



**Adult Evaluation of Mental  
Health Services Survey -  
2008**

## *Summary of Results*

The Adult Mental Health Division of the Minnesota Department of Human Services (DHS) does an annual survey of public mental health clients to find out if clients believe they are being helped by the services. In addition, we want to know about the client's perception of:

- Ease of finding and getting services
- Quality and appropriateness of services
- Overall satisfaction with services

In 2008, clients seemed to be satisfied with their public mental health services. More than 80% of the responders were positive about each of the above areas, within a range of +/- 3%. When people of minority populations are compared to Caucasian clients, and to each other, there is no difference in their opinions.

## *Survey Design and Distribution Plan*

Because of significant changes to the survey in 2008, comparisons cannot be made to results from previous surveys. These changes include:

1. Responses to questions were either Agree/Disagree or Yes/No.
2. Fewer questions were asked. This affects domain analysis, which is described below.
3. Rather than choosing survey recipients from everyone receiving public mental health services, respondents were chosen from those getting Assertive Community Treatment (ACT), Adult Rehabilitative Mental Health Services (ARMHS), or day treatment. This means that most people were still receiving mental health services when they received the survey. In State Fiscal Year 2008, 15,189 people received these services.

Other changes were made to see if we could improve the survey response rate. Unlike the previous three years, the survey was anonymous. Although DHS mailed the surveys to recipients, there was no way to identify who returned the survey. In addition, the survey was re-designed to be visually attractive and easier to read than earlier surveys. We asked fewer questions to make the survey quicker to fill out. Of 4,643 surveys sent and received by clients, 1,160 were returned, a 25% response rate - considered exceptionally high for a government-sponsored, mailed survey.

The last major change was sending more surveys to minority populations than would have been sent if basic random selection was used. Another way to describe this is *oversampling*. We did this to obtain enough surveys from minority populations to see if there are differences of opinion among different groups.

## *Survey Group*

Surveys were mailed to 4,643 people receiving ACT, ARMHS, or day treatment services. People who receive these services are reported to the Adult Mental Health Division (AMH) quarterly on the Program Outcomes Status Report (POSR). Approximately 15,189 people received these services during State Fiscal Year 2008, which ended June 30, 2008. With 1,160 surveys, we statistically have a 95% certainty within a +/- 3% interval that our data accurately reflect what public mental health clients receiving ACT, ARMHS, or Day Treatment, are thinking.

One hundred sixty-four (164) persons from minority populations (14% of responders) responded to the survey. Although American Indian, Asian, Black/African American, and Hispanic clients were

oversampled, only Asian and Hispanic groups have a higher percentage of responders than the population served. Asians are 5.3% of the survey responders, but 4% of the POSR group, while Hispanics are 4.4% of the survey responders, but 2.6% of the POSR group. Having 164 surveys from people from minority populations will allow estimates with a +/- 7% confidence interval, meaning that the true percentage of respondents with positive opinions is within a 7% range. When reporting statewide estimates, the results are weighted for the oversampling.

A higher percentage of women responded to the survey, compared to the POSR population (67% vs. 61%).

## Domain Analysis

There are eight general domains or categories which responders evaluate, and each domain has between one and three contributing statements. A contributing statement is a phrase with which the responder either agrees (Positive) or disagrees (Negative). If the responder has no opinion about the statement, they skip it. The contributing statements are averaged to get a domain score which is considered either Positive or Negative. The table at the right shows the percentage of responders who were positive about each domain and the statements that comprise the domain.

Of the eight domains, all but Social Connectedness had over 80% of responders who felt positive about the topic. Sixty-eight percent (68%) of responders had a positive score on the Social Connectedness domain. (To score the domain positively, people had to reply positively to both statements.)

Domains with the highest percentage scoring them positively were Provider Cultural Sensitivity (88%), Access (86%), Participation in Treatment Planning (85%), and General Satisfaction (85%).

Within the Access domain, 88% of responders said the location of their services is convenient, 84% got services when they needed them, and 79% were able to easily find services.

Two statements tied for the lowest percentage scoring them positively: *Two or more of my friends know each other* in the Social Connectedness domain (75%), and *My symptoms are bothering me less as a result of services I received* in the Outcomes domain (75%).

	Domain Percent Positive	Statement Percent Positive
Provider Cultural Sensitivity Domain	88%	
Access Domain	86%	
Location of services is convenient		88%
I got services when I needed them		84%
I was able to easily find services		79%
Participation in Treatment Planning Domain	85%	
General Satisfaction Domain	85%	
Functioning	83%	
Appropriateness of Services Domain	83%	
I received services I needed		87%
I liked the methods my providers used		83%
I received the right amount of MH services		79%
Outcomes Domain	82%	
I am functioning better in my life as a result of services I received		83%
My quality of life has improved as a result of services I received		81%
My symptoms are bothering me less as a result of services I received		75%
Social Connectedness Domain	68%	
I have family or friends who support me		83%
Two or more of my friends know each other		75%

## Comparison of Opinions Between People from Minority Populations and Caucasians

Enough surveys were submitted by people of racial minorities to combine them and compare their positive percentages to the positive percentages of Caucasians. (The confidence interval for minority populations is +/- 7%.) There were no statistically significant differences between the groups for any of the domains. There were also no statistically significant differences between the groups for any of the statements that comprise the domains.

The table below shows the percentage of people from each group who scored the domains positive.

Race	Access	Quality & Appropriate	Outcomes	Social Connectedness	Functioning	Overall Satisfaction
Minority populations	86.8	83.5	79.5	66.1	80.9	87.4
White (Caucasian)	85.2	83.7	83.4	69.6	84.1	85.7

## Co-Occurring Mental Illness and Substance Abuse

Two questions asked on the survey enable us to estimate what percentage of responders have co-occurring mental illness and substance use issues. If a responder answers Yes to either of the following questions, they are considered to have co-occurring mental health and substance use issues:

1. Have you been *diagnosed* with substance abuse (or chemical dependency) within the past 12 months?
2. Have you received treatment for substance abuse (or chemical dependency) within the past 12 months?

Fourteen percent (14%) of responders answered Yes to one or both of those questions. This is the only area where there appears to be a difference among races. Thirty-five percent (35%) of American Indian and 34% of Black/African American responders answered yes to one or both of the questions, compared to 10% of both Asians and Caucasians.

## Conclusions

Changing the design, response choices, and method of distribution resulted in greater response rates for those receiving rehabilitative mental health services.

Although the results indicate overall satisfaction across most domains, it's of interest to note the lower scores on *Social Connectedness*. This may be indicative of the mental illness per se, or a lack of opportunities to socialize. It does, however, point to the need for services directed toward development of social skills and interests.