



STATE OF MARYLAND

DHMH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MENTAL HYGIENE ADMINISTRATION

MARYLAND'S PUBLIC MENTAL
HEALTH SYSTEM

CONSUMER PERCEPTION OF CARE SURVEY
2008

EXECUTIVE SUMMARY REPORT

MARYLAND’S PUBLIC MENTAL HEALTH SYSTEM
2008 CONSUMER PERCEPTION OF CARE SURVEY
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I. INTRODUCTION

The Department of Health and Mental Hygiene's (DHMH) Mental Hygiene Administration (MHA) launched Maryland's Public Mental Health System (PMHS) in July 1997 as part of the State's Medicaid 1115 waiver reform initiative. Specialty mental health services are delivered through a "carve-out" arrangement that manages public mental health funds under a single payer system. The system serves Medicaid recipients and a subset of uninsured individuals eligible for public mental health services due to severity of illness and financial need. Evaluation of consumer perception of care, including satisfaction with and outcomes of mental health services, is a requirement of the waiver and Code of Maryland Regulations. Findings provide MHA with valuable consumer input that may be used to improve the PMHS.

MHA contracted with MAPS-MD of APS Healthcare, Inc. to provide various administrative services, including evaluation activities, for the PMHS. One of the evaluation activities is the administration of consumer surveys to assess consumer perception of care, including satisfaction with and outcomes of mental health services provided by the PMHS. MAPS-MD subcontracted with REDA International of Silver Spring, Maryland to conduct telephone interviews and collect data. MAPS-MD performed the data analyses and documented the findings. The partnership of organizations ensures the neutrality of data collection and analysis. This report represents findings of the eighth systematic, statewide consumer perception of care survey since the inception of the PMHS.

The survey protocol, including methodology, sampling, administration, and data collection, is reviewed annually by the DHMH Institutional Review Board (IRB). The IRB is responsible for reviewing research protocols to ensure that rights, safety, and dignity of human subjects are protected.

This report is a condensed version of the *Detailed Report of Survey Findings*. To obtain a copy of this detailed document or brochures, you may contact the Mental Hygiene Administration or visit the following Web sites: www.dhmh.state.md.us/mha or www.maps-md.com.

II. METHODOLOGY

The potential survey population consisted of PMHS consumers for whom claims were received for services rendered between January and December 2007. The sample was stratified by age, service type, and county of residence. Individuals were then randomly selected from among these groups. Service types for adults included outpatient mental health treatment services or psychiatric rehabilitation services. Service types for children included outpatient mental health treatment services or family support services (i.e., psychiatric rehabilitation, mobile treatment, case management, and/or respite services). Adults (16 years of age or older at the time of service) responded to the adult survey on their own behalf, while parents or caregivers responded to the child survey on behalf of children under the age of 16.

Separate survey instruments were used, one for adults and one for children/caregivers. The adult and the child/caregiver instruments both originated from a Federal initiative, the Mental Health Statistics Improvement Project (MHSIP) - Consumer Surveys. Items from these surveys are incorporated into the Center for Mental Health Services Uniform Reporting System (URS) for Federal Block Grant reporting. The Maryland Adult Consumer Perception of Care Survey is based on the MHSIP Adult Consumer Survey, while the Maryland Child and Family Consumer Perception of Care Survey is based on the MHSIP Youth Services Survey for Families (YSS-F). Both survey instruments were revised in 2006 to reflect modified URS requirements; however, it was not necessary to make additional changes for this 2008 survey. In addition to the MHSIP items, both survey instruments include demographic items, service-specific sections, and selected items of interest regarding living situation, employment, schooling, and coordination of care.

III. ADULT SURVEY RESULTS

Telephone interviews were conducted with adults to assess their perception of care, including satisfaction with and outcomes of services received through Maryland's PMHS. These adults had received outpatient mental health treatment and/or psychiatric rehabilitation services between January and December 2007. A total of 1,890 adults were successfully contacted to request participation in the survey; 549 completed the telephone interview, resulting in a 29% response rate.

