



***DATA INFRASTRUCTURE GRANT***

***ADULT MENTAL HEALTH &  
WELL-BEING SURVEY***

***2009 ADULT SURVEY***

## TABLE OF CONTENTS

<b>AT A GLANCE: SUMMARY OF 2009 ADULT MENTAL HEALTH &amp; WELL-BEING SURVEY.....</b>	<b>3</b>
<b>INTRODUCTION.....</b>	<b>4</b>
Survey Methodology.....	5
Statistical Significance.....	5
AMHI Class Member.....	5
Survey Areas.....	6
<b>DOMAIN AREA RESULTS.....</b>	<b>7</b>
Figure 1: Gender.....	8
Figure 2: Age.....	8
Figure 3: Community Service Network.....	9
<b>SATISFACTION BY DOMAIN AREAS.....</b>	<b>10</b>
Figure 4: Domain Averages.....	10
Figure 5: Domain Satisfaction by Age.....	11
Figure 6: Perception of Access.....	12
Figure 7: Quality and Appropriateness.....	13
Figure 8: Quality and Appropriateness Satisfaction by Gender.....	14
Figure 9: Participation in Treatment Planning.....	15
Figure 10: General Satisfaction.....	16
Figure 11: Social Connectedness.....	17
Figure 12: Satisfaction by Domain for those Reporting Satisfaction with Social Connectedness.....	18
Figure 13: Outcomes.....	19
Figure 14: Outcomes Satisfaction by Class Member.....	20
Figure 15: Functioning.....	21
Figure 16: Functioning Satisfaction by Class Member.....	22
Figure 17: Maine Added Questions.....	23
<b>EMPLOYMENT.....</b>	<b>24</b>
Figure 18: 2009 Employment Status.....	25
Figure 19: 2008 Employment Status.....	25
Figure 20: 2009 Employment Satisfaction.....	26
Figure 21: 2008 Employment Satisfaction.....	26
<b>HEALTH &amp; WELL-BEING.....</b>	<b>28</b>
Figure 22: Health Risk.....	30
Figure 23: Chronic Health Conditions.....	30
Figure 24: Metabolic Risk.....	31
Figure 25: Cardiovascular Risk.....	31
Figure 26: Unhealthy Days.....	32
Figure 27: Physical Health Status.....	32
Figure 28: Mental Health Status.....	33
Figure 29: Poor Health Status.....	33
<b>APPENDICES.....</b>	<b>35</b>
Demographic Tables.....	36
Health & Well-Being Tables.....	47
Tables Not Included in Report.....	51
National Outcome Measures by Survey Areas.....	53
Adult Consumer Survey.....	56

# AT A GLANCE

## Summary of 2009 Adult Mental Health & Well Being Survey

The 2009 Adult Mental Health & Well-Being Survey was administered by mail in August 2009. The survey is mailed to individuals receiving Community Integration Services, Intensive Case Management Services, ACT Services or Adult Residential (PNMI) Services between December 2008 and April 2009. Highlights from the 2009 survey:

### DEMOGRAPHICS

- More females (63.3%) responded to the survey than males (36.6%).
- A higher percentage (73.6%) of individuals between 35 and 64 responded to the survey.

### DOMAIN AREA SUMMARY

- Participation in Treatment Planning domain had the highest percentage of satisfied respondents by domain (83.3%).
- Individuals reported being least satisfied with their experiences of Outcomes (57.6%) and Functioning (54.7%).
- Differences in domain satisfaction were evidenced when comparing satisfaction by the age of the respondent.
- Significant differences were found in the Quality and Appropriateness domain area when examining satisfaction by gender.
- Individuals reporting satisfaction in the Social Connectedness domain were significantly more likely to report satisfaction in the other domain areas of the survey.
- Significant differences were found in the Outcomes domain when reporting satisfaction by AMHI class member status.
- Significant differences were found in the Functioning domain when reporting satisfaction by AMHI class member status.

### EMPLOYMENT

- Analysis from both 2008 and 2009 Adult Mental Health and Well-Being Survey found that individuals were more likely to be positive about their mental health services and experiences when employed. However, only 9-10% of survey respondents during the last two years reported being self-employed, working full-time or working part-time.

### HEALTH AND WELL-BEING

- When analyzing health and well-being, individuals responding the Adult Mental Health and Well-Being Survey reported higher percentages of health risks and chronic conditions than the general population in Maine.
- In addition, significant relationships were found to exist when comparing reported unhealthy days and satisfaction with mental health experiences.

## INTRODUCTION

Currently in its ninth year, the Maine Data Infrastructure Grant (DIG) is a federally funded project coordinated by Maine's Department of Health and Human Services Office of Quality Improvement Services (OQIS). The grant is sponsored through the Federal Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) and supports the strengthening of state-level mental health system data through the analysis of service use and service outcomes for adults and children receiving mental health services.

The DIG supports the administration of the DHHS Mental Health and Well-Being Survey, a survey administered annually to adults, children and families receiving publicly funded mental health services from DHHS. Many of the questions asked in the DHHS Mental Health and Well-Being Survey in Maine are also used by State Mental Health Authorities in 50 states and 7 United States Territories. The widespread use of the survey allows for national comparisons of satisfaction trends. The survey assesses consumer satisfaction with mental health services and continues to remain a key part of SAMHSA's National Outcome Measures. The National Outcome Measures (NOMs) are a performance-based, outcome-driven measurement system that focuses on outcomes for people receiving mental health services.

In 2007, Maine was the first state to introduce the inclusion of Health and Well-Being items in both the Adult and Child/Family Mental Health and Well-Being Surveys. These items were adapted from the Behavioral Risk Factor Surveillance System (BRFSS) which is a survey that is used by all 50 states and has been coordinated by the Centers for Disease Control and Prevention (CDC) since 1987. The Health and Well-Being items included in the Mental Health & Well-Being survey are intended to assess the history of heart disease, diabetes and other health risk factors in survey respondents receiving mental health services. The introduction of these items provides an opportunity to determine if there is an association between the reported health of a survey respondent and satisfaction with the services that they have received over the past year.

Results from the survey are reported annually to stakeholders of the mental health system, including service recipients and their family members, community service providers, and state mental health officials. By examining trends and consumer satisfaction, we can continue to gauge the perceptions of how well services are being provided and use this information side by side with additional measures of service outcomes to improve and enhance the experience of service recipients.

This report includes the results and findings from the Adult Mental Health and Well-Being Survey for 2009.

## **SURVEY METHODOLOGY**

Administration of this year's Adult Mental Health and Well-Being Survey was initiated in August 2009. The names and mailing addresses were obtained from the DHHS Administrative Service Organization, APS Healthcare, Inc. APS Healthcare, Inc. maintains the service authorization data system for MaineCare funded behavioral health services. The survey was mailed to individuals who have received a Serious Mental Illness (SMI) related service; Community Integration Services, Intensive Case Management Services, ACT Services or Adult Residential (PNMI) Services between December 2008 and April 2009.

A total of 10,307 names and addresses of adults receiving an SMI related service were obtained from the APS HealthCare, Inc data system, CareConnection. Of that 10,307, 7,308 Adult Mental Health & Well-Being Surveys were mailed to valid addresses. Of the 7,308 valid addresses, the DHHS Office of Quality Improvement Services received back 1,357 completed surveys for a response rate of 18.6%. In addition to the survey, a cover letter was enclosed to inform individuals of the purpose of the survey, where to call to ask questions about the survey, and that completing the survey was voluntary and confidential.

## **STATISTICAL SIGNIFICANCE**

Significant difference determines how likely it would be that change between groups of responses is not by chance. An example of this would be exploring survey responses by gender to better understand if differences between responses in males and females is significant. Therefore, a finding indicating that there is a significance difference means that there is statistical evidence to support a real difference between groups of respondents. Survey questions indicating statistical differences were highlighted with an asterisk (\*). No notation was made for questions showing no statistical differences.

## **AMHI CLASS MEMBER**

An AMHI class member is defined as a person who was a patient at the Augusta Mental Health Institute or Riverview Psychiatric Center on or after January 1, 1988 and includes both civic and forensic admissions. By looking at trends and recipient satisfaction, the Office of Adult Mental Health Services (OAMHS) and the Office of Quality Improvement Services (OQIS) can better understand class members' experiences with their mental health supports and services. Data obtained from AMHI class members is available in the appendix.

# DHHS Adult Mental Health & Well Being Survey

## SURVEY AREAS

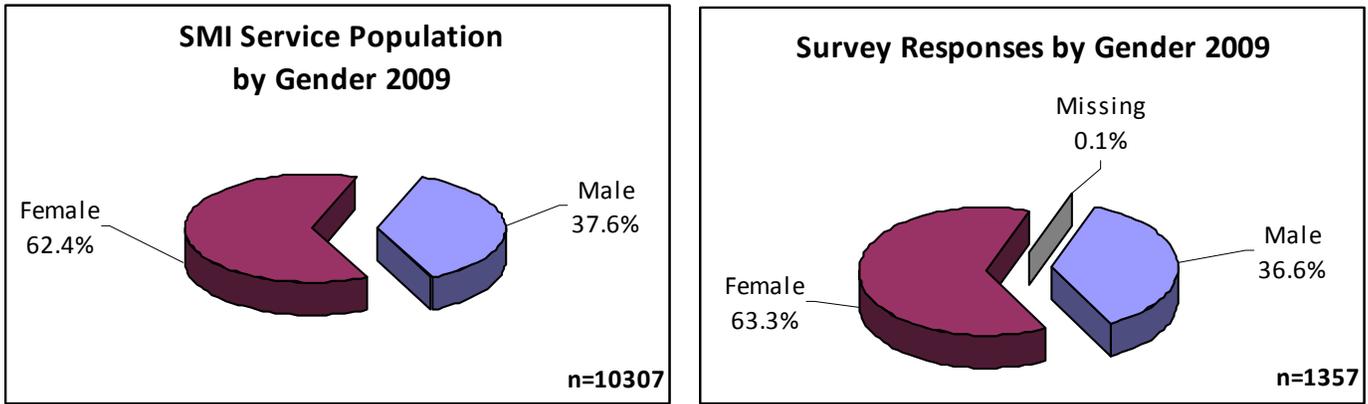
Individuals are asked to answer survey questions using a Likert Scale (Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree). Response options Strongly Agree and Agree are combined to calculate percentages of satisfaction for individual questions. Survey questions are organized into seven domain areas:

- 1) *Perception of Access* – examines an individual’s experience with the convenience and availability of services. Some questions for this area include:
  - The location of services is convenient (public transportation, distance, parking, etc.).
  - Staff are willing to see me as often as I feel it is necessary.
  - Services are available at times that are good for me.
- 2) *Quality and Appropriateness* – refers to individual experiences with the overall quality of services received and include the following questions:
  - Staff encourage me to take responsibility for how I live my life.
  - I feel free to complain.
  - I am given information about my rights.
- 3) *Participation in Treatment Planning* – examines the extent to which individuals are involved and participate in treatment planning decisions. Some questions for this area include:
  - I feel comfortable asking questions about my treatment and medication.
  - I, not staff, decide my treatment goals.
- 4) *General Satisfaction* – examines an individual’s overall satisfaction with the services that have been received. Some questions in this area include:
  - I like the services I receive.
  - If I had other choices, I would still get services from my current service provider(s).
  - I would recommend my current service provider(s) to a friend or family member.
- 5) *Social Connectedness* – examines the extent to which individuals have supportive social relationships and experience a sense of belonging in their community. Some questions for this area include:
  - Other than my current service provider(s) in a crisis, I would have the support I need from family or friends.
  - Other than my current service provider(s), I have people with whom I can do enjoyable things.
  - Other than my current service provider(s), I feel I belong in my community.
- 6) *Outcomes* – examines the extent to which individuals feel that changes in their life are a result of the treatment and services they are receiving. Some questions for this area include:
  - As a direct result of my current services, I deal more effectively with daily problems.
  - As a direct result of my current services, I am better able to control my life.
  - As a direct result of my services, I do better in social situations.
- 7) *Functioning* – this area examines individual experiences with services and how these services have improved or maintained functioning in respect to dealing with everyday situations, problems and crises. Some questions for this scale include:
  - As a direct result of my current services, my symptoms are not bothering me as much.
  - As a direct result of my current services, I am better able to take care of my needs.
  - As a direct result of my current services, I am better able to do things that I want to do.

## DOMAIN AREA RESULTS

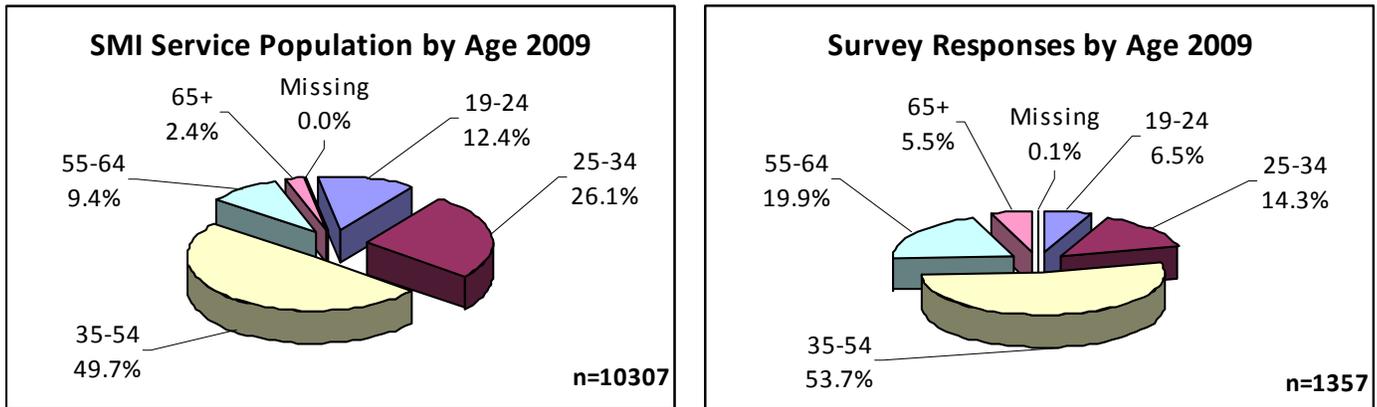
## Demographics: SMI Service Population vs. Survey Responses

**GENDER** (Figure 1)



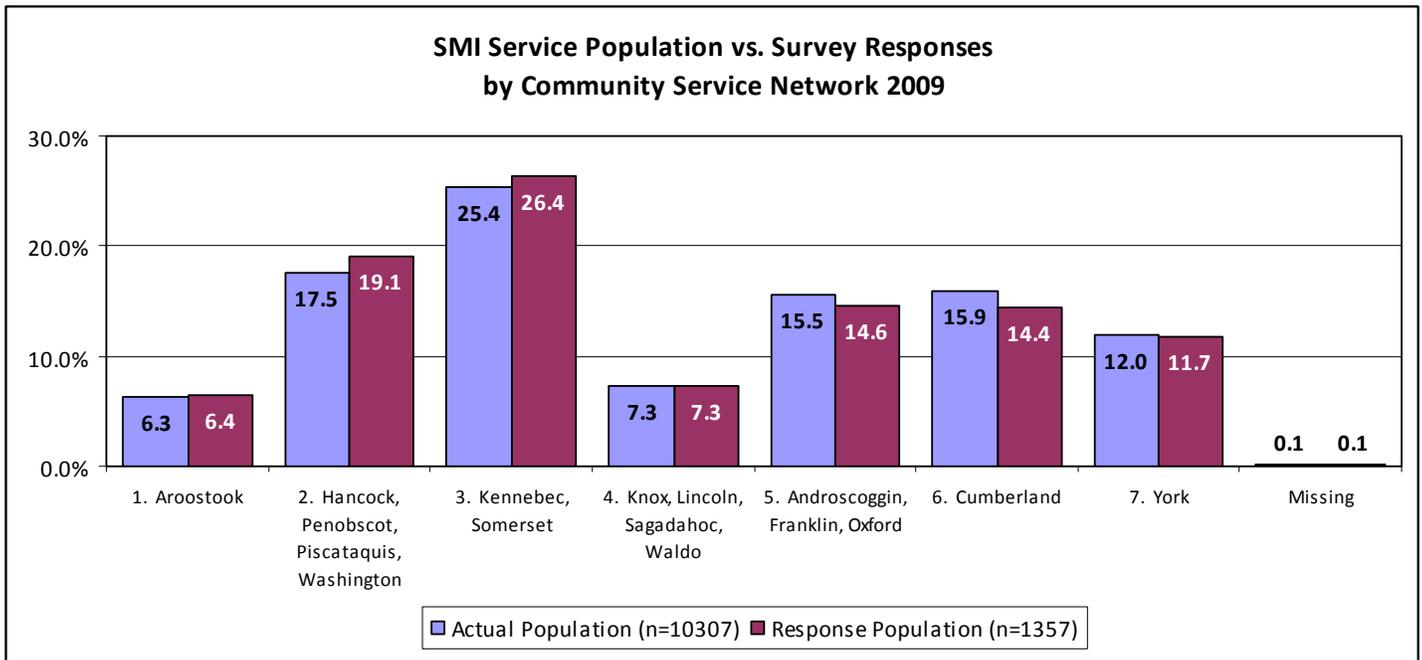
- 2009 responses by gender are consistent with the SMI service population.

