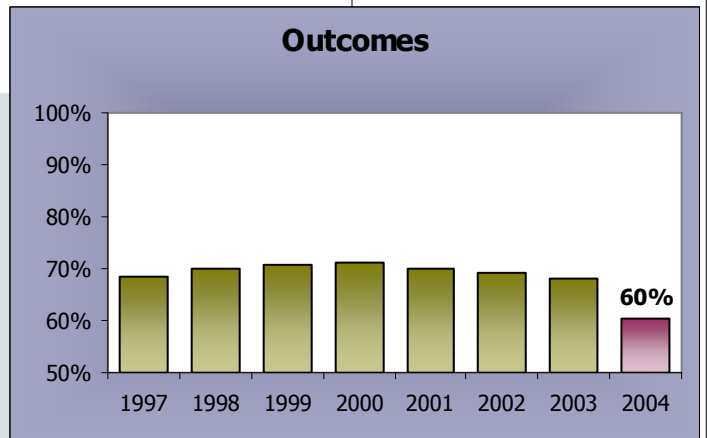
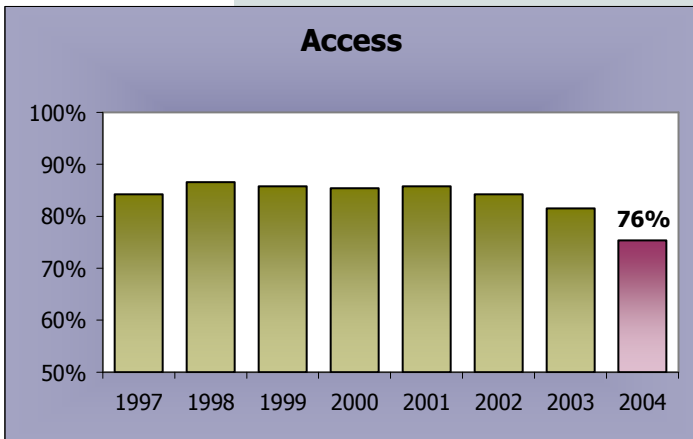
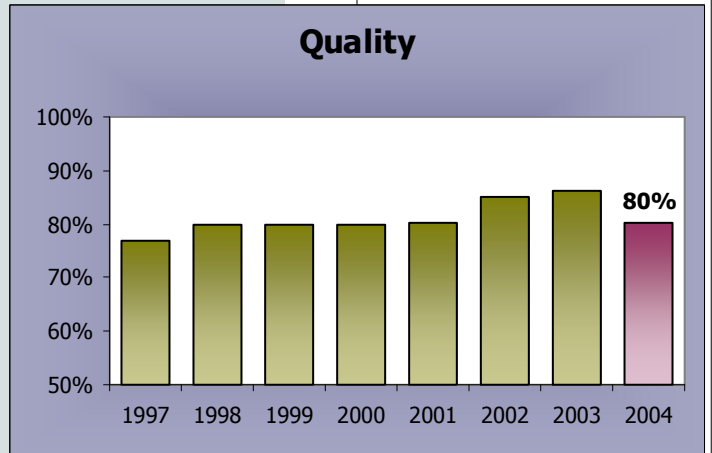
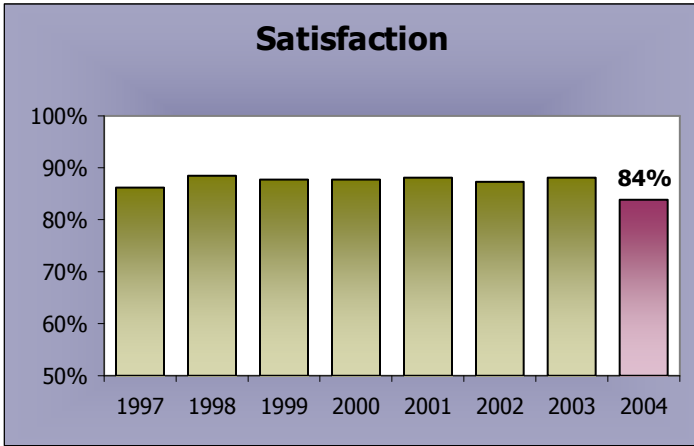
The agreement rate for Satisfaction was the highest (83.7%), following by Quality (80.3%). The next highest agreement rate was Access (75.5%), followed by, in descending order, Participation (63.3%) and finally Outcomes (60.4%). Across all states that administer this survey, Outcomes is the lowest scoring do-

main. The same is true for the Youth Services Survey for Families. The figures on page 5 show the domain agreement rates over the past eight years. All the agreement rates were stable until this year, when there was an average of 7% drop in each domain. Since the decrease was fairly consis-

tent across domains, it is more likely due to the change in method rather than any dramatic difference in consumer perception of services. However, it will be important to watch the agreement rates for a few years under the new method to see if the trend continues. ★

Your most unhappy customers are your greatest source of learning.
Bill Gates





Results by Demographics: What Did Different Groups of People Say?