DEMOGRAPHIC CHARACTERISTICS

Table 1 presents demographic and social characteristics of adult survey participants:

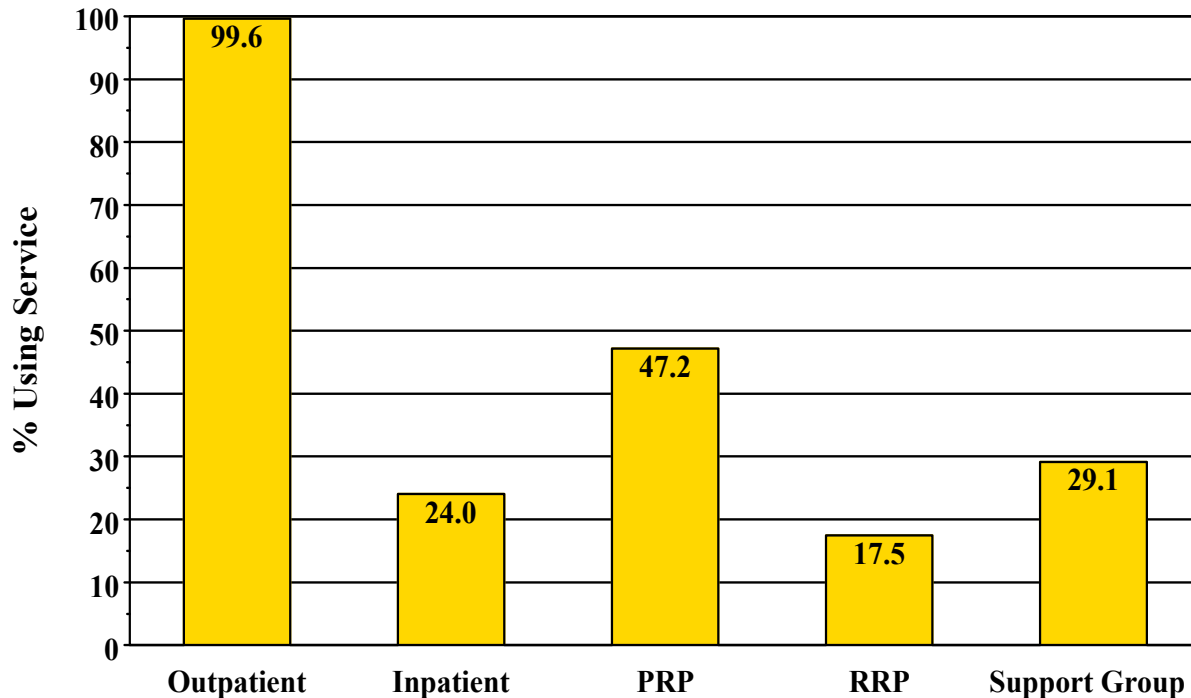
Table 1. Demographic Characteristics of Adult Survey Participants

Characteristic		%
Gender	Male	42.1
	Female	57.6
Age	Under 21	14.9
	21-30	16.8
	31-40	12.9
	41-50	25.5
	51-60	21.3
	61 and older	6.6
Race	White/Caucasian	53.2
	Black or African-American	39.3
	Other	5.5
	More than one race reported	1.8
Ethnicity	Spanish, Hispanic, or Latino	2.6
Marital Status	Married or cohabitating	10.0
	Widowed	4.2
	Divorced	17.5
	Separated	5.3
	Never married	62.1
Education	Completed less than high school degree	33.9
	Completed high school degree or GED	34.8
	Some vocational school or training	1.8
	Some college (no degree)	21.3
	Completed Bachelor's/advanced degree	6.9
Living Situation	House/apartment alone	24.2
	House/apartment with family/friends	67.0
	Residential Rehabilitation Program	3.1
	Other	5.6
Employment	Unemployed	66.1
	Employed full-time	7.8
	Employed part-time	13.7
	Homemaker	1.1
	Student/volunteer/other	10.8

Note: Due to rounding and refusals, totals may not equal exactly 100%

SERVICE USE

Figure 1: Reported Use of Services and Supports by Adult Survey Participants



Service use was assessed by asking participants about their recent use of mental health services and supports. As seen in Figure 1, nearly all (99.6%) participants reported receiving some type of outpatient mental health treatment service. Inpatient mental health treatment was reported by 24.0% of participants. Almost one-half, 47.2%, of participants reported utilizing services from a psychiatric rehabilitation program (PRP), 17.5% reported utilizing a residential rehabilitation program (RRP), and 29.1% reported participating in a mental health self-help group for support (e.g., On Our Own, depression support group, family support group, etc.).

OUTCOME MEASURES

Participants were asked how they had benefited from the mental health services received. Each question started with the statement, “As a direct result of all the mental health services I received” and was followed by the specific outcome of services. Participants indicated the degree to which they agreed or disagreed with the statement using a five-point Likert scale of “strongly agree,” “agree,” “neutral,” “disagree,” and “strongly disagree.” The percentage of agreement ranged from 60.3% to 83.5% across outcome measures, as seen in Figure 2. The 2006 and 2007 survey results are also included in the table for comparison purposes, although analyses for statistically significant differences were not conducted.