**AGE** (Figure 2)



- Individuals between the ages of 35 and 64 were more likely to respond to the survey: 73.6% of respondents were between the ages of 35 and 64 compared to the SMI service population of 59.1% between 35 and 64.

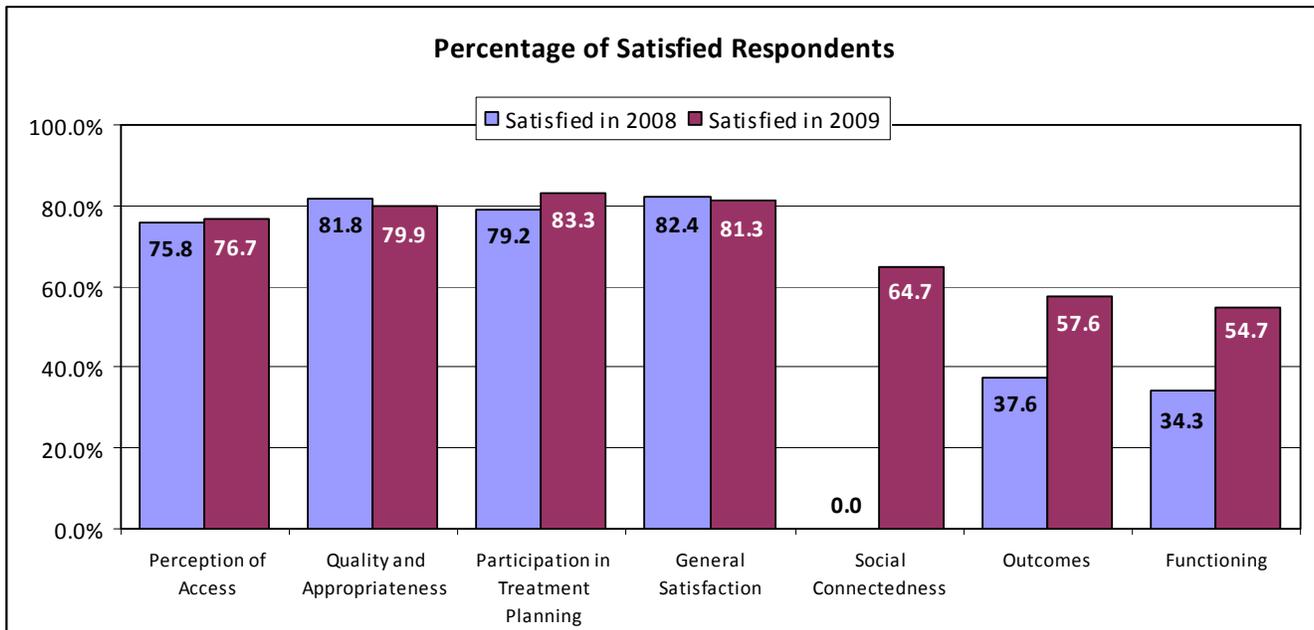
COMMUNITY SERVICE NETWORK (Figure 3)



- The percentage of individuals responding to the survey by CSN is consistent with the actual SMI service population.

## SATISFACTION BY DOMAIN AREAS

DOMAIN AVERAGES (Figure 4)



- Participation in Treatment Planning had the highest percentage of satisfied respondents in 2009 (83.3%).
- Percentages of satisfaction by domain for Perception of Access, Quality and Appropriateness, Participation in Treatment Planning, and General Satisfaction were consistent between 2008 and 2009.
- Respondents reported the least amount of satisfaction with Outcomes (57.6%) and Functioning (54.7%).
- Significant differences were found in satisfaction by the age of the respondent. (See next page for a closer look)
- No data was collected on Social Connectedness in 2008.

It should be noted that questions from the Outcome and Functioning Domains can not be compared between 2008 and 2009. The 2008 Functioning and Outcome questions were adapted from the Center for Mental Health Services (CMHS) Transformation Accountability (TRAC) Survey. Questions from the TRAC survey were used in the 2008 survey to better understand outcomes at an individual level. However, questions in the TRAC survey were different from the original questions used in the Mental Health & Well-Being Survey from previous years and could not be used with 2005-2007 data for comparative trend data. In 2009, the use of the original Outcome and Functioning domain questions were resumed, so that trend data could be analyzed over multiple years.

A CLOSER



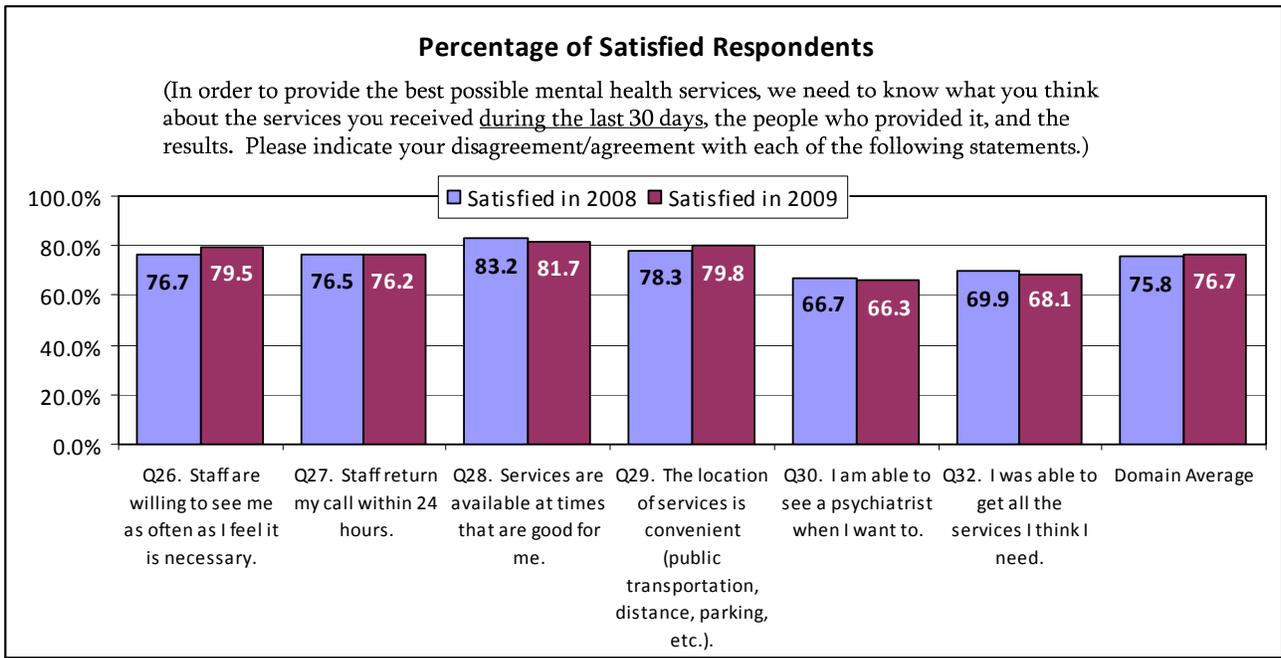
LOOK

**DOMAIN SATISFACTION BY AGE** (Figure 5)

DOMAIN	2009		
	% Satisfied Age Group 18-34	% Satisfied Age Group 35-64	% Satisfied Age Group 65+
Perception of Access*	62.6%	77.5%	87.0%
Quality and Appropriateness*	74.9%	78.9%	86.5%
Participation in Treatment Planning*	78.5%	83.2%	87.6%
General Satisfaction*	68.8%	82.6%	89.1%
Social Connectedness	65.5%	62.9%	68.2%
Outcomes*	48.6%	58.0%	64.6%
Functioning*	47.7%	52.9%	64.6%

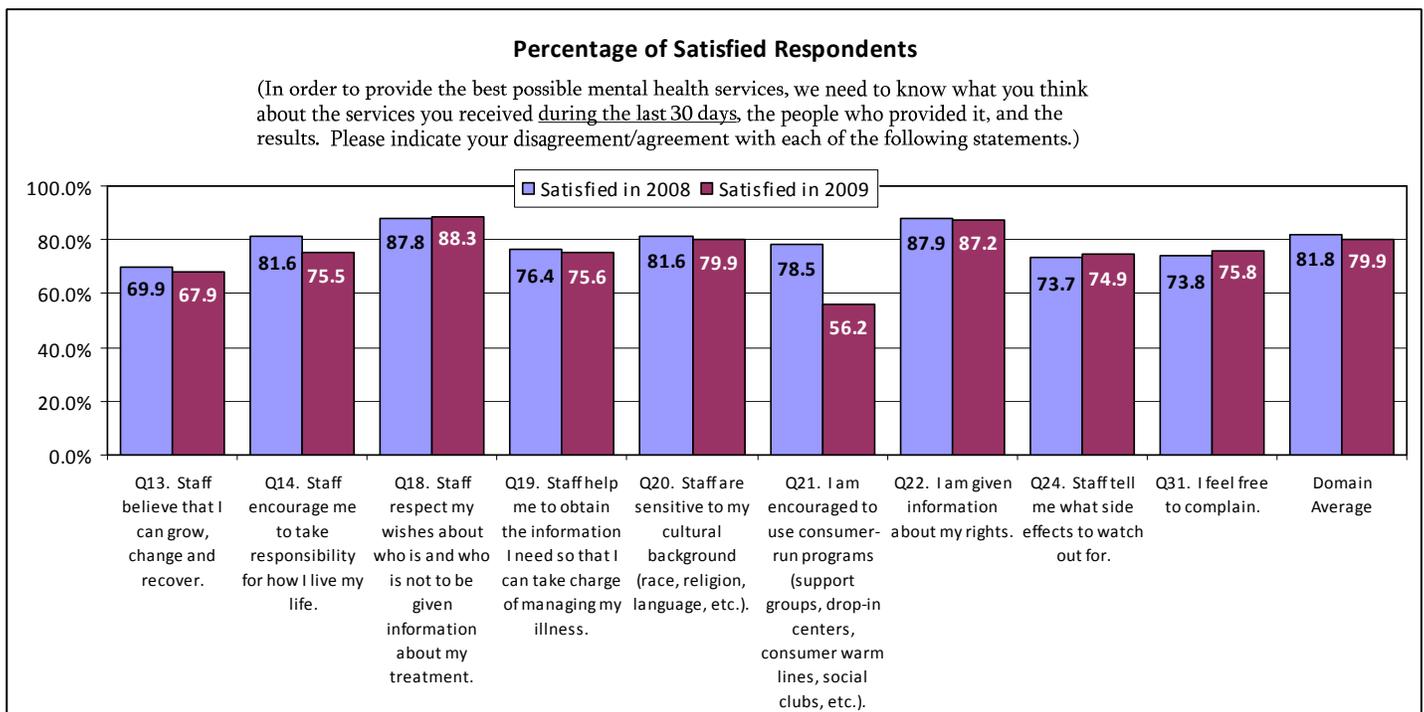
- Differences in satisfaction were evidenced when comparing satisfaction by the age of the respondent.
- Respondents age 65 and over were significantly more satisfied with their experiences across all areas except Social Connectedness.

**PERCEPTION OF ACCESS** (Figure 6)



- The Perception of Access domain has a total of six questions and assesses convenience and availability of services.
- Three-quarters (76.7%) of respondents reported being satisfied with Access to their services.
- Nearly 80% of individuals reported satisfaction when asked (Q28) if their services are available at times that are good for them (81.7%) and (Q29) the location of services is convenient (79.8%).
- Two-thirds (66.3%) of respondents reported satisfaction when asked if they were able to see a psychiatrist when they want to (Q30).
- Percentages of satisfaction for Perception of Access were consistent between 2008 and 2009.

## QUALITY AND APPROPRIATENESS (Figure 7)

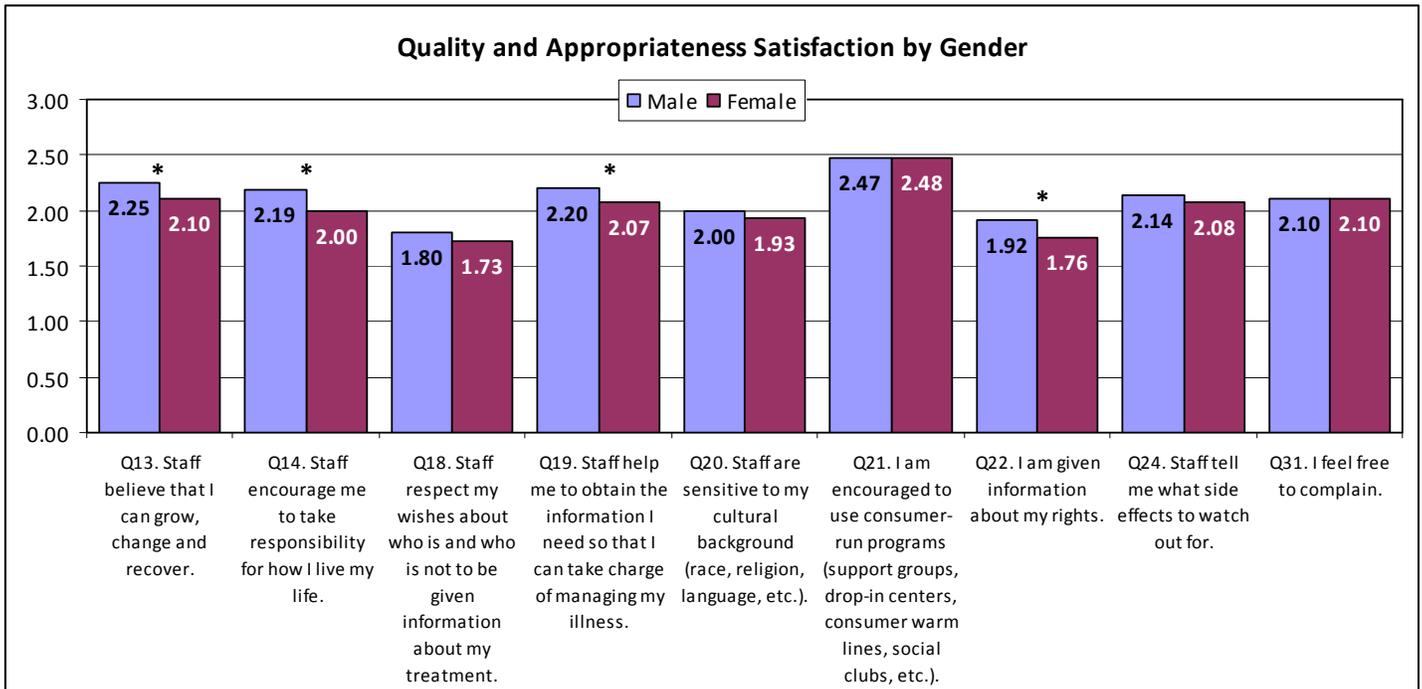


- The Quality and Appropriateness domain has a total of nine questions and assesses individual experiences with overall quality of services received.
- Significant differences in the Quality and Appropriateness domain were found when examining satisfaction by gender. *(Please see next page for a closer look)*
- Nearly 80% of respondents reported being satisfied with the quality and appropriateness of services they received.
- The majority (88.3%) of individuals reported satisfaction when asked if staff respected their wishes about who is and who is not to be given information about their treatment (Q18).
- Nearly 88% of individuals reported satisfaction when asked if they are given information about their rights (Q22).
- Nearly 70% of individuals reported that staff at their agency believe that the individual can grow, change and recover (Q13).

