Since 1998, the Mental Hygiene Administration (MHA), now part of the Behavioral Health Administration (BHA), has conducted the Consumer Perception of Care (CPOC) surveys. A representative sample of adults (ages 16 and over) and caregivers of children and adolescents (C&A) treated in the Public Mental Health System (PMHS) in the preceding year are interviewed, using tools tailored to each population. The surveys include items derived jointly by the states and the Substance Abuse and Mental Health Services Administration (SAMHSA) that measure satisfaction and outcomes. Results are reported annually to SAMHSA. Maryland has added several questions to those required for federal reporting. Results of the 2014 survey as well as the survey methodology have just been published and are available on the new BHA website, http://bha.dhmh.maryland.gov/RESOURCES/SitePages/Consumer%20Perception%20of%20Care%20Surveys.aspx.

While the reports contain a wide variety of information and analysis, this Data Short will highlight certain results. The first graph shows, for adults and for children and adolescents, the percentage who have a primary care practitioner (PCP) and those who visited a PCP for a check-up or an illness in the previous year. A very high percentage of people surveyed had a PCP (91.9% for adults, 98.7% for C&A). Also, a high percentage visited a PCP for routine health care or due to an illness (82.2% of adults, 89.5% of C&A).

The survey items that are reported to SAMHSA are aggregated into a set of domains with scores ranging from 1 to 5, with lower scores indicating more positive results. The second graph shows selected domain scores for adults based on three aggregated employment categories: 1. working full or part time, 2. student/volunteer/homemaker, 3. others (unemployed/permanently disabled$retired/other). Individuals who are employed or engaged as a student, volunteer or homemaker show more positive scores on the social connectedness, improved functioning, and outcome domains. The satisfaction with services and involvement with treatment plan domains also show relatively positive results; however, there is very little difference among the groups.

These findings are consistent with those in previous years (previous years’ reports are also available on the BHA website). Those who were involved in the PMHS were likely to have a PCP and to have seen a PCP within the past year. Finally, structured activities, such as having a job, attending school, or being a homemaker, are positively related to social connectedness, treatment outcomes, and improved functioning.