Figure 2. Outcome Measures

Statement	Strongly Agree/Agree			Neutral			Strongly Disagree/Disagree		
	2008	2007	2006	2008	2007	2006	2008	2007	2006
	I deal more effectively with daily problems.	77.0	81.3	76.3	11.9	10.9	11.6	11.2	7.7
I am better able to control my life.	75.6	78.8	76.7	12.6	12.1	12.1	11.8	9.1	11.2
I am better able to deal with crisis.	70.8	72.2	73.6	12.9	14.4	12.0	16.2	13.3	14.3
I am getting along better with my family.	75.2	75.5	74.6	14.0	13.9	10.7	10.9	10.6	14.7
I do better in social situations.	67.2	69.9	66.3	15.9	16.6	16.3	16.9	13.5	17.4
I do better in school and/or work.	73.0	69.1	70.4	11.9	16.9	11.7	15.1	14.0	17.9
My housing situation has improved.	63.0	64.5	64.8	17.4	18.0	15.1	19.6	17.5	20.0
My symptoms are not bothering me as much.	60.3	68.1	65.3	12.7	14.5	12.1	27.0	17.5	22.7
I do things that are more meaningful to me.	77.3	80.4	75.8	10.7	10.5	12.0	12.0	9.1	12.2
I am better able to take care of my needs.	77.0	80.4	77.0	11.7	9.9	12.2	11.3	9.6	10.8
I am better able to handle things when they go wrong.	68.3	71.6	69.9	14.6	15.4	15.0	17.1	13.1	15.2
I am better able to do things that I want to do.	69.0	73.3	69.9	14.6	13.4	14.1	16.3	13.3	16.0
I am happy with the friendships I have.	76.0	78.8	75.6	10.8	10.4	11.6	13.2	10.8	13.0
I have people with whom I can do enjoyable things.	78.7	81.9	77.0	8.5	9.7	10.1	12.8	8.5	13.0
I feel I belong in my community.	73.6	72.3	70.2	11.3	13.3	11.0	15.1	14.5	18.8
In a crisis, I would have the support I need from family or friends.	83.5	83.6	80.4	6.7	6.5	8.1	9.8	9.7	11.5

Note: Due to rounding, totals may not equal exactly 100%.

OVERALL SATISFACTION

Overall satisfaction with mental health services received was assessed using the same Likert scale as was used for the outcome measures. A majority of the participants (82.4%) reported agreement or strong agreement with the statement, “Overall, I am satisfied with the mental health services I received.” This suggests a relatively high degree of overall satisfaction with mental health services provided by the PMHS to these adults.

SATISFACTION WITH SPECIFIC SERVICES

Participants were asked about their satisfaction with multiple aspects of the outpatient mental health treatment and psychiatric rehabilitation services they received, using the same Likert scale as was used for the outcome measures. Participants were generally satisfied with the services provided, as Figures 3 and 4 indicate. The percent of agreement for items addressing outpatient mental health treatment services satisfaction exceeded 76.5% for all items except, “I was encouraged to use consumer-run programs” (69.5%). The percent of agreement for items addressing satisfaction with psychiatric rehabilitation services exceeded 78.0% for all of the items. Similar to Figure 2, the 2006 and 2007 survey results are provided in Figures 3 and 4 for comparison purposes, although analyses for statistically significant differences were not conducted.

REFERRAL AND ACCESS TO SUBSTANCE ABUSE SERVICES

Less than one-fifth (15.3%) of participants reported that they attempted to get or had been referred for substance abuse services, a slight reduction from 2007 (17.9%). Of those, 86.9% reported they were able to access substance abuse services.

COORDINATION OF CARE

A majority of survey participants (85.1%) reported having a primary health care provider. Of those, 40.5% answered “yes” to the question, “To your knowledge, have your primary care provider and your mental health provider spoken with each other about your health?” This is consistent with the results of the 2007 survey (40.0%).

POLICE ENCOUNTERS AND ARRESTS

Most respondents (80.7%) reported that they had no police encounters, including arrests, either before or since beginning to receive mental health services. For those respondents, however, who reported they had police encounters, 84.1% reported that those police encounters had either been reduced (59.1%) or stayed the same (25.0%) during the previous 12 months (or since beginning to receive mental health services, if they had been receiving mental health services for less than 12 months).