# A CLOSER LOOK

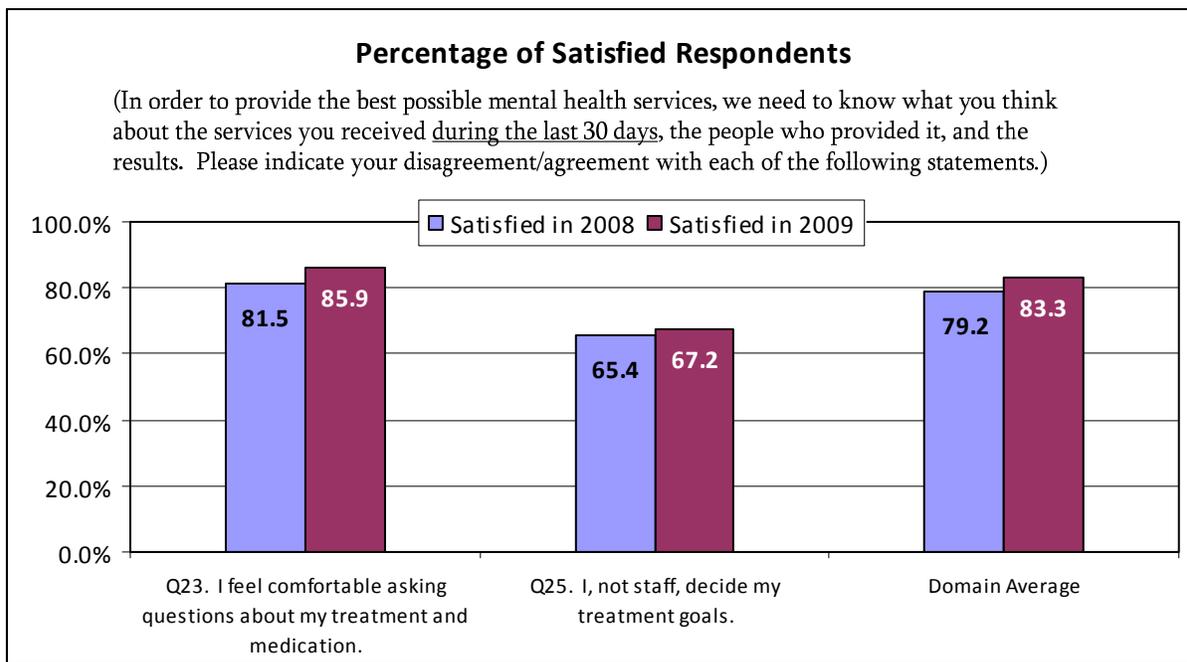


**QUALITY AND APPROPRIATENESS SATISFACTION BY GENDER** (Figure 8)



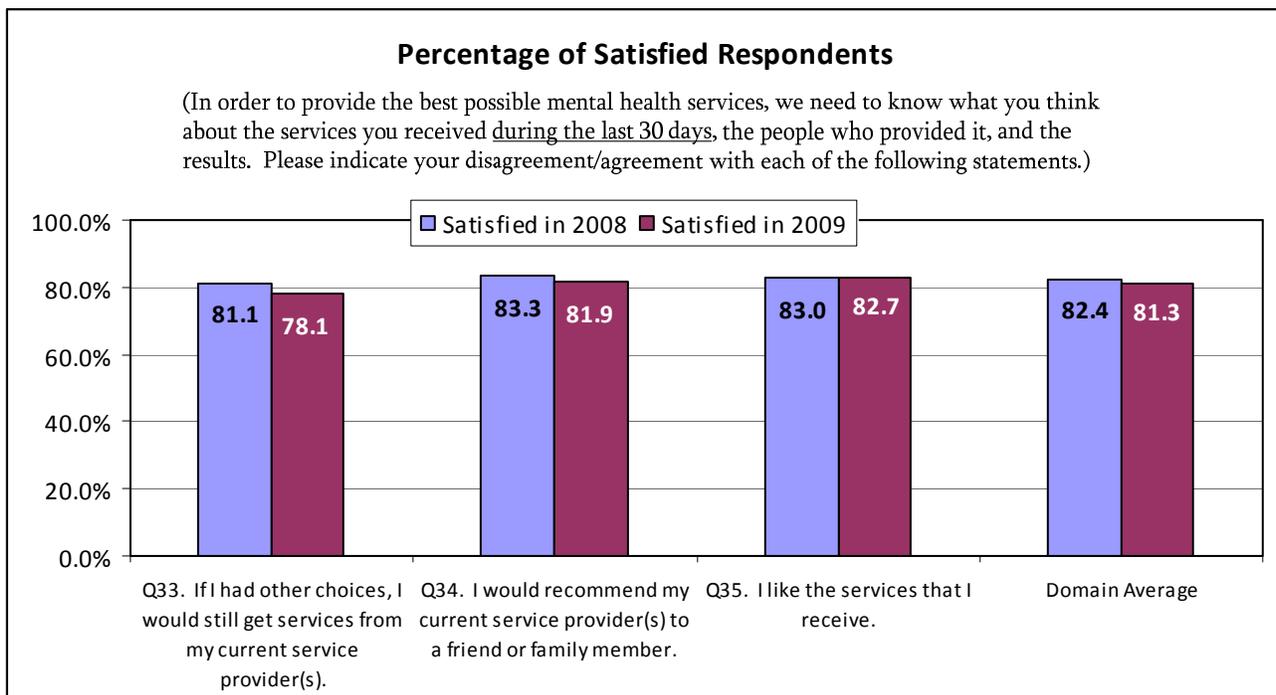
- The Quality and Appropriateness area found significant differences when reporting satisfaction by gender.
  - To take a closer look, each question within the Quality and Appropriateness domain was analyzed by using an average.
- Females reported significantly greater satisfaction on the Questions 13, 14, 19 and 22. (1 being the highest level of satisfaction and 5 being the lowest level of satisfaction).
  - Females were significantly more likely to report that staff believe they can grow, change and recover (Q13).
  - Females were significantly more likely to report that staff encourage them to take responsibility of how they live their life (Q14).
  - Females were significantly more likely to report that staff help them to obtain the information they need so that they can take charge of managing their illness (Q19).
  - Females were significantly more likely to report that they are given information about their rights (Q22).

## PARTICIPATION IN TREATMENT PLANNING (Figure 9)



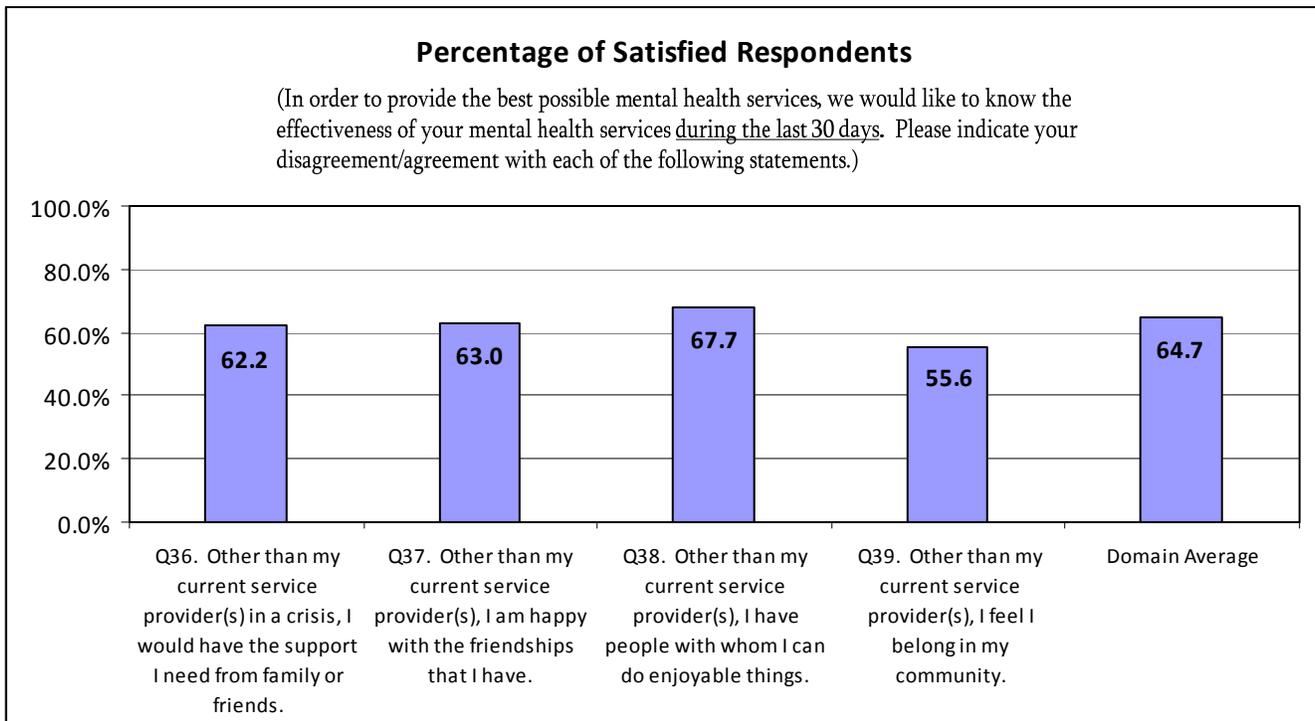
- The Participation in Treatment Planning domain has a total of two questions and assesses the extent to which individuals are involved and participate in treatment planning decisions.
- More than 80% of respondents reported being satisfied with their Participation in Treatment Planning.
- Slightly more than 85% of individuals reported that they were comfortable asking questions about their treatment and medication (Q23).
- Just above two-thirds (67.2%) reported that they, not staff, decide their treatment goals (Q25).
- Percentages of satisfaction on individual items between 2008 and 2009 remained consistent.

## GENERAL SATISFACTION (Figure 10)



- The General Satisfaction domain has a total of three questions and assesses an individual's satisfaction with the services that have been received.
- More than 80% of individuals reported satisfaction with the services they receive.
- Nearly 80% of individuals reported that if given other choices, they would still get services from their current service provider (Q33).
- Just above 80% of individuals reported that they like the services they receive (Q35).
- Percentages of satisfaction on items in the General Satisfaction domain between 2008 and 2009 remained consistent.

## SOCIAL CONNECTEDNESS *(Figure 11)*

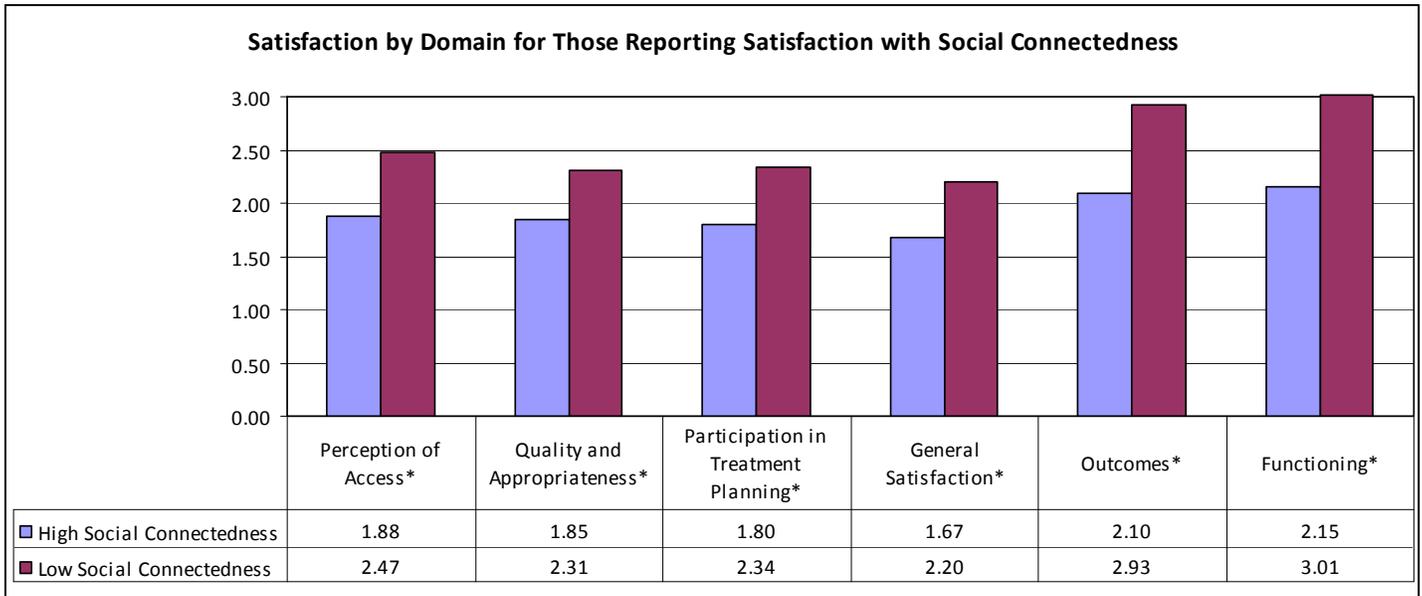


- The Social Connectedness domain has a total of four questions and examines the extent to which individuals have supportive social relationships and experience a sense of belonging in their community.
- Two-thirds of individuals (67.7%) of individuals reported that they have people with whom they can do enjoyable things (Q38).
- Slightly more than half (55.6%) of individuals reported that they feel they belong in the community (Q39).
- Individuals reporting satisfaction within this domain were significantly more likely to report satisfaction in the other domain areas of the survey. *(See the next page for a closer look)*
- Social Connectedness was not collected in the 2008 survey.

# A CLOSER LOOK

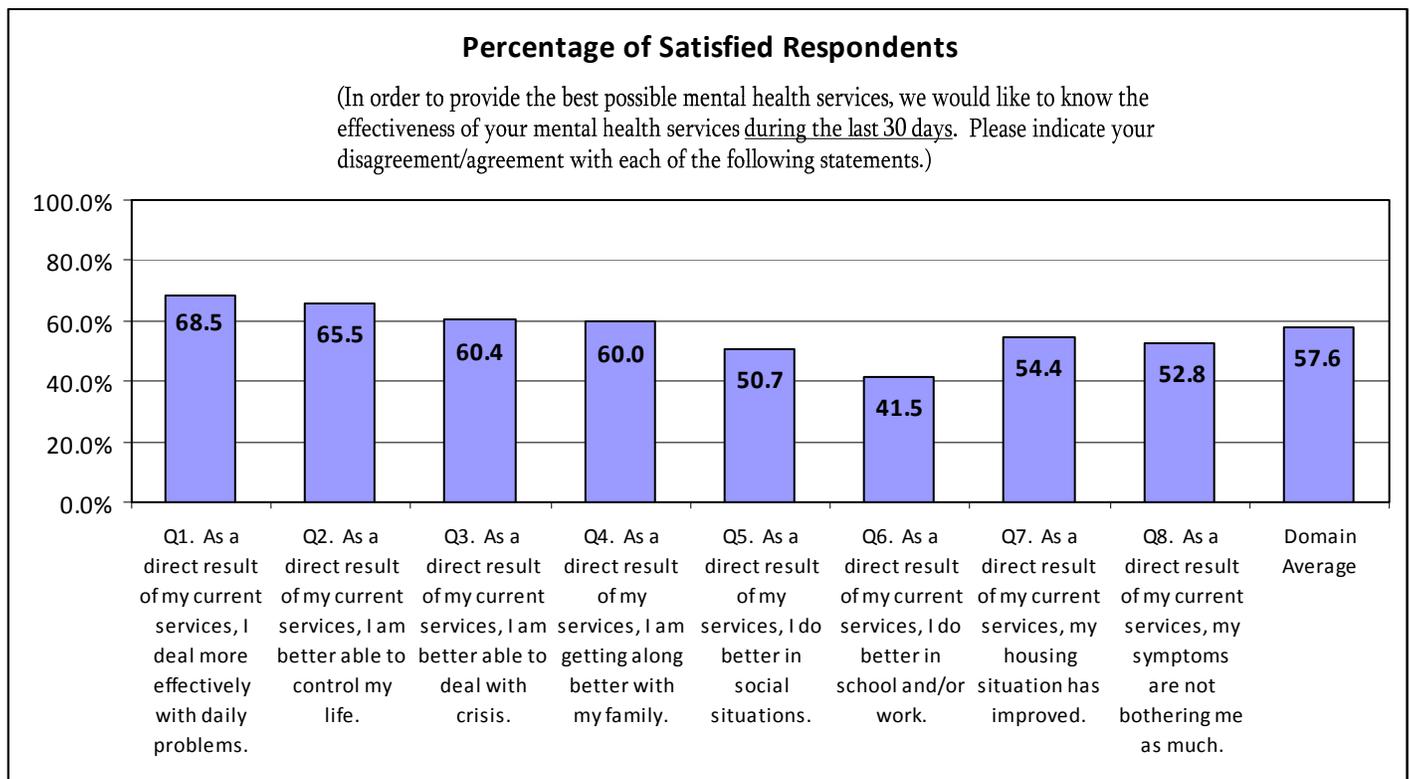


## SATISFACTION BY DOMAIN FOR THOSE REPORTING SATISFACTION WITH SOCIAL CONNECTEDNESS *(Figure 12)*



- Respondents completing Social Connectedness were split into a high satisfied group and low satisfied group.
- Individuals reporting high Social Connectedness were significantly more likely to report satisfaction in domain areas (1 being most satisfied and 5 being least satisfied).