In general, a consumer’s opinion of services did not relate to his or her gender, age, race/ethnicity or primary diagnosis. However, there were a number of exceptions. Fewer women and

thirty-year olds reported positive perceptions of the Outcome of Services. Fewer Black consumers reported a positive perception of Participation in Treatment. ★

	N	Agreement Rates				
		Satisfaction %	Access %	Quality %	Outcome %	Participation %
Gender						
Female	343	84	74	81	56	63
Male	181	84	78	80	69	64
Age						
18 -29	53	77	71	82	64	70
30 -39	87	79	72	80	49	55
40 -49	181	85	75	80	58	63
50 -59	134	86	74	77	59	62
60 -69	57	88	88	89	86	75
70+	12	83	92	75	67	67
Race/Ethnicity						
Black	98	84	79	77	62	49
Hispanic	128	82	80	86	61	72
White	288	80	70	80	60	70
Other	10	84	72	79	60	64
Primary Diagnosis						
Bipolar Disorder	129	81	70	79	60	65
Major Depression	176	86	74	80	55	65
Schizophrenia	183	84	80	83	69	62
Other	33	75	78	73	50	54

What we have to do is to be forever curiously testing new opinions and courting new impressions.
Walter Pater, 1873

Item Results: Which items received the highest and lowest agreement rates?

The item that received the highest rate was #13: "I was given information about my rights" (89.5%). The

item that received the lowest rate was #26, "I do better in school and/or work" (42.5%). This item was significantly

much lower than the item with the second lowest rate: "My symptoms are not bothering me as much" (56.6%).★

Domain*	Item	Agree %	Neutral %	Disagree %	N
Q	13. I was given information about my rights.	90	5	5	512
Q	16. Staff respected my wishes about who is and is not to be given information about my treatment.	88	9	4	511
S	3. I would recommend this agency to a friend or family member.	87	7	6	513
S	1. I liked the services I received here.	86	9	5	514
P	11. I felt comfortable asking questions about my treatment and medication.	85	8	6	513
A	7. Services were available at times that were good for me.	84	10	6	512
A	4. The location of services was convenient.	84	9	8	514
S	2. If I had other choices, I would still get services from this agency.	81	10	9	512
Q	18. Staff were sensitive to my cultural/ethnic background.	79	14	8	501
Q	19. Staff helped me obtain the information I needed so I could take charge of managing my illness.	78	12	10	505
Q	14. Staff encouraged me to take responsibility for how I live my life.	78	13	10	507
A	5. Staff were willing to see me as often as I felt it was necessary.	77	12	11	513
A	8. I was able to get all the services I thought I needed.	77	14	9	511
Q	15. Staff told me what side effects to watch for.	75	14	11	512
Q	12. I felt free to complain.	73	15	12	512
O	21. I deal more effectively with daily problems.	73	15	13	504
Q	10. Staff here believe that I can grow, change and recover.	72	18	10	507
O	24. I am getting along better with my family.	71	16	13	504
A	6. Staff returned my calls within 24 hours.	70	16	14	507
A	9. I was able to see a psychiatrist when I wanted to.	70	16	14	511
O	22. I am better able to control my life.	70	19	11	502
Q	20. I was encouraged to use consumer-run programs.	68	18	14	496
P	17. I, not staff, decided by treatment goals.	63	19	19	486
O	23. I am better able to deal with crisis.	63	22	16	505
O	25. I do better in social situations.	59	22	19	501
O	27. My housing situation has improved.	58	26	17	494
O	28. My symptoms are not bothering me as much.	57	23	20	505
O	26. I do better in school and/or work.	43	32	25	428

*S = Satisfaction A = Access Q = Quality P = Participation O = Outcomes

This newsletter is produced by the Center for Strategic Decision Support, a division of the Health and Human Services Commission. Please direct any questions or comments regarding this newsletter or its contents to:

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*View this newsletter on
the web:*

<http://www.dshs.state.tx.us/mhreports/Surveys.shtm>



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