Figure 3. Satisfaction with Outpatient Mental Health Treatment Services

Statement	Strongly Agree/Agree			Neutral			Strongly Disagree /Disagree		
	2008	2007	2006	2008	2007	2006	2008	2007	2006
	I like the services that I received here.	84.6	88.6	83.5	7.4	5.0	8.6	8.0	6.4
If I had other choices, I would still get services from this provider.	80.7	80.6	81.3	6.5	5.6	6.4	12.8	13.8	12.3
I would recommend this provider to a friend or a family member.	81.4	85.2	82.8	5.2	3.5	6.0	13.4	11.3	11.2
The location of services was convenient.	84.3	87.0	86.4	5.8	5.6	5.5	9.9	7.4	8.1
Staff were willing to see me as often as I felt it was necessary.	86.0	88.7	85.4	5.2	4.2	4.9	8.8	7.1	9.7
Staff returned my calls in 24 hours.	79.7	81.6	79.3	5.5	5.8	8.1	14.8	12.6	12.6
Services were available at times that were good for me.	87.4	90.1	87.0	5.2	3.4	5.2	7.4	6.5	7.8
I was able to get all the services I thought I needed.	80.9	82.7	79.8	5.2	5.6	7.7	13.9	11.7	12.5
I was able to see a psychiatrist when I wanted to.	78.2	81.1	80.8	5.9	6.9	6.3	15.9	12.1	12.8
Staff here believe that I can grow, change, and recover.	81.5	87.5	83.9	9.4	7.4	10.2	9.0	5.1	5.9
I felt comfortable asking questions about my treatment and medication.	87.3	90.8	88.8	5.2	3.3	4.8	7.5	5.9	6.4
I felt free to complain.	85.3	87.7	86.5	4.7	5.3	4.7	10.1	7.0	8.8
I was given information about my rights.	89.3	91.9	90.1	4.5	3.0	3.0	6.2	5.0	6.9
Staff encouraged me to take responsibility for how I live my life.	85.6	88.6	85.6	4.7	5.6	8.0	9.7	5.8	6.4
Staff told me what side effects to watch out for.	79.8	84.7	78.3	4.9	4.1	6.2	15.3	11.2	15.5
Staff respected my wishes about who is and is not to be given. information about my treatment.	89.5	92.0	89.5	4.2	2.9	4.0	6.3	5.2	6.6
I, not staff, decided my treatment goals.	76.5	76.4	77.0	9.1	12.2	11.9	14.5	11.4	11.1
Staff helped me obtain the information I needed so that I could take charge of managing my illness.	81.1	87.0	83.8	8.9	5.3	7.2	10.0	7.5	9.1
I was encouraged to use consumer-run programs.	69.5	74.5	69.1	7.2	6.5	9.0	23.3	18.9	22.0
Staff were sensitive to my cultural/ethnic background.	86.6	86.0	84.5	7.1	7.4	8.4	6.3	6.6	7.2
Staff respected my family's religious/spiritual beliefs.	89.6	90.6	87.8	6.9	6.1	7.5	3.5	3.3	4.6
Staff treated me with respect.	92.8	92.8	93.1	3.9	3.2	3.8	3.3	3.9	3.1
Staff spoke with me in a way that I understood.	93.9	94.8	95.4	2.8	3.0	2.6	3.3	2.2	2.0

Note: Due to rounding, totals may not equal exactly 100%.

Figure 4. Satisfaction with Psychiatric Rehabilitation Program Services

Statement	Strongly Agree/Agree		Neutral			Strongly Disagree /Disagree		
	2008	2007	2008	2007	2006	2008	2007	2006
I like the services I received here.	84.1	85.9	5.7	8.0	6.9	10.2	6.2	7.9
If I had other choices, I would still get services from this provider.	83.8	84.0	5.7	6.8	6.3	10.6	9.2	12.1
I would recommend this provider to a friend or a family member.	82.3	84.9	5.7	5.3	4.6	12.1	9.8	10.8
The location of services was convenient.	88.9	90.3	4.6	3.8	5.9	6.5	5.9	7.9
Staff were willing to see me as often as I felt it was necessary.	84.3	85.2	6.9	5.6	4.3	8.8	9.2	6.3
Staff returned my calls in 24 hours.	82.5	85.7	6.7	3.4	7.8	10.7	10.9	8.8
Services were available at times that were good for me.	87.1	87.9	6.8	3.2	5.6	6.1	8.8	7.6
I was able to get all the services I thought I needed.	83.0	84.0	6.1	5.4	5.6	11.0	10.7	9.9
Staff here believe that I can grow, change, and recover.	88.3	88.2	5.1	5.8	7.8	6.6	6.1	5.0
I felt comfortable asking questions about my rehabilitation.	89.4	89.3	4.2	3.6	5.6	6.5	7.2	6.3
I felt free to complain.	84.0	86.3	7.6	5.4	4.3	8.4	8.4	8.9
I was given information about my rights.	87.5	92.0	6.1	2.7	4.0	6.5	5.4	7.0
Staff encouraged me to take responsibility for how I live my life.	87.0	89.9	6.9	4.2	4.3	6.1	6.0	6.3
Staff respected my wishes about who is and is not to be given information about my rehabilitation.	88.2	90.7	5.7	3.6	2.7	6.1	5.7	5.8
I, not staff, decided my rehabilitation goals.	78.5	80.8	10.0	10.8	10.5	11.5	8.3	10.5
Staff helped me obtain the information I needed so that I could take charge of managing my illness.	81.1	87.6	10.2	5.1	7.3	8.7	7.2	8.3
I was encouraged to use consumer-run programs.	78.1	82.1	6.5	5.5	4.9	15.4	12.4	13.9
Staff were sensitive to my cultural/ethnic background.	86.1	92.3	7.1	4.3	5.5	6.7	3.4	7.0
Staff respected my family's religious/spiritual beliefs.	87.8	91.7	7.5	5.2	6.3	4.7	3.1	4.4
Staff treated me with respect.	91.4	93.2	4.1	4.4	3.6	4.5	2.4	4.6
Staff spoke with me in a way that I understood.	92.1	94.4	3.4	4.1	4.6	4.5	1.5	3.6