## OUTCOMES *(Figure 13)*

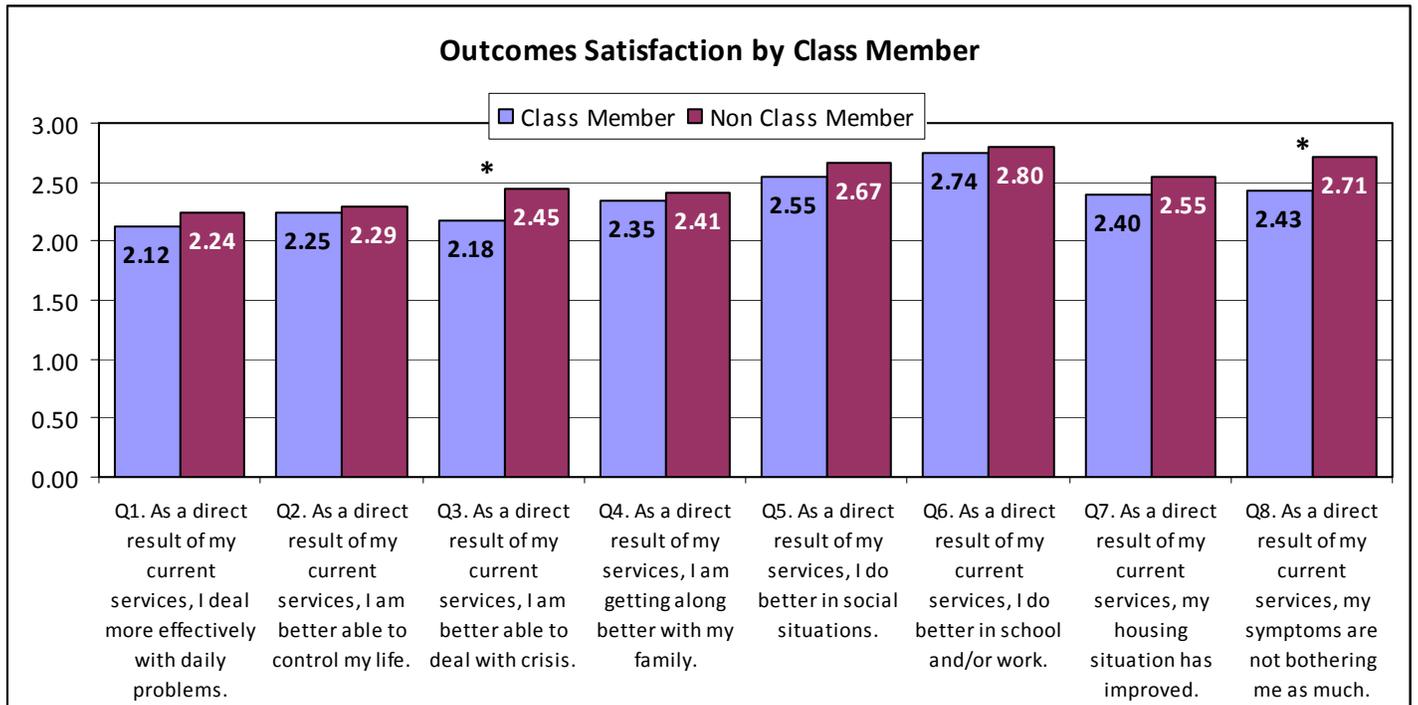


- The Perception of Outcomes domain has a total of eight questions and assesses the extent to which individuals feel that changes in their life are a result of the treatment and services they are receiving.
- Just over one-half (57.6%) of respondents reported that their services are making a difference in their life.
- Just over one-half (54.4%) of individuals reported that as a direct result of their mental health services, their housing situation has improved (Q7).
- Just over two-thirds (68.5%) of individuals reported that as a direct result of their mental health services, they deal more effectively with daily problems (Q1).
- Just over one-half (52.8%) of individuals reported that as a direct result of their mental health services, their symptoms are not bothering them as much (Q8).
- Slightly more than 40% reported that as a direct result of their services, they do better in school or work. It is important to note that the number of respondents for this question was 643, approximately half of the survey response population.
- Significant differences were found in the Outcomes domain when reporting satisfaction by AMHI class member status. *(See next page for a closer look)*

The 2008 data has not been provided for this domain. It should be noted that questions from the Outcome domain can not be compared between 2008 and 2009. 2008 Outcome questions were adapted from the Center for Mental Health Services (CMHS) Transformation Accountability (TRAC) Survey. Questions from the TRAC survey were used in the 2008 survey to better understand outcomes at an individual level. However, questions in the TRAC survey were different from the original questions used in the Mental Health & Well-Being Survey from previous years and could not be used with 2005-2007 data for comparative trend data. In 2009, the use of the original Outcome domain questions was resumed, so that trend data could be analyzed over multiple years.

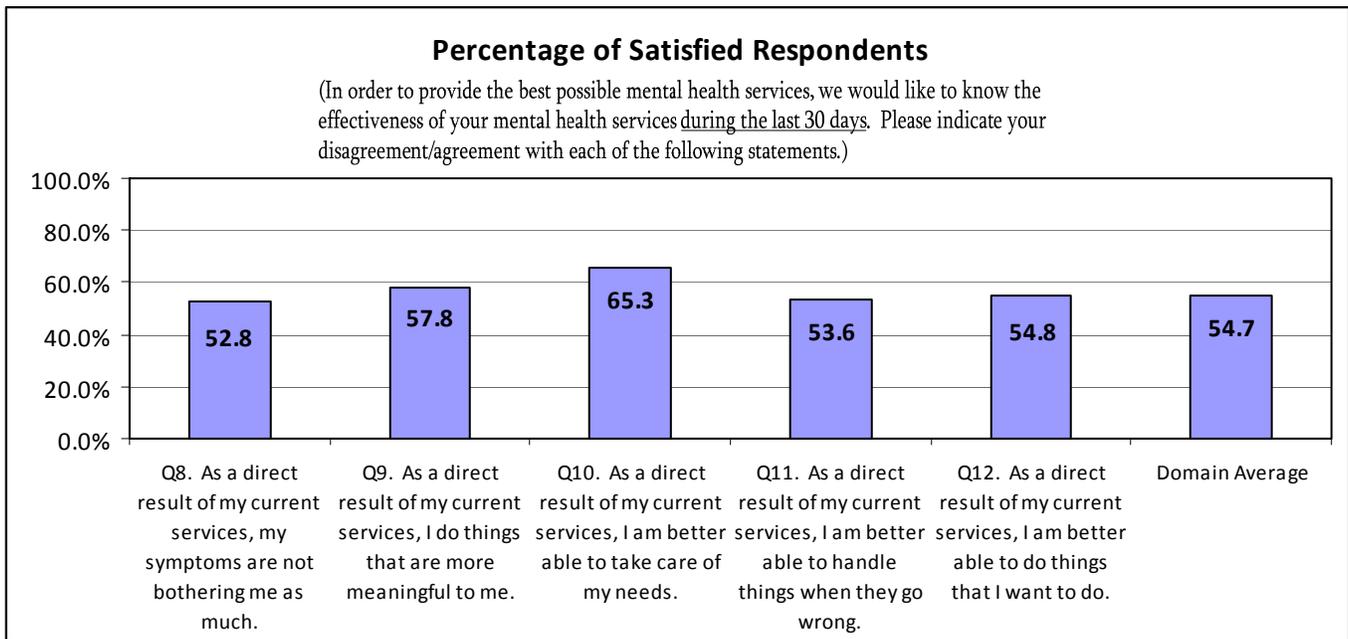


OUTCOMES SATISFACTION BY CLASS MEMBER (Figure 14)



- Significant differences were found in the Outcomes domain when reporting satisfaction by AMHI class members.
  - To take a closer look, each question within Outcomes domain was analyzed by using an average score of each question.
- AMHI class members and non-class members differed in their satisfaction. (1 being the highest level of satisfaction and 5 being the lowest level of satisfaction)
  - AMHI class members were significantly more likely to report that as a result of their services, they are better able to deal with crisis (Q3).
  - AMHI class members were significantly more likely to report that as a result of their services, their symptoms are not bothering them as much (Q8).

## FUNCTIONING (Figure 15)



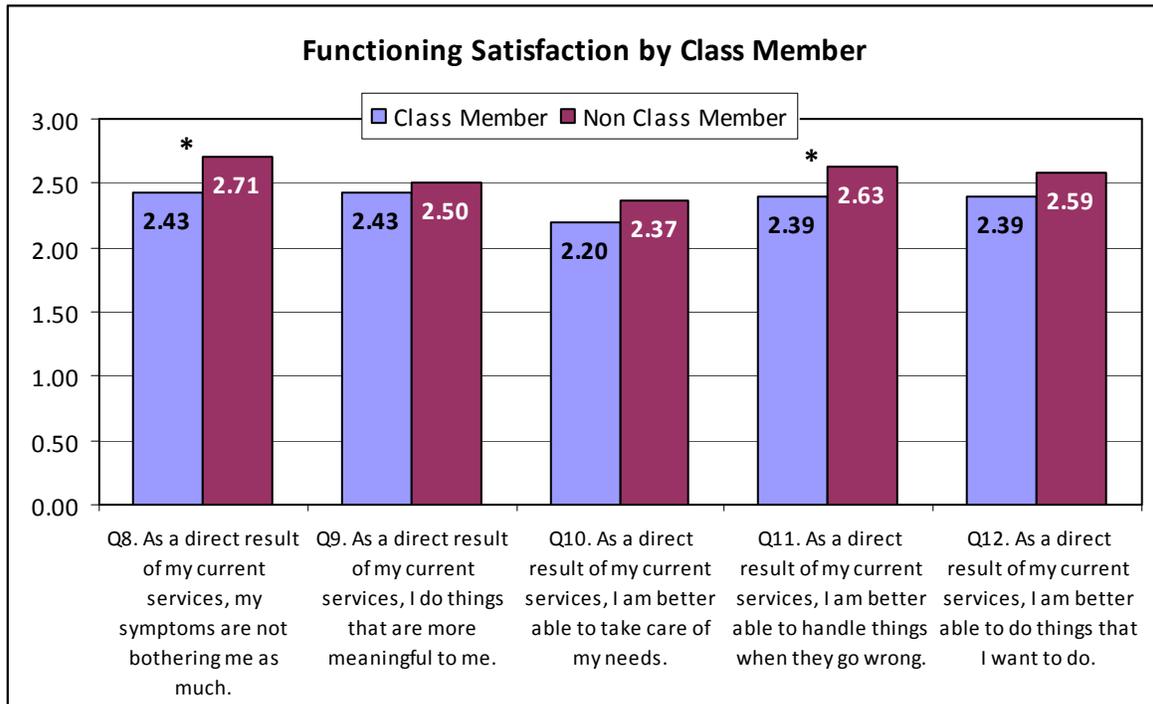
- The Functioning domain has a total of five questions and assesses individual experiences with services and how these services have improved or maintained functioning in respect to dealing with everyday situations, problems, and crisis.
- Just over one-half (54.7%) of respondents reported better functioning due to their mental health services.
- Just below two-thirds (65.3%) of individuals reported that as a result of their mental health services, they were better able to take care of their needs (Q10).
- Just over one-half (53.6%) of individuals reported that as a result of their mental health services, they are better able to handle things when they go wrong (53.6%).
- Significant differences were found in the Functioning domain when reporting satisfaction by AMHI class member status. *(See next page for a closer look)*

The 2008 data has not been provided for this domain. It should be noted that questions from the Functioning Domain can not be compared between 2008 and 2009. 2008 Functioning questions were adapted from the Center for Mental Health Services (CMHS) Transformation Accountability (TRAC) Survey. Questions from the TRAC survey were used in the 2008 survey to better understand outcomes at an individual level. However, questions in the TRAC survey were different from the original questions used in the Mental Health & Well-Being Survey from previous years and could not be used with 2005-2007 data for comparative trend data. In 2009, the use of the original Functioning domain questions was resumed, so that trend data could be analyzed over multiple years.

# A CLOSER LOOK

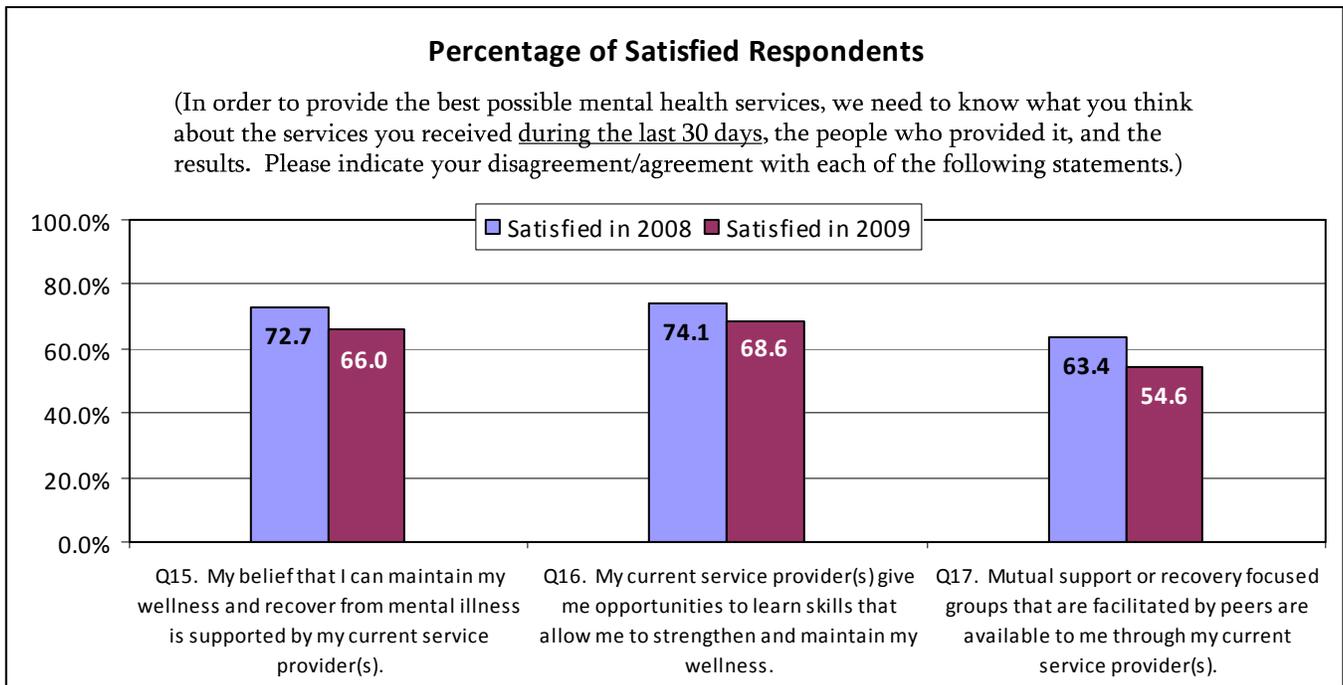


**FUNCTIONING SATISFACTION BY CLASS MEMBER** (Figure 16)



- Significant differences were found in the Functioning domain when reporting satisfaction by AMHI class members.
  - To take a closer look, each question within Functioning domain was analyzed by using an average score on each item.
- AMHI class members and non-class members differed in their satisfaction. (1 being the highest level of satisfaction and 5 being the lowest level of satisfaction)
  - AMHI class members were significantly more likely to report that as a result of their services, their symptoms are not bothering them as much (Q8).
  - AMHI class members were significantly more likely to report that as a result of their services, they are better able to handle things when they go wrong (Q11).

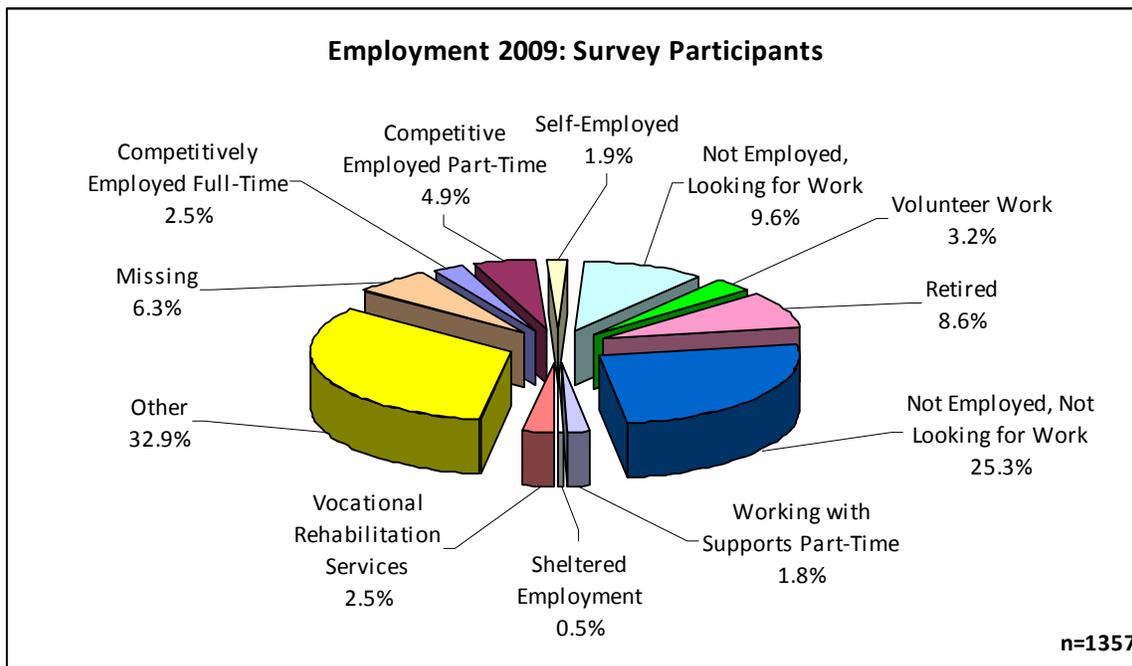
## MAINE ADDED QUESTIONS (Figure 17)



- The DHHS Office of Adult Mental Health Services collaborated with the Office of Quality Improvement Services to add three additional questions to better understand recovery oriented mental health experiences by service recipients.
- Two-thirds of individuals reported that they believe that they can maintain their wellness and recover from mental illness is supported by their current service provider (Q15).
- Just above one-half (54.6%) of individuals reported that mutual support or recovery focused groups that are facilitated by peers are available to them through their current service provider (Q17).

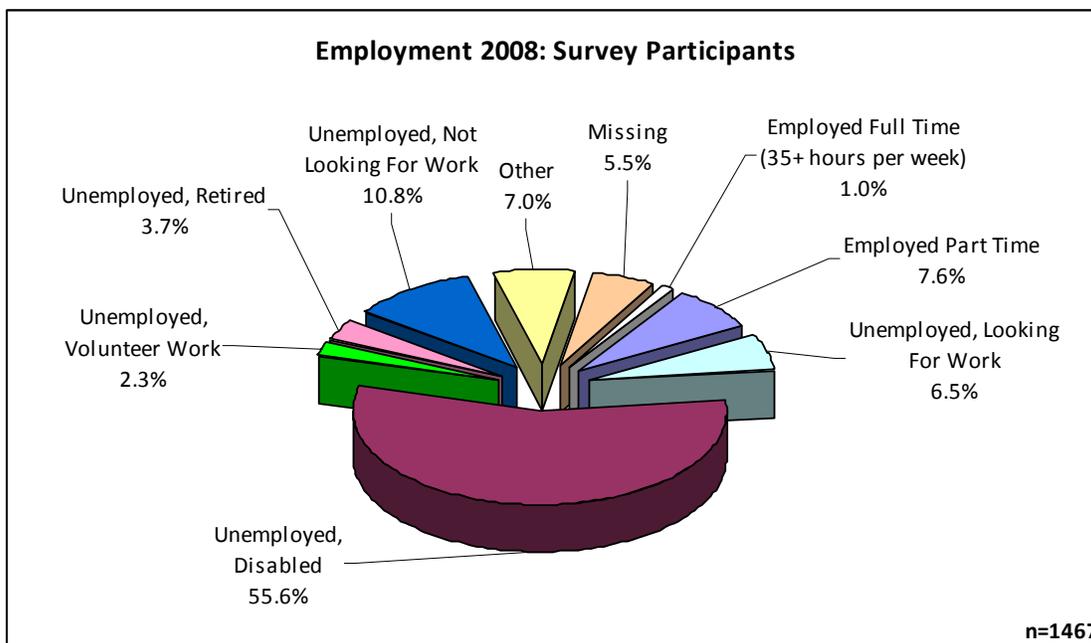
## EMPLOYMENT

**2009 EMPLOYMENT STATUS** (Figure 18)

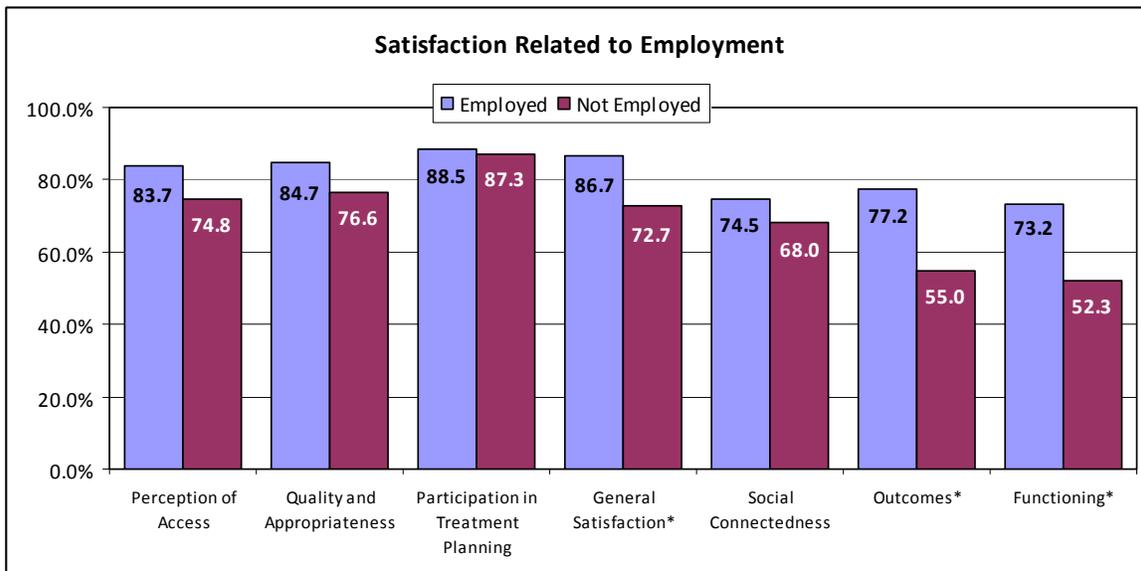


- The employment status question changed slightly between 2008 and 2009. One of the changes resulted in eliminating the option of “unemployed due to a disability” in 2009. Response options were revised to better compare Maine’s mental health employment status with national data
- Nearly 10% of respondents reported that they were competitively employed full, part-time or self-employed. This is consistent with 2008 (Figure 19) where nearly 9% of individuals reported working full or part-time.
- In 2009, just over one-quarter (25.3%) reported that they were not employed and not looking for work compared to 10.8% in 2008. However, in 2008, almost one-half reported that they were unemployed due to a disability.
- In 2009, nearly one-third reported employment status as “other” compared to only 7% in 2008.

**2008 EMPLOYMENT STATUS** (Figure 19)

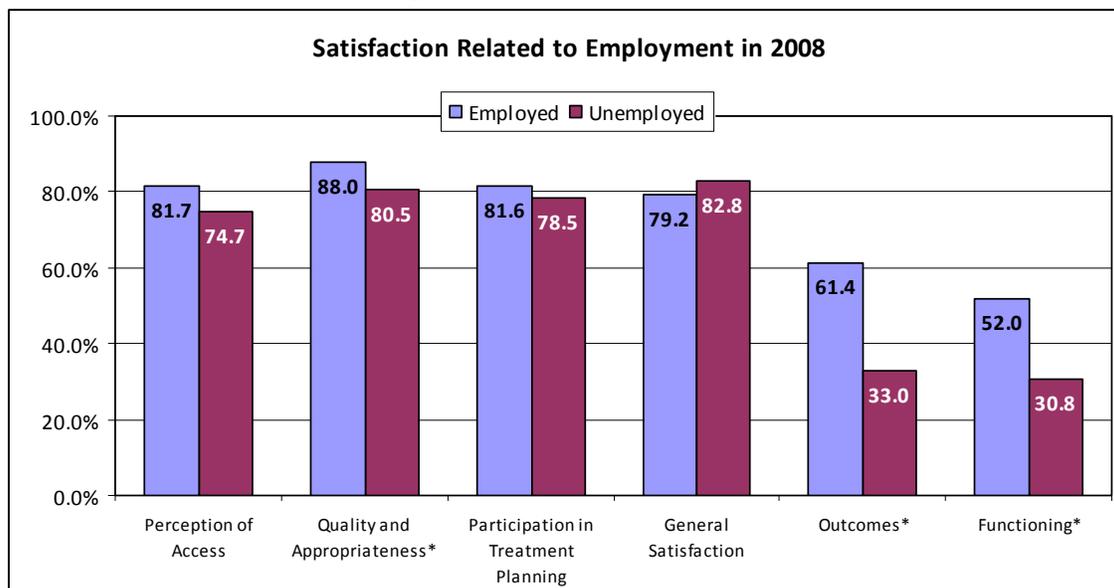


**2009 EMPLOYMENT SATISFACTION** (Figure 20)



- In 2009, individuals who reported being employed were significantly more likely to report that they were satisfied with:
  - General Satisfaction with mental health services (86.7% vs. 72.7%) compared to individuals who were not employed
  - Functional improvements made (73.2% vs. 52.3%) compared to individuals who were not employed, and
  - Progress on individual outcomes as a result of their mental health services (77.2% vs. 55%) compared to individuals who were not employed.
- In 2008, individuals who reported being employed were more likely to report they were satisfied with:
  - The Quality and Appropriateness of the services received (88% vs. 80%)
  - Progress on individual outcomes as a result of their mental health services(61% vs. 33%), and
  - Functional improvements made (52% vs. 31%) compared to individuals who were not employed.

**2008 EMPLOYMENT SATISFACTION** (Figure 21)



## SUMMARY OF EMPLOYMENT

Analysis from both 2008 and 2009 Adult Mental Health & Well-Being Survey found that individuals were more likely to be positive about their mental health services and experiences when employed. Significant differences in satisfaction in the areas of Functioning and Outcomes were found in both 2008 and 2009 for those individuals reporting that they are employed when compared to the group of individuals reporting that they were unemployed. In addition, significant differences were found in the area of Quality and Appropriateness in 2008 and in the area of General Satisfaction for 2009.

Results in the 2008 Adult Mental Health & Well-Being Survey suggested that further evaluation needed to be conducted for individuals receiving mental health services in Maine to better understand what factors create opportunities and positive experiences to support individuals in a process to view themselves as employable. Despite the strong relationship between employment and satisfaction, only 9-10% of survey respondents reported working full or part-time over the two years. In 2008, the majority of respondents (58.9%) reported that they were unemployed due to a disability. Changes in the question for employment status between 2008 and 2009 resulted in eliminating the option of “unemployed due to a disability.” This may account for the increase in a status choice of “other” in 2009. The “other” status increased from 7% in 2008 to 32.9% in 2009. “Unemployed not looking for work” increase from 10.8% to 25.3% from 2008 to 2009. Despite changes in the employment status response options, it continues to be interpreted that a number of individuals reporting from 2008 and 2009 may not be seeking employment due to a mental health diagnosis or disability.

Few people would disagree that participation in meaningful activities is a critical element for individuals with a mental health diagnosis in their recovery journey. Although definition of meaningful activity is an individual choice, the discussion on the role of employment in a person’s recovery is an important topic. In “Moving Beyond the Illness: Factors Contributing to Gaining and Maintaining Employment,” Cunningham, Wolbert and Brockmeier suggest that a significant factor for gaining and maintaining employment was an ability to see oneself as a person with an illness versus defining oneself as an illness.

## HEALTH & WELL-BEING

## HEALTH & WELL-BEING

As written in the introduction of this report in 2007, Maine was the first state to introduce Health and Well-Being items to the Mental Health & Well-Being Surveys. These items were adapted from the Behavioral Risk Factor Surveillance System (BRFSS) which is a survey that is used by all 50 states and has been coordinated by the Centers for Disease Control and Prevention (CDC) since 1987. The BRFSS is a telephone survey aimed at state residents that collects information on health issues such as, asthma, diabetes, and health care access. Maine has been using the BRFSS since 1987 and collects information from over 6,500 residents each year from the general population in Maine. Federal, state and local health officials, and researchers use information obtained from the BRFSS to track health risks, identify emerging problems, prevent disease and improve treatment.

The inclusion of the BRFSS questions in the Mental Health & Well-Being Survey allows DHHS to compare the health status of individuals receiving mental health services to the health status of the general population in Maine and assess the history of heart disease, diabetes and other health risk factors in survey respondents receiving mental health services as well as the impact an individual's health may have on the delivery of his/her mental health services.

Questions asked in the 2009 Mental Health and Well-Being Survey are:

- Height and Weight (translated into Body Mass Index)
- Have you ever been told by a doctor or health professional that you have (angina or coronary heart disease, heart attack or myocardial infarction, blood cholesterol is high, high blood pressure, diabetes)?
- Do you smoke cigarettes (everyday, some days, does not smoke)?
- Would you say that your general health is (excellent, very good, good, fair, poor)?
- Now thinking about your physical health, which includes physical illness and injury, how many days during the past 30 days was your physical health not good?
- Now thinking about your mental health, which includes stress, depression, and problems with emotions, how many days during the past 30 days was your mental health not good?
- During the past 30 days, about how many days did poor physical or mental health keep you from doing usual activities, such as self-care, school, or recreation?

It is important to note that 2009 BRFSS data is not available until April/May 2010. Therefore, 2008 BRFSS data has been used when reviewing the 2009 DIG Mental Health & Well-Being Survey. The Cardiovascular and Metabolic Risk data was not part of the 2008 BRFSS collection, therefore, 2007 BRFSS data is used for comparison.

## Percent of Respondents Responding Positively to a Health Risk

### HEALTH RISK (Figure 22)

HEALTH RISK (Age 18-64 Years)	Age Group	2007 Maine BRFSS Percent	2008 DIG Survey Percent (n=1182)	2008 Maine BRFSS Percent	2009 DIG Survey Percent (n=1257)
Do you smoke cigarettes? <u>Smoking</u>	18-44	26.3	50.5	23.7	49.6
	45-64	18.8	45.7	17.1	43.7
Height and Weight. <u>Obesity</u>	18-44	26.0	45.9	23.7	53.4
	45-64	27.6	47.1	31.0	50.8
Have you ever been told by your doctor or health professional that you have? Blood cholesterol is high. <u>High Cholesterol</u>	18-44	23.2	29.2	Not Collected in 2008	26.0
	45-64	46.0	48.0		50.5
Have you ever been told by your doctor or health professional that you have? <u>High Blood Pressure</u>	18-44	13.5	24.3	16.3	24.2
	45-64	34.0	45.6	38.2	44.4

- Nearly one-quarter (24.2%) of individuals aged 18-44 years old reported having high blood pressure in the 2009 Mental Health & Well-Being Survey compared to 16.3% of BRFSS respondents in 2008.
- One-half (53.4%) of individuals aged 18-44 years old reported being obese in the 2009 Mental Health & Well-Being Survey compared to 23.7% of the BRFSS respondents in 2008.

## Percent of Individuals with a Chronic Health Condition

### CHRONIC HEALTH CONDITIONS (Figure 23)

CHRONIC HEALTH CONDITIONS (Age 18-64 Years)	Age Group	2007 Maine BRFSS Percent	2008 DIG Survey Percent (n=1182)	2008 Maine BRFSS Percent	2009 DIG Survey Percent (n=1257)
Have you ever been told by your doctor or health professional that you have? Angina or coronary heart disease. Heart attack or myocardial infarction. Diabetes. <u>Chronic Disease*</u>	18-44	3.8	19.2	3.7	14.3
	45-64	14.8	36.8	13.7	35.3
Have you ever been told by your doctor or health professional that you have? Angina or coronary heart disease. Heart attack or myocardial infarction. <u>Cardiovascular Disease**</u>	18-44	1.3	5.3	1.1	2.4
	45-64	7.7	14.3	6.7	11.7
Have you ever been told by your doctor or health professional that you have? <u>Diabetes</u>	18-44	2.7	15.1	2.6	12.7
	45-64	9.4	29.2	9.4	29.0

\* Chronic Disease = reported CVD or Diabetes      \*\* Cardiovascular Disease (CVD) = reported angina or heart attack

- Nearly 12% of individuals between the ages of 45 and 64 in the 2009 Mental Health & Well-Being Survey reported having Cardiovascular Disease compared to 6.7% of individuals in the 2008 BRFSS.
- Just above 12% of individuals in the 2009 Mental Health & Well-Being Survey between the ages of 18 and 44 reported having been told by their health professional that they have diabetes compared to 2.6% of individuals in the 2008 BRFSS.

## METABOLIC RISK (Figure 24)

METABOLIC RISK* (Age 18-64 Years)	Age Group	2007 Maine BRFSS Percent	2008 DIG Survey Percent (n=1182)	2009 DIG Survey Percent (n=1257)
0 Risks	18-44	61.6	37.6	38.3
	45-64	45.3	23.5	26.5
2 or More Risks	18-44	10.3	28.0	25.8
	45-64	23.5	46.4	46.2

\* Metabolic Risk = reported obesity, high blood pressure, or high cholesterol and no diabetes

- One-quarter (25.8%) of 2009 Mental Health & Well-Being Survey respondents between the ages of 18 and 44 reported having two or more health risks compared to 10.3% of the BRFSS population in 2007.
- For individuals between the ages of 45 and 64, just under one-half (46.2%) of 2009 Mental Health & Well-Being Survey respondents were found to have 2 or more metabolic risks compared to 23.5% of the 2007 BRFSS respondents.
- Just over one-third (38.3%) of 2009 Mental Health & Well-Being Survey respondents between the ages of 18 and 44 reported no metabolic risks compared to almost two-thirds (61.6%) of the 2007 BRFSS population.

## CARDIOVASCULAR RISK (Figure 25)

CARDIOVASCULAR RISK* (Age 18-64 Years)	Age Group	2007 Maine BRFSS Percent	2008 DIG Survey Percent (n=1182)	2009 DIG Survey Percent (n=1257)
0 Risks	18-44	42.5	16.0	17.8
	45-64	29.3	10.0	13.3
3 or More Risks	18-44	5.0	24.1	19.9
	45-64	19.3	43.4	39.6

\* Cardiovascular Risk = reported CVD, high blood pressure, high cholesterol, diabetes, smoking or obesity

- Nearly 20% of 2009 Mental Health & Well-Being Survey respondents between the ages of 18 and 44 were found to have three or more health risks compared to 5.0% of the 2007 BRFSS respondents.
- For individuals between the ages of 45 and 64, 39.6% of 2009 Mental Health & Well-Being Survey respondents were found to have 3 or more cardiovascular risks compared to 19.3% of the 2007 BRFSS respondents.
- Only 17.8% of 2009 Mental Health & Well-Being Survey respondents between the ages of 18 and 44 reported no cardiovascular risks compared to 42.5% of the 2007 BRFSS respondents.

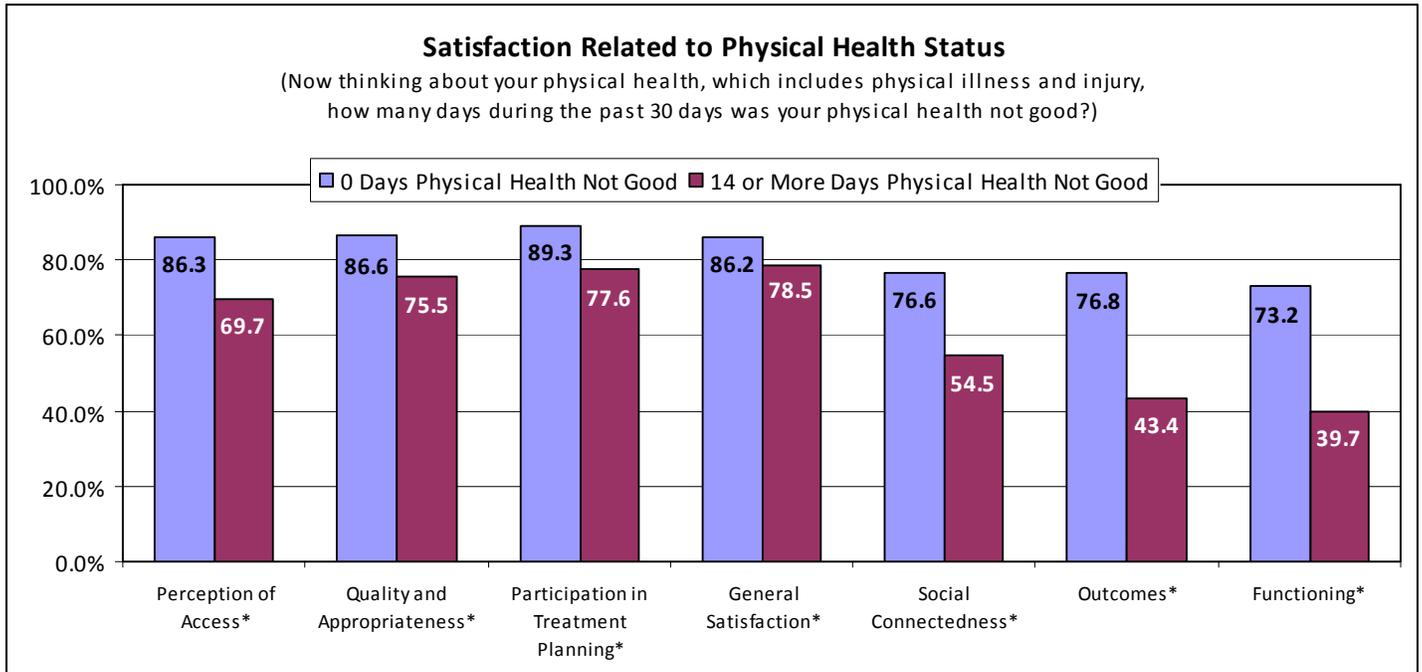
## Percent of Individuals Reporting 14 or More Unhealthy Days

### UNHEALTHY DAYS (Figure 26)

<b>UNHEALTHY DAYS</b> (Age 18-64 Years) <small>Numbers reflect the percentage of individuals reporting 14 or more poor health days ** Statistically Significant</small>	2007 Maine BRFSS Percent	2008 DIG Survey Percent (n=1182)	2008 Maine BRFSS Percent	2009 DIG Survey Percent (n=1257)
Now thinking about your physical health, which includes physical illness and injury, how many days <u>during the past 30 days</u> was your physical health not good?	10.3	43.2	8.8	63.9
Now thinking about your mental health, which includes stress, depression, and problems with emotions, how many days <u>during the past 30 days</u> was your mental health not good?	11.7	60.0	11.6	86.4**
<u>During the past 30 days</u> , about how many days did poor physical or mental health keep you from doing usual activities, such as self-care, school, or recreation?	13.0	48.1	12.5	65.2

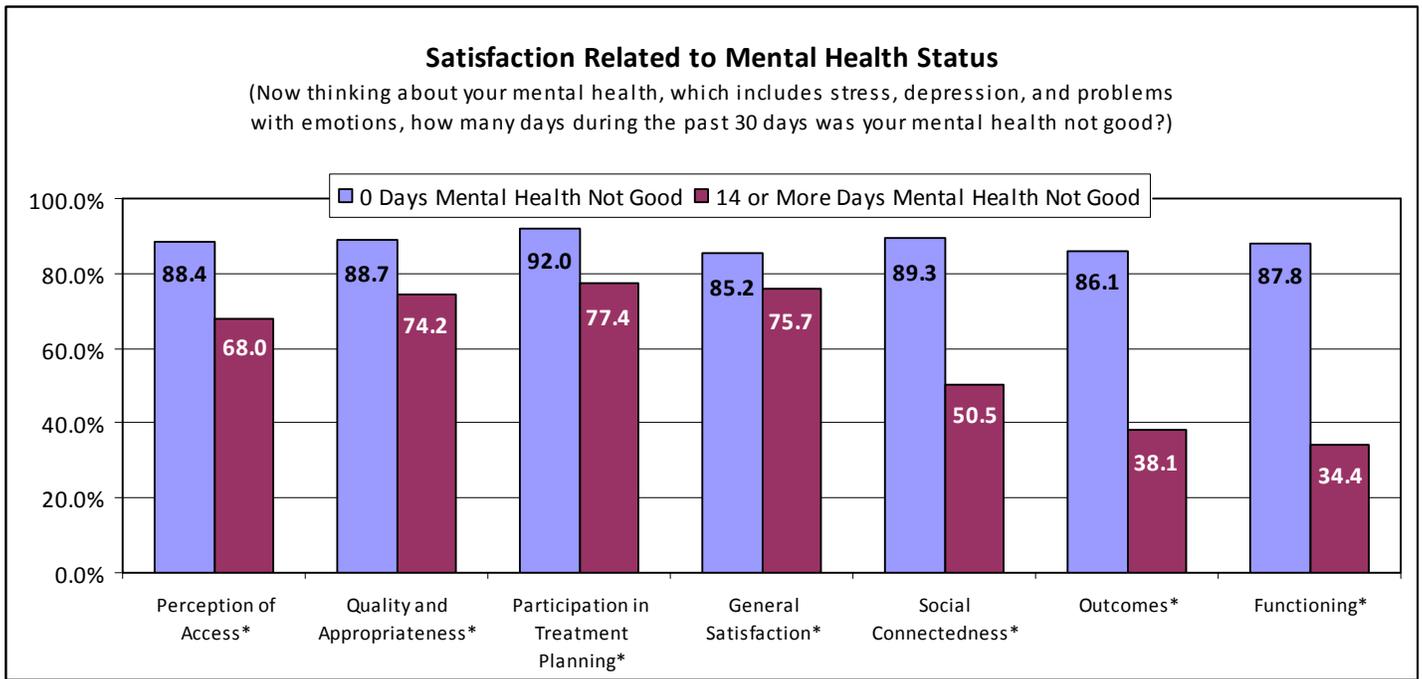
- When comparing physically unhealthy days, nearly two-thirds (63.9%) of respondents from the 2009 Mental Health & Well-Being Survey reported 14 or more physically unhealthy days during the past 30 days, compared to 8.8% of the 2008 BRFSS respondents.

### PHYSICAL HEALTH STATUS (Figure 27)



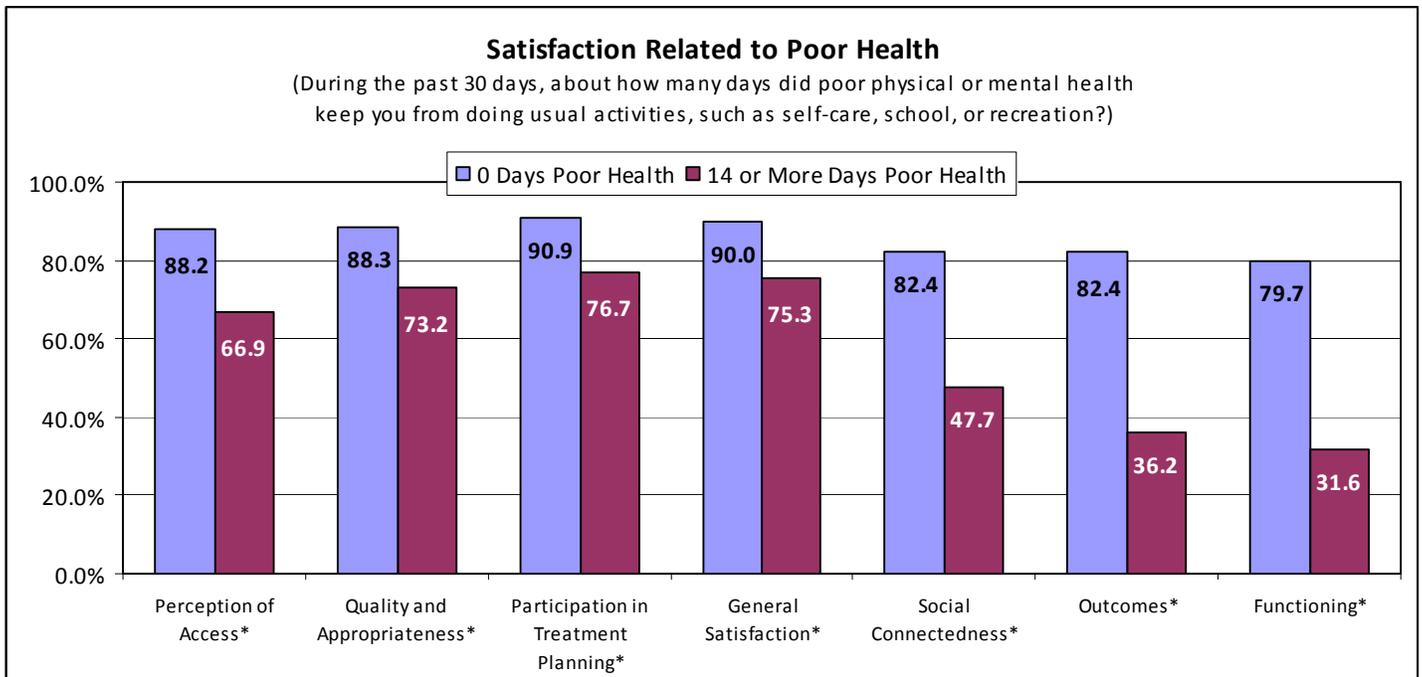
- Individual survey respondents who reported 14 or more poor physical days were significantly less likely to report satisfaction in all domains when compared to individuals reporting 0 poor physical health days.

**MENTAL HEALTH STATUS** (Figure 28)



- Survey respondents who reported 14 or more poor mental health days were significantly less likely to report satisfaction in all areas compared to individuals reporting 0 poor mental health days.
- Differences in satisfaction were most evident in the areas of Social Connectedness, Outcomes and Functioning.

**POOR HEALTH STATUS** (Figure 29)



- Individuals who reported 14 or more poor physical or mental health days were significantly less likely to report satisfaction in all domains compared to those reporting 0 poor physical or mental health days.
- Differences in satisfaction were most evident in the areas of Social Connectedness, Outcomes and Functioning.

## SUMMARY OF HEALTH & WELL-BEING

In the past several years, there has been an increase on the availability of information discussing the need for better integration of mental health and public health services. The Adult Mental Health and Well-Being Survey provides an opportunity to better understand how physical health impacts mental health experiences and satisfaction for individuals receiving publicly funded mental health services in Maine.

Information collected via the Adult Mental Health & Well-Being Survey has been consistent over the past few years and when compared to the BRFSS survey, it provides an overview of differences on health risks and chronic conditions for those individuals with a mental health diagnosis versus those of the general population in Maine. Both the 2008 and 2009 Adult Mental Health & Well-Being Survey reported higher percentages for those individuals with a mental health diagnosis for health risks and chronic health conditions than those individuals participating in the BRFSS.

- Respondents of the 2009 DIG Mental Health & Well-Being Survey were more likely to report higher percentages in all areas of health risk than that of the general population in Maine.
- Respondents of the 2009 DIG Mental Health & Well-Being Survey reported higher percentages in all areas of chronic health conditions than that of the general population in Maine.
- Respondents of the 2009 DIG Mental Health & Well-Being Survey reported greater metabolic and cardiovascular risks.
- Respondents of the 2009 DIG Mental Health & Well-Being Survey have more days of disability when they are unable to participate in regular activities compared to the general population in Maine.

In addition to the contrasts of health risks and chronic conditions between the respondents of the Adult Mental Health & Well-Being Survey versus the BRFSS, significant relationships were found when comparing unhealthy days and satisfaction with mental health experiences. These relationships were found to exist in both the 2008 and 2009 results.

- Individuals receiving a mental health services and reporting 14 or more poor physical health days were less likely to report satisfaction in all the survey domain areas when compared to individuals reporting 0 poor physical health days.
- Individuals receiving a mental health services and reporting 14 or more mental health days were less likely to report satisfaction in all the survey domain areas when compared to individuals reporting 0 poor mental health days.
- Individuals receiving a mental health services and reporting 14 or more poor physical or mental health days were less likely to report satisfaction in all the survey domain areas when compared to individuals reporting 0 poor physical or mental health days.

Results of this integrated analysis of health and consumer satisfaction serve as a mechanism to continue the dialogue and inclusion of health issues in existing mental health services and evaluation activities. Continued and regular surveillance of health risk, (e.g., smoking, obesity, metabolic risk, diabetes, etc.) can provide information on the effectiveness of new programming that addresses health in mental health systems of care.

**ADULT  
APPENDICES**

Gender: Figure 1

GENDER	2009			
	Response Population	Class Member	Non Class Member	Actual Population
Male	497	66	431	3878
Female	859	45	814	6429
Missing	1	0	1	0
<b>TOTAL</b>	<b>1357</b>	<b>111</b>	<b>1246</b>	<b>10307</b>

Age: Figure 2

AGE: FIGURE 2	2009			
	Response Population	Class Member	Non Class Member	Actual Population
19-24	88	3	85	1281
25-34	195	16	179	2690
35-54	729	58	671	5123
55-64	270	26	244	969
65+	74	8	66	244
Missing	1	0	1	0
<b>TOTAL</b>	<b>1357</b>	<b>111</b>	<b>1246</b>	<b>10307</b>

Community Service Network: Figure 3

CSN	COUNTY	2009			
		Response Population	Class Member	Non Class Member	Actual Population
1	Aroostook	86	0	86	646
2	Hancock	259	9	250	1805
	Washington				
	Penobscot				
	Piscataquis				
3	Kennebec	358	48	310	2619
	Somerset				
4	Lincoln	99	8	91	759
	Knox				
	Sagadahoc				
	Waldo				
5	Androscoggin	198	9	189	1594
	Franklin				
	Oxford				
6	Cumberland	196	15	181	1635
7	York	159	22	137	1241
	Missing	2	0	2	8
	<b>TOTAL</b>	<b>1357</b>	<b>111</b>	<b>1246</b>	<b>10307</b>

Domain Averages: Figure 4

DOMAIN AVERAGES	Satisfaction Response	2009			TOTAL COUNT
		Response Population	Class Member	Non Class Member	
Perception of Access	Satisfied	1013	85	928	1320
	Not Satisfied	307	23	284	
Quality and Appropriateness	Satisfied	1072	82	990	1341
	Not Satisfied	269	26	243	
Participation in Treatment Planning	Satisfied	1092	85	1007	1311
	Not Satisfied	219	23	196	
General Satisfaction	Satisfied	1088	84	1004	1338
	Not Satisfied	250	24	226	
Social Connectedness	Satisfied	863	70	793	1333
	Not Satisfied	470	37	433	
Outcomes*	Satisfied	774	75	699	1343
	Not Satisfied	569	34	535	
Functioning*	Satisfied	733	73	660	1339
	Not Satisfied	606	36	570	

Domain Satisfaction by Age: Figure 5

DOMAIN	Satisfaction Response	2009			TOTAL COUNT
		Age Group 18-34	Age Group 35-64	Age Group 65+	
Perception of Access*	Satisfied	171	553	289	1319
	Not Satisfied	102	161	43	
Quality and Appropriateness*	Satisfied	209	569	294	1340
	Not Satisfied	70	152	46	
Participation in Treatment Planning*	Satisfied	212	591	289	1310
	Not Satisfied	58	119	41	
General Satisfaction*	Satisfied	192	595	301	1337
	Not Satisfied	87	125	37	
Social Connectedness	Satisfied	182	451	230	1332
	Not Satisfied	96	266	107	
Outcomes*	Satisfied	136	419	219	1342
	Not Satisfied	144	304	120	
Functioning*	Satisfied	133	381	219	1338
	Not Satisfied	146	339	120	

Perception of Access: Figure 6

PERCEPTION OF ACCESS	2009			
	TOTAL COUNT	Total Satisfied	Class Member Satisfied	Non Class Member Satisfied
Q26. Staff are willing to see me as often as I feel it is necessary.	1265	1006	84	922
Q27. Staff return my call within 24 hours.	1233	939	72	867
Q28. Services are available at times that are good for me.	1281	1047	83	964
Q29. The location of Services is convenient (public transportation, distance, parking, etc.).	1258	1003	79	924
Q30. I am able to see a psychiatrist when I want to.	1244	824	61	763
Q32. I was able to get all the services I think I need.	1299	885	75	810

Quality and Appropriateness: Figure 7

QUALITY AND APPROPRIATENESS	2009			
	TOTAL COUNT	Total Satisfied	Class Member Satisfied	Non Class Member Satisfied
Q13. Staff believe that I can grow, change and recover.	1241	843	73	770
Q14. Staff encourage me to take responsibility for how I live my life.	1220	922	74	848
Q18. Staff respect my wishes about who is and who is not to be given information about my treatment.	1262	1115	84	1031
Q19. Staff help me to obtain the information I need so that I can take charge of managing my illness.	1248	943	78	865
Q20. Staff are sensitive to my cultural background (race, religion, language, etc.).	1116	892	72	820
Q21. I am encouraged to use consumer-run programs (support groups, drop-in centers, consumer warm lines, social clubs, etc.).	1120	629	60	569
Q22. I am given information about my rights.	1283	1118	91	1027
Q24. Staff tell me what side effects to watch out for.	1249	936	63	873
Q31. I feel free to complain.	1291	979	78	901

Quality and Appropriateness Satisfaction by Gender: Figure 8

QUALITY AND APPROPRIATENESS	2009			
		TOTAL COUNT	Mean Average Male	Mean Average Female
Q13. Staff believe that I can grow, change and recover.*	F	782	2.25	2.10
	M	458		
Q14. Staff encourage me to take responsibility for how I live my life.*	F	764	2.19	2.00
	M	455		
Q18. Staff respect my wishes about who is and who is not to be given information about my treatment.	F	788	1.80	1.73
	M	473		
Q19. Staff help me to obtain the information I need so that I can take charge of managing my illness.*	F	789	2.20	2.07
	M	458		
Q20. Staff are sensitive to my cultural background (race, religion, language, etc.).	F	697	2.00	1.93
	M	418		
Q21. I am encouraged to use consumer-run programs (support groups, drop-in centers, consumer warm lines, social clubs, etc.).	F	704	2.47	2.48
	M	415		
Q22. I am given information about my rights.*	F	808	1.92	1.76
	M	474		
Q24. Staff tell me what side effects to watch out for.	F	782	2.14	2.08
	M	466		
Q31. I feel free to complain.	F	816	2.10	2.10
	M	474		

Participation in Treatment Planning: Figure 9

PARTICIPATION IN TREATMENT PLANNING	2009			
	TOTAL COUNT	Total Satisfied	Class Member Satisfied	Non Class Member Satisfied
Q23. I feel comfortable asking questions about my treatment and medication.	1296	1114	84	1030
Q25. I, not staff, decide my treatment goals.	1243	835	72	763

**General Satisfaction: Figure 10**

GENERAL SATISFACTION	2009			
	TOTAL COUNT	Total Satisfied	Class Member Satisfied	Non Class Member Satisfied
Q33. If I had other choices, I would still get services from my current service provider(s).	<b>1287</b>	1004	80	924
Q34. I would recommend my current service provider(s) to a friend or family member.	<b>1307</b>	1070	79	991
Q35. I like the services that I receive.	<b>1311</b>	1085	85	1000

**Social Connectedness: Figure 11**

SOCIAL CONNECTEDNESS	2009			
	TOTAL COUNT	Total Satisfied	Class Member Satisfied	Non Class Member Satisfied
Q36. Other than my current service provider(s) in a crisis, I would have the support I need from family or friends.	<b>1303</b>	810	63	747
Q37. Other than my current service provider(s), I am happy with the friendships that I have.	<b>1287</b>	811	67	744
Q38. Other than my current service provider(s), I have people with whom I can do enjoyable things.	<b>1295</b>	876	74	802
Q39. Other than my current service provider(s), I feel I belong in my community.	<b>1299</b>	722	64	658

Satisfaction by Domain for Those Reporting Satisfaction with Social Connectedness: Figure 12

DOMAIN	Level of Social Connectedness	2009	
		Mean Average	TOTAL COUNT
Perception of Access*	High	1.88	705
	Low	2.47	605
Quality and Appropriateness*	High	1.85	718
	Low	2.31	609
Participation in Treatment Planning*	High	1.80	699
	Low	2.34	603
General Satisfaction*	High	1.67	720
	Low	2.20	609
Outcomes*	High	2.10	719
	Low	2.93	607
Functioning*	High	2.15	718
	Low	3.01	606

Outcomes: Figure 13

OUTCOMES	2009			
	TOTAL COUNT	Total Satisfied	Class Member Satisfied	Non Class Member Satisfied
Q1. As a direct result of my current services, I deal more effectively with daily problems.	1321	905	80	825
Q2. As a direct result of my current services, I am better able to control my life.	1321	865	73	791
Q3. As a direct result of my current services, I am better able to deal with crisis.	1316	796	73	723
Q4. As a direct result of my services, I am getting along better with my family.	1252	752	63	689
Q5. As a direct result of my services, I do better in social situations.	1308	662	56	606
Q6. As a direct result of my current services, I do better in school and/or work.	684	284	21	263
Q7. As a direct result of my current services, my housing situation has improved.	1129	615	60	555
Q8. As a direct result of my current services, my symptoms are not bothering me as much.	1305	689	62	627

**Outcomes Satisfaction by Class Member: Figure 14**

OUTCOMES	2009			
	TOTAL COUNT		Mean Average Class Member	Mean Average Non Class Member
Q1. As a direct result of my current services, I deal more effectively with daily problems.	CM	106	2.12	2.24
	Non	1215		
Q2. As a direct result of my current services, I am better able to control my life.	CM	107	2.25	2.29
	Non	1214		
Q3. As a direct result of my current services, I am better able to deal with crisis.*	CM	107	2.18	2.45
	Non	1209		
Q4. As a direct result of my services, I am getting along better with my family.	CM	99	2.35	2.41
	Non	1153		
Q5. As a direct result of my services, I do better in social situations.	CM	107	2.55	2.67
	Non	1201		
Q6. As a direct result of my current services, I do better in school and/or work.	CM	50	2.74	2.80
	Non	634		
Q7. As a direct result of my current services, my housing situation has improved.	CM	94	2.40	2.55
	Non	1035		
Q8. As a direct result of my current services, my symptoms are not bothering me as much.*	CM	102	2.43	2.71
	Non	1203		

**Functioning: Figure 15**

FUNCTIONING	2009			
	TOTAL COUNT	Total Satisfied	Class Member Satisfied	Non Class Member Satisfied
Q8. As a direct result of my current services, my symptoms are not bothering me as much.	1305	689	62	627
Q9. As a direct result of my current services, I do things that are more meaningful to me.	1314	759	64	695
Q10. As a direct result of my current services, I am better able to take care of my needs.	1322	863	79	784
Q11. As a direct result of my current services, I am better able to handle things when they go wrong.	1319	707	67	640
Q12. As a direct result of my current services, I am better able to do things that I want to do.	1314	720	67	653

Functioning Satisfaction by Class Member: Figure 16

OUTCOMES	2009			
	TOTAL COUNT		Mean Average Class Member	Mean Average Non Class Member
Q8. As a direct result of my current services, my symptoms are not bothering me as much.*	CM	102	2.43	2.71
	Non	1203		
Q9. As a direct result of my current services, I do things that are more meaningful to me.	CM	108	2.43	2.50
	Non	1206		
Q10. As a direct result of my current services, I am better able to take care of my needs.	CM	109	2.20	2.37
	Non	1213		
Q11. As a direct result of my current services, I am better able to handle things when they go wrong.*	CM	107	2.39	2.63
	Non	1212		
Q12. As a direct result of my current services, I am better able to do things that I want to do.	CM	108	2.39	2.59
	Non	1206		

Maine Added Questions: Figure 17

CONSUMER SATISFACTION	2009			
	TOTAL COUNT	Total Satisfied	Class Member Satisfied	Non Class Member Satisfied
Q15. My belief that I can maintain my wellness and recover from mental illness is supported by my current service provider(s).	1272	840	68	772
Q16. My current service provider(s) give me opportunities to learn skills that allow me to strengthen and maintain my wellness.	1227	841	71	770
Q17. Mutual support or recovery focused groups that are facilitated by peers are available to me through my current service provider(s).	1070	584	55	529

2009 Employment Status: Figure 18

EMPLOYMENT STATUS	2009		
	Response Population	Class Member	Non Class Member
Competitively Employed Full-Time	34	1	33
Competitively Employed Part-Time	66	5	61
Self-Employed	26	2	24
Not Employed, Looking for Work	130	9	121
Volunteer Work	44	3	41
Retired	117	11	106
Not Employed, Not Looking for Work	343	39	304
Working with Supports Part-Time	24	3	21
Sheltered Employment	7	2	5
Vocational Rehabilitation Services	34	1	33
Other	446	22	424
Missing	86	13	73
<b>TOTAL</b>	<b>1357</b>	<b>111</b>	<b>1246</b>

2008 Employment Status: Figure 19

EMPLOYMENT STATUS	2008		
	Response Population	Class Member	Non Class Member
Employed full time (35+ hours per week)	15	0	15
Employed part time	112	17	95
Unemployed, looking for work	95	16	79
Unemployed, disabled	815	96	719
Unemployed, volunteer work	34	6	28
Unemployed, retired	54	6	48
Unemployed, not looking for work	159	22	137
Other	102	20	82
Missing	81	9	72
<b>TOTAL</b>	<b>1467</b>	<b>192</b>	<b>1275</b>

2009 Employment Satisfaction: Figure 20

PERCENT SATISFIED BY EMPLOYMENT	Satisfaction Response	2009			TOTAL COUNT
		Employed	Not Employed	TOTAL	
Perception of Access	Satisfied	123	95	218	274
	Not Satisfied	24	32	56	
Quality and Appropriateness	Satisfied	127	98	225	278
	Not Satisfied	23	30	53	
Participation in Treatment Planning	Satisfied	131	110	241	274
	Not Satisfied	17	16	33	
General Satisfaction*	Satisfied	130	93	223	278
	Not Satisfied	20	35	55	
Social Connectedness	Satisfied	111	87	198	277
	Not Satisfied	38	41	79	
Outcomes*	Satisfied	115	71	186	278
	Not Satisfied	34	58	92	
Functioning*	Satisfied	109	67	176	277
	Not Satisfied	40	61	101	

2008 Employment Satisfaction: Figure 21

PERCENT SATISFIED BY EMPLOYMENT	Satisfaction Response	2008			TOTAL COUNT
		Employed	Not Employed	TOTAL	
Perception of Access	Satisfied	103	734	837	1109
	Not Satisfied	23	249	272	
Perception of Quality and Appropriateness*	Satisfied	110	786	896	1101
	Not Satisfied	15	190	205	
Participation in Treatment Planning	Satisfied	102	753	855	1084
	Not Satisfied	23	206	229	
General Satisfaction	Satisfied	99	797	896	1088
	Not Satisfied	26	166	192	
Perception of Outcomes*	Satisfied	78	329	407	1123
	Not Satisfied	49	667	716	
Functioning*	Satisfied	66	306	372	1122
	Not Satisfied	61	689	750	

### Health Risk: Figure 22

<b>HEALTH RISK</b> <i>(Age 18-64 Years)</i>	<b>Age Group</b>	<b>2008 DIG Survey</b>	<b>2008 TOTAL COUNT</b>	<b>2009 DIG Survey</b>	<b>2009 TOTAL COUNT</b>
Do you smoke cigarettes? <u>Smoking</u>	18-44	274	<b>543</b>	230	<b>548</b>
	45-64	296	<b>647</b>	232	<b>648</b>
Height and Weight. <u>Obesity</u>	18-44	249	<b>543</b>	248	<b>464</b>
	45-64	305	<b>647</b>	289	<b>569</b>
Have you ever been told by your doctor or health professional that you have? Blood cholesterol is high. <u>High Cholesterol</u>	18-44	159	<b>543</b>	149	<b>574</b>
	45-64	310	<b>647</b>	345	<b>683</b>
Have you ever been told by your doctor or health professional that you have? <u>High Blood Pressure</u>	18-44	132	<b>543</b>	139	<b>574</b>
	45-64	295	<b>647</b>	303	<b>683</b>

### Chronic Health Conditions: Figure 23

<b>CHRONIC HEALTH CONDITIONS</b> <i>(Age 18-64 Years)</i>	<b>Age Group</b>	<b>2008 DIG Survey</b>	<b>2009 DIG Survey</b>
Have you ever been told by your doctor or health professional that you have? Angina or coronary heart disease. Heart attack or myocardial infarction. Diabetes. <u>Chronic Disease*</u>	18-44	104	82
	45-64	238	241
Have you ever been told by your doctor or health professional that you have? Angina or coronary heart disease. Heart attack or myocardial infarction. <u>Cardiovascular Disease**</u>	18-44	29	14
	45-64	93	80
Have you ever been told by your doctor or health professional that you have? <u>Diabetes</u>	18-44	82	73
	45-64	189	198
<b>TOTAL COUNT</b>	<b>18-44</b>	<b>543</b>	<b>574</b>
	<b>45-64</b>	<b>647</b>	<b>683</b>

\* Chronic Disease = reported CVD or Diabetes      \*\* Cardiovascular Disease (CVD) = reported angina or heart attack

### Metabolic Risk: Figure 24

<b>METABOLIC RISK*</b> <i>(Age 18-64 Years)</i>	<b>Age Group</b>	<b>2008 DIG Survey</b>	<b>2009 DIG Survey</b>
0 Risks	18-44	204	220
	45-64	152	181
2 or More Risks	18-44	152	145
	45-64	305	315
<b>TOTAL COUNT</b>	<b>18-44</b>	<b>543</b>	<b>574</b>
	<b>45-64</b>	<b>647</b>	<b>683</b>

\* Metabolic Risk = reported obesity, high blood pressure, or high cholesterol and no diabetes

**Cardiovascular Risk: Figure 25**

<b>CARDIOVASCULAR RISK*</b> <i>(Age 18-64 Years)</i>	<b>Age Group</b>	<b>2008 DIG Survey</b>	<b>2009 DIG Survey</b>
0 Risks	18-44	87	102
	45-64	65	91
3 or More Risks	18-44	131	114
	45-64	281	270
<b>TOTAL COUNT</b>	<b>18-44</b>	<b>543</b>	<b>574</b>
	<b>45-64</b>	<b>647</b>	<b>683</b>

\* Cardiovascular Risk = reported CVD, high blood pressure, high cholesterol, diabetes, smoking or obesity

**Unhealthy Days: Figure 26**

<b>UNHEALTHY DAYS</b> <i>(Age 18-64 Years)</i> <small>Numbers reflect the percentage of individuals reporting 14 or more poor health days ** Statistically Significant</small>	<b>2008 DIG Survey</b>	<b>2008 TOTAL COUNT</b>	<b>2009 DIG Survey</b>	<b>2009 TOTAL COUNT</b>
Now thinking about your physical health, which includes physical illness and injury, how many days <u>during the past 30 days</u> was your physical health not good?	533	<b>1233</b>	453	<b>709</b>
Now thinking about your mental health, which includes stress, depression, and problems with emotions, how many days <u>during the past 30 days</u> was your mental health not good?	767	<b>1279</b>	642**	<b>743</b>
<u>During the past 30 days</u> , about how many days did poor physical or mental health keep you from doing usual activities, such as self-care, school, or recreation?	597	<b>1242</b>	503	<b>771</b>

**Physical Health Status: Figure 27**

PHYSICAL HEALTH STATUS	Satisfaction Response	2009			
		0 Days Physical Health Not Good	TOTAL 0 DAYS	14 or More Days Physical Health Not Good	TOTAL 14 OR MORE DAYS
Perception of Access*	Satisfied	234	271	334	479
	Not Satisfied	37		145	
Quality and Appropriateness*	Satisfied	240	277	364	482
	Not Satisfied	37		118	
Participation in Treatment Planning*	Satisfied	241	270	371	478
	Not Satisfied	29		107	
General Satisfaction*	Satisfied	238	276	377	480
	Not Satisfied	38		103	
Social Connectedness*	Satisfied	209	273	262	481
	Not Satisfied	64		219	
Outcomes*	Satisfied	212	276	209	482
	Not Satisfied	64		273	
Functioning*	Satisfied	202	276	191	481
	Not Satisfied	74		290	

**Mental Health Status: Figure 28**

MENTAL HEALTH STATUS	Satisfaction Response	2009			
		0 Days Mental Health Not Good	TOTAL 0 DAYS	14 or More Days Mental Health Not Good	TOTAL 14 OR MORE DAYS
Perception of Access*	Satisfied	99	112	459	675
	Not Satisfied	13		216	
Quality and Appropriateness*	Satisfied	102	115	504	679
	Not Satisfied	13		175	
Participation in Treatment Planning*	Satisfied	103	112	520	672
	Not Satisfied	9		152	
General Satisfaction*	Satisfied	98	115	512	676
	Not Satisfied	17		164	
Social Connectedness*	Satisfied	100	112	342	677
	Not Satisfied	12		335	
Outcomes*	Satisfied	99	115	259	679
	Not Satisfied	16		420	
Functioning*	Satisfied	101	115	233	677
	Not Satisfied	14		444	

Poor Health Status: Figure 29

POOR HEALTH STATUS	Satisfaction Response	2009			
		0 Days Poor Health	TOTAL 0 DAYS	14 or More Days Poor Health	TOTAL 14 OR MORE DAYS
Perception of Access*	Satisfied	254	288	354	529
	Not Satisfied	34		175	
Quality and Appropriateness*	Satisfied	257	291	391	534
	Not Satisfied	34		143	
Participation in Treatment Planning*	Satisfied	260	286	404	527
	Not Satisfied	26		123	
General Satisfaction*	Satisfied	262	291	399	530
	Not Satisfied	29		131	
Social Connectedness*	Satisfied	238	289	254	533
	Not Satisfied	51		279	
Outcomes*	Satisfied	239	290	193	533
	Not Satisfied	51		340	
Functioning*	Satisfied	231	290	168	532
	Not Satisfied	59		364	

TABLES NOT INCLUDED IN REPORT

RACE/ETHNICITY	2009		
	Response Population	Class Member	Non Class Member
African American/Black	11	1	10
Asian	4	1	3
White	1195	107	1088
Native American/Alaskan Native	18	0	18
Hispanic	1	0	1
Other Race	101	2	99
Missing	27	0	27
<b>TOTAL</b>	<b>1357</b>	<b>111</b>	<b>1246</b>

LIVING SITUATION (Q40. Where are you currently living?)	2009		
	Response Population	Class Member	Non Class Member
Owned or Rented Home or Apartment	1016	74	942
Someone Else's Home or Apartment	174	11	163
Crisis Residence	2	0	2
Homeless or Homeless Shelter	10	1	9
Jail or Correctional Facility	3	0	3
Residential Care or Treatment	52	9	43
Medical Hospitalization	1	0	1
Psychiatric Hospitalization	3	1	2
Substance Abuse Treatment Hospitalization	0	0	0
Skilled Nursing Facility	2	1	1
Other	82	12	70
Missing	12	2	10
<b>TOTAL</b>	<b>1360</b>	<b>111</b>	<b>1246</b>

<b>LIVING SITUATION (Q41. Have you lived in any of the following places in the last 12 months?)</b>	<b>2009</b>	
	<b>Class Member</b>	<b>Non Class Member</b>
Owned or Rented Home or Apartment	74	895
Someone Else's Home or Apartment	10	217
Crisis Residence	6	43
Homeless or Homeless Shelter	2	38
Jail or Correctional Facility	2	23
Residential Care or Treatment	12	45
Medical Hospitalization	3	30
Psychiatric Hospitalization	9	47
Substance Abuse Treatment Hospitalization	1	9
Skilled Nursing Facility	0	5
Other	8	79

<b>GENERAL HEALTH (Q46. Would you say that your general health is...)</b>	<b>Excellent/Good</b>	<b>Fair/Poor</b>
2008 DIG Survey (n=1195)	200	995
2009 DIG Survey (n=1215)	622	593

TABLE 1: NATIONAL OUTCOME MEASURES BY SURVEY AREAS

Survey Area	Adult Consumer Survey Question	2009					TOTAL
		Strongly Agree	Agree	Undecided/ Neutral	Disagree	Strongly Disagree	
<i>Perception of Access</i>	Staff are willing to see me as often as I feel it is necessary.	400	606	135	69	55	1265
	Staff return my call within 24 hours.	376	563	152	79	63	1233
	Services are available at times that are good for me.	387	660	141	57	36	1281
	The location of services is convenient (public transportation, distance, parking, etc.).	362	641	126	79	50	1258
	I am able to see a psychiatrist when I want to.	293	531	192	127	101	1244
	I was able to get all the services I think I need.	313	572	188	125	101	1299
<i>Quality and Appropriateness</i>	Staff believe that I can grow, change and recover.	320	523	304	63	31	1241
	Staff encourage me to take responsibility for how I live my life.	319	603	213	57	28	1220
	Staff respect my wishes about who is and who is not to be given information about my treatment.	524	591	95	27	25	1262
	Staff help me to obtain the information I need so that I can take charge of managing my illness.	313	630	188	75	42	1248
	Staff are sensitive to my cultural background (race, religion, language, etc.).	334	558	175	29	20	1116
	I am encouraged to use consumer-run programs (support groups, drop-in centers, consumer warm lines, social clubs, etc.).	210	419	294	137	60	1120
	I am given information about my rights.	478	640	98	42	25	1283
	Staff tell me what side effects to watch out for.	371	565	172	89	52	1249
<i>Participation in Treatment Planning</i>	I feel free to complain.	375	604	172	79	61	1291
	I feel comfortable asking questions about my treatment and medication.	471	643	99	52	31	1296
<i>General Satisfaction</i>	I, not staff, decide my treatment goals.	291	544	249	116	43	1243
	If I had other choices, I would still get services from my current service provider(s).	473	531	170	59	54	1287
	I would recommend my current service provider(s) to a friend or family member.	557	513	136	52	49	1307
<i>Social Connectedness</i>	I like the services that I receive.	517	568	132	53	41	1311
	Other than my current service provider(s) in a crisis, I would have the support I need from family or friends.	350	460	228	149	116	1303
	Other than my current service provider(s), I am happy with the friendships I have.	294	517	275	120	81	1287
	Other than my current service provider(s), I have people with whom I can do enjoyable things.	300	576	228	122	69	1295
<i>Outcomes</i>	Other than my current service provider(s), I feel I belong in my community.	262	460	311	141	125	1299
	As a direct result of my current services, I deal more effectively with daily problems.	307	598	264	98	54	1321
	As a direct result of my current services, I am better able to control my life.	290	575	289	110	57	1321
	As a direct result of my current services, I am better able to deal with crisis.	252	544	296	148	76	1316
	As a direct result of my services, I am getting along better with my family.	261	491	300	127	73	1252
	As a direct result of my services, I do better in social situations.	193	469	344	188	114	1308
	As a direct result of my current services, I do better in school and/or work.	102	182	220	110	70	684
	As a direct result of my current services, my housing situation has improved.	242	373	274	142	98	1129
<i>Functioning</i>	As a direct result of my current services, my symptoms are not bothering me as much.	189	500	271	210	135	1305
	As a direct result of my current services, I do things that are more meaningful to me.	205	554	319	162	74	1314
	As a direct result of my current services, I am better able to take care of my needs.	229	634	267	134	58	1322
	As a direct result of my current services, I am better able to handle things when they go wrong.	185	522	331	182	99	1319
	As a direct result of my current services, I am better able to do things that I want to do.	205	515	322	176	96	1314
<i>Not Part of Scale</i>	My belief that I can maintain my wellness and recover from mental illness is supported by my current service provider(s).	331	509	287	92	53	1272
	My current service provider(s) give me opportunities to learn skills that allow me to strengthen and maintain my wellness.	250	591	231	109	46	1227
	Mutual support or recovery focused groups that are facilitated by peers are available to me through my current service provider(s).	156	428	275	131	80	1070

**TABLE 2: NATIONAL OUTCOME MEASURES BY CLASS MEMBER**

Survey Area	Adult Consumer Survey Question	2009					TOTAL
		Strongly Agree	Agree	Undecided/Neutral	Disagree	Strongly Disagree	
<b>Perception of Access</b>	Staff are willing to see me as often as I feel it is necessary.	36	48	17	4	1	106
	Staff return my call within 24 hours.	29	43	21	6	2	101
	Services are available at times that are good for me.	27	56	12	9	0	104
	The location of services is convenient (public transportation, distance, parking, etc.).	28	51	15	8	1	103
	I am able to see a psychiatrist when I want to.	26	35	25	11	8	105
	I was able to get all the services I think I need.	24	51	15	8	7	105
<b>Quality and Appropriateness</b>	Staff believe that I can grow, change and recover.	37	36	20	6	1	100
	Staff encourage me to take responsibility for how I live my life.	34	40	16	6	2	98
	Staff respect my wishes about who is and who is not to be given information about my treatment.	36	48	11	2	3	100
	Staff help me to obtain the information I need so that I can take charge of managing my illness.	33	45	15	5	5	103
	Staff are sensitive to my cultural background (race, religion, language, etc.).	32	40	18	1	1	92
	I am encouraged to use consumer-run programs (support groups, drop-in centers, consumer warm lines, social clubs, etc.).	23	37	27	7	3	97
	I am given information about my rights.	40	51	7	2	1	101
	Staff tell me what side effects to watch out for.	27	36	23	9	4	99
	I feel free to complain.	31	47	15	8	4	105
<b>Participation in Treatment Planning</b>	I feel comfortable asking questions about my treatment and medication.	31	53	15	1	5	105
	I, not staff, decide my treatment goals.	29	43	18	9	1	100
<b>General Satisfaction</b>	If I had other choices, I would still get services from my current service provider(s).	34	46	15	6	5	106
	I would recommend my current service provider(s) to a friend or family member.	39	40	16	6	4	105
	I like the services that I receive.	33	52	12	5	4	106
<b>Social Connectedness</b>	Other than my current service provider(s) in a crisis, I would have the support I need from family or friends.	31	32	21	10	12	106
	Other than my current service provider(s), I am happy with the friendships I have.	30	37	18	10	7	102
	Other than my current service provider(s), I have people with whom I can do enjoyable things.	21	53	13	8	5	100
	Other than my current service provider(s), I feel I belong in my community.	24	40	28	4	9	105
<b>Outcomes</b>	As a direct result of my current services, I deal more effectively with daily problems.	29	51	15	6	5	106
	As a direct result of my current services, I am better able to control my life.	26	47	20	9	5	107
	As a direct result of my current services, I am better able to deal with crisis.	29	44	24	5	5	107
	As a direct result of my services, I am getting along better with my family.	24	39	20	9	7	99
	As a direct result of my services, I do better in social situations.	18	38	33	10	8	107
	As a direct result of my current services, I do better in school and/or work.	10	11	16	8	5	50
	As a direct result of my current services, my housing situation has improved.	24	36	17	6	11	94
	As a direct result of my current services, my symptoms are not bothering me as much.	21	41	23	9	8	102
<b>Functioning</b>	As a direct result of my current services, my symptoms are not bothering me as much.	21	41	23	9	8	102
	As a direct result of my current services, I do things that are more meaningful to me.	21	43	28	8	8	108
	As a direct result of my current services, I am better able to take care of my needs.	25	54	18	7	5	109
	As a direct result of my current services, I am better able to handle things when they go wrong.	21	46	24	9	7	107
	As a direct result of my current services, I am better able to do things that I want to do.	21	46	24	11	6	108
<b>Not Part of Scale</b>	My belief that I can maintain my wellness and recover from mental illness is supported by my current service provider(s).	29	39	24	6	3	101
	My current service provider(s) give me opportunities to learn skills that allow me to strengthen and maintain my wellness.	29	42	21	7	3	102
	Mutual support or recovery focused groups that are facilitated by peers are available to me through my current service provider(s).	20	35	21	8	4	88

**TABLE 3: NATIONAL OUTCOME MEASURES BY NON CLASS MEMBER**

Survey Area	Adult Consumer Survey Question	2009					TOTAL
		Strongly Agree	Agree	Undecided/ Neutral	Disagree	Strongly Disagree	
<b>Perception of Access</b>	Staff are willing to see me as often as I feel it is necessary.	364	558	118	65	54	1159
	Staff return my call within 24 hours.	347	520	131	73	61	1132
	Services are available at times that are good for me.	360	604	129	48	36	1177
	The location of services is convenient (public transportation, distance, parking, etc.).	334	590	111	71	49	1155
	I am able to see a psychiatrist when I want to.	267	496	167	116	93	1139
	I was able to get all the services I think I need.	289	521	173	117	94	1194
<b>Quality and Appropriateness</b>	Staff believe that I can grow, change and recover.	283	487	284	57	30	1141
	Staff encourage me to