Note: Due to rounding, totals may not equal exactly 100%.

IV. CHILD AND CAREGIVER SURVEY RESULTS

Telephone interviews were conducted with the caregivers of children served by Maryland's PMHS to assess their perception of care, including satisfaction with and outcomes of services rendered. These children had received outpatient mental health treatment and/or family support services (i.e., psychiatric rehabilitation, mobile treatment, case management, and/or respite care) between January and December 2007. A total of 1,836 caregivers were successfully contacted to request participation in the child and family survey; 738 completed the telephone interview, resulting in a 40% response rate.

DEMOGRAPHIC CHARACTERISTICS

Table 2 presents demographic characteristics of the children served:

Table 2. Characteristics of Children

Characteristic		%
Gender	Male	63.6
	Female	36.4
Age	1-4	1.1
	5-9	28.3
	10-14	48.0
	15 and older	18.8
	Refused/Don't Know	3.8
Race	White/Caucasian	42.0
	Black or African-American	48.1
	Other	4.5
	More than one race reported	4.6
	Refused/Don't Know	0.8
Ethnicity	Spanish, Hispanic, or Latino	6.1
Education	Currently in school	96.2
	■ Regular classroom	64.5
	■ Special education, all or part day	31.1
	■ Other classroom setting	3.5
	Have repeated a grade	27.7

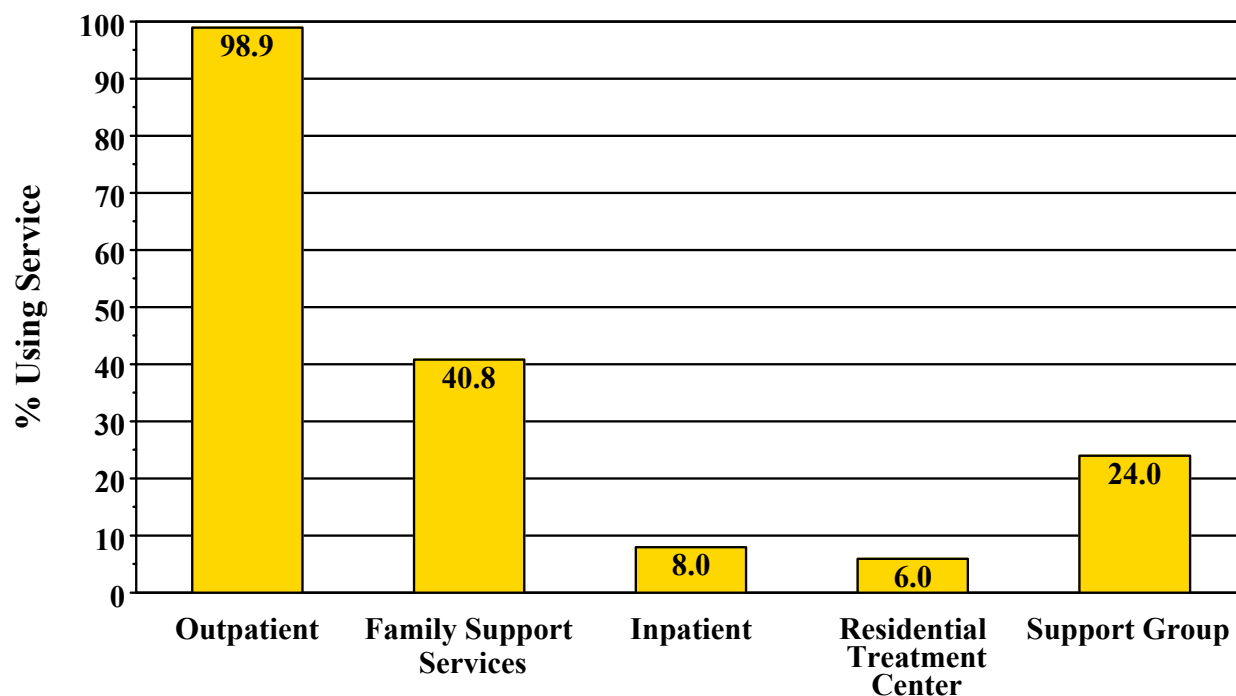
Table 3 presents demographic characteristics of the caregiver participants of the children served:

Table 3. Characteristics of Caregiver Participants

Characteristic		%
Gender	Male	8.8
	Female	91.2
Age	21-50	69.2
	51-70	22.6
	71 and older	2.7
	Refused/Don't Know	5.4
Race	White/Caucasian	47.2
	Black or African-American	45.8
	Other	4.3
	More than one race reported	1.5
	Refused/Don't Know	1.2
Ethnicity	Spanish, Hispanic, or Latino	4.2
Relationship to Child	Parent	78.0
	Grandparent	15.9
	Other relative	4.2
	Other	1.9

SERVICE USE

Figure 5. Caregivers Report of Services Used by Child Consumers



Caregiver participants were asked about their child’s recent use of mental health services. As seen in Figure 5, nearly all of the caregiver participants (98.9%) indicated their child had received some type of outpatient service. In addition, 40.8% reported receiving family support services, 8.0% indicated their child had stayed overnight in a hospital for an emotional or behavioral problem, 6.0% had utilized residential treatment centers, and 24.0% reported that their child had participated in a mental health support group (e.g., peer counseling).

OUTCOME MEASURES

Caregiver participants were asked how their child had benefited from the mental health services received. Each question started with the statement, “As a direct result of all the mental health services my child received” and was followed by the specific outcome of services. Caregiver participants indicated the degree to which they agreed or disagreed with the statement using a five-point Likert scale of “strongly agree,” “agree,” “neutral,” “disagree,” and “strongly disagree.” The percent of agreement ranged from 53.7% to 71.4% across child outcome measures, as seen in Figure 6. The 2006 and 2007 survey results for those items that were asked both years are also included in the table for comparison purposes, although analyses for statistically significant differences were not conducted.

Four additional questions assess the “social connectedness” of caregivers of children. The range of agreement for these questions is 88.8% to 92.2%, which is very similar to the 2007 survey results.

Figure 6. Outcome Measures

Statement	Strongly Agree/ Agree			Neutral			Strongly Disagree /Disagree		
	2008	2007	2006	2008	2007	2006	2008	2007	2006
My child is better at handling daily life.	69.0	66.1	65.2	17.1	16.9	18.4	13.9	16.9	16.4
My child gets along better with family members.	66.1	67.7	64.9	20.1	17.1	18.3	13.9	15.3	16.8
My child gets along better with friends and other people.	67.0	69.6	66.8	19.2	17.4	17.0	13.7	12.9	16.2
My child is doing better in school and/or work.	67.0	64.7	65.5	17.8	16.0	16.3	15.2	19.4	18.1
My child is better able to cope when things go wrong.	57.4	56.2	54.4	20.7	20.0	22.5	21.9	23.8	23.2
I am satisfied with our family life right now.	70.5	66.0	66.7	15.3	14.5	15.7	14.2	19.5	17.6
My child is better able to do things he or she wants to do.	71.4	71.4	70.0	15.6	13.5	14.8	13.0	15.1	15.1
My child is better able to control his or her behavior.	53.7	52.1	52.5	21.5	23.7	21.4	24.8	24.3	26.0
My child is less bothered by his or her symptoms.	60.0	59.1	58.4	18.8	17.7	21.1	21.2	23.2	20.5
My child has improved social skills.	68.9	71.0	64.5	15.9	14.0	17.9	15.2	14.9	17.6
As a direct result of the mental health services my child and family received:									
I know people who will listen and understand me when I need to talk.	88.8	88.7	84.9	5.4	3.7	6.8	5.7	7.7	8.3
I have people that I am comfortable talking with about my child's problems.	92.0	91.5	88.7	4.2	2.8	4.4	3.8	5.7	6.9
In a crisis, I would have the support I need from family or friends.	88.8	87.8	86.6	6.5	4.5	6.0	4.6	7.6	7.5
I have people with whom I can do enjoyable things.	92.2	90.3	90.9	5.2	3.9	4.1	2.6	5.8	4.9

Note: Due to rounding, totals may not equal exactly 100%.

OVERALL SATISFACTION

Overall satisfaction with mental health services received was assessed using the same Likert scale as was used for the outcome measures. A majority of the caregiver participants (80.9%) reported agreement or strong agreement with the statement, “Overall, I am satisfied with the mental health services my child received.” This finding suggests a relatively high degree of overall caregiver participant satisfaction with mental health services provided by the PMHS to their children.

SATISFACTION WITH SPECIFIC SERVICES

Caregiver participants were asked about their satisfaction with multiple aspects of the outpatient mental health treatment and family support services that their children received, using the same Likert scale as was used for the outcome measures. Caregiver participants were generally satisfied with the services provided, as Figures 7 and 8 indicate. The percent of agreement for items addressing outpatient mental health treatment services satisfaction exceeded 80.4% for all items except, “My family got as much help as we needed for my child” (72.2%). Likewise, the percent of agreement for items addressing family support services satisfaction exceeded 80.0% for all items except, “My family got as much help as we needed for my child” (74.7%). Similar to Figure 6, the 2006 and 2007 survey results are provided in Figures 7 and 8 for comparison purposes, although analyses for statistically significant differences were not conducted.

REFERRAL AND ACCESS TO SUBSTANCE ABUSE SERVICES

Only 2.7% of caregiver participants reported that their child had attempted to get or had been referred for substance abuse services, a slight reduction from 2007 (3.0%). Of those children, caregiver participants reported that 65.0% were able to access substance abuse services.

COORDINATION OF CARE

A majority of caregiver participants (98.9%) reported that their child has a primary health care provider. Likewise, a majority of caregiver participants (86.3%) reported that their child had seen their primary health care provider in the previous year. More than one-third (39.2%) of caregiver participants responded “yes” to the question, “To your knowledge, have your child’s primary medical care provider and mental health provider spoken with each other about your child’s health?”

POLICE ENCOUNTERS AND ARRESTS

Most caregiver participants (89.3%) reported that their child had no police encounters, including arrests, either before or since beginning to receive mental health services. For those caregiver participants, however, who reported that their child had police encounters, 81.9% reported that those police encounters had either been reduced (36.1%) or stayed the same (45.8%) during the previous 12 months (or since beginning to receive mental health services, if the child had been receiving mental health services for less than 12 months).

Figure 7. Satisfaction with Outpatient Mental Health Treatment Services

Statement	Strongly Agree/ Agree			Neutral			Strongly Disagree /Disagree		
	2008	2007	2006	2008	2007	2006	2008	2007	2006
	Overall, I am satisfied with the services my child received.	86.0	84.5	79.4	4.6	4.5	8.5	9.4	10.9
I helped choose my child's services.	86.3	84.1	85.6	4.9	4.6	4.6	8.8	11.2	9.7
I helped choose my child's treatment goals.	87.6	87.8	86.2	4.5	3.3	5.4	7.9	8.9	8.4
The people helping my child stuck with us no matter what.	84.9	85.2	83.0	4.9	5.1	5.4	10.2	9.8	11.6
I felt my child had someone to talk to when he/she was troubled.	85.8	86.3	81.2	5.3	4.4	5.6	8.9	9.3	13.2
I participated in my child's treatment.	96.7	95.4	95.0	1.9	1.9	3.1	1.4	2.7	1.9
The services my child and/or family received were right for us.	83.4	82.2	79.7	7.2	7.7	7.6	9.4	10.1	12.7
The location of services was convenient for us.	86.0	88.1	83.3	4.4	3.8	6.1	9.5	8.2	10.5
Services were available at times that were convenient for us.	83.5	85.8	82.4	5.7	4.5	7.5	10.8	9.6	10.1
My family got the help we wanted for my child.	80.4	78.6	75.7	7.6	8.3	10.4	12.0	13.0	13.9
My family got as much help as we needed for my child.	72.2	71.0	68.6	10.6	10.9	12.2	17.2	18.1	19.2
Staff treated me with respect.	93.4	94.8	93.9	3.6	2.9	2.5	3.0	2.3	3.6
Staff respected my family's religious/spiritual beliefs.	93.8	96.2	94.4	4.2	2.4	4.4	2.1	1.4	1.2
Staff spoke with me in a way that I understood.	96.1	96.8	96.9	1.9	1.3	1.5	1.9	1.9	1.6
Staff were sensitive to my cultural/racial background.	93.7	96.4	92.5	3.3	1.9	6.1	3.0	1.7	1.3
I felt free to complain.	91.9	93.3	89.8	3.4	2.4	4.1	4.7	4.4	6.2

Note: Due to rounding, totals may not equal exactly 100%.

Figure 8. Satisfaction with Family Support Services

Statement	Strongly Agree/ Agree			Neutral			Strongly Disagree/Disagree		
	2008	2007	2006	2008	2007	2006	2008	2007	2006
Overall, I am satisfied with the services my child received.	82.6	84.6	84.1	5.8	4.5	4.1	11.6	10.9	11.9
I helped choose my child's services.	86.5	84.7	85.1	6.2	4.5	8.2	7.3	10.7	6.6
I helped choose my child's service goals.	87.3	86.5	85.1	7.3	5.3	6.2	5.5	8.1	8.7
The people helping my child stuck with us no matter what.	86.1	83.3	82.0	4.0	6.5	6.5	9.9	10.2	11.4
I felt my child had someone to talk to when he/she was troubled.	86.0	83.7	83.3	8.1	7.9	6.3	5.9	8.4	10.4
I participated in my child's services.	94.9	92.7	94.2	1.8	4.0	2.9	3.3	3.2	2.9
The services my child received were right for us.	84.7	80.5	84.5	6.5	10.1	6.1	8.7	9.3	9.4
The location of services was convenient for us.	86.9	87.5	84.7	3.6	5.6	7.0	9.5	6.8	8.3
Services were available at times that were convenient for us.	84.4	85.1	87.2	4.7	6.9	4.5	10.9	8.0	8.2
My family got the help we wanted for my child.	80.0	77.0	80.4	8.0	10.9	8.6	12.0	12.1	11.0
My family got as much help as we needed for my child.	74.7	73.2	71.8	9.5	10.5	11.0	15.8	16.2	17.1
Staff treated me with respect.	93.5	95.6	95.5	2.9	1.6	2.0	3.6	2.8	2.4
Staff respected my family's religious/spiritual beliefs.	93.1	95.3	96.8	4.6	3.8	2.7	2.3	0.9	0.5
Staff spoke with me in a way that I understood.	96.4	95.6	98.8	1.4	2.8	0.8	2.2	1.6	0.4
Staff were sensitive to my cultural/racial background.	92.6	93.2	95.4	3.5	4.6	4.1	3.9	2.1	0.5
I felt free to complain.	93.1	93.2	92.6	1.8	2.0	3.7	5.1	4.8	3.7

Note: Due to rounding, totals may not equal exactly 100%.

V. SUMMARY

Statewide telephone surveys were administered to assess consumers' perceptions of services received through Maryland's Public Mental Health System. These surveys represent the eighth systematic, statewide assessment of consumer perception of care since 1997. Data collection was performed by subcontractor, REDA International, Inc., on behalf of MAPS-MD. MAPS-MD performed the data analysis and documented the findings.

The survey population consisted of PMHS consumers for whom claims were received for services rendered between January and December 2007. The sample was stratified by age, service type, and county of residence. Individuals were then randomly selected from among these groups. Service types for adults included outpatient mental health treatment or psychiatric rehabilitation services. Service types for children included outpatient mental health treatment or family support services (i.e., psychiatric rehabilitation, mobile treatment, case management, and/or respite services). Adults (16 years of age or older at the time of service) responded to the adult survey on their own behalf, while parents or caregivers responded to the child survey on behalf of children under the age of 16.

A total of 1,890 adults was successfully contacted to request participation in the survey; 549 completed the telephone interview, resulting in a 29% response rate. A total of 1,836 caregivers was successfully contacted to request participation in the child and family survey; 738 completed the telephone interview, resulting in a 40% response rate.

Overall satisfaction with services was relatively high: 82.4% of adults and 80.9% of caregivers indicated agreement with the statement, "Overall, I am satisfied with the mental health services I/my child received." Furthermore, satisfaction with specific services was quite positive. The percent of agreement in the adult survey for items addressing satisfaction with adult outpatient mental health treatment services exceeded 76% for all items except, "I was encouraged to use consumer-run programs" (69.5%). The percent of agreement for items addressing psychiatric rehabilitation services satisfaction exceeded 78% for all items. The percent of agreement for caregiver participants of children for items addressing satisfaction with outpatient mental health treatment services exceeded 80% for all items except, "My family got as much help as we needed for my child" (72.2%). Likewise, the percent of agreement for items addressing family support services exceeded 80% for all items except, "My family got the help we wanted for my child" (74.7%).

Adult consumers' assessment of the contribution of treatment to positive outcomes of care ranged from 60.3% agreement with the statement, "My symptoms are not bothering me as much" to 83.5% agreement with the statement, "In a crisis, I would have the support I need from family or friends." Caregiver participants' assessments of their child's improvement were more modest and ranged from 53.7% agreement with the statement, "My child is better able to control his/her behavior" to 71.4% agreement with the statement, "My child is better able to do things he or she wants to do." However, the range of agreement with the four measures assessing "social connectedness" of the caregiver participants themselves was quite high (88.8% to 92.2%).

Further research would contribute to a better understanding of how the wide range of variables impact satisfaction and outcomes. Additionally, this survey will be shared with the MHA Office of Consumer Affairs Advisory Council with the hope that these findings will be used to identify opportunities for improvement in the PMHS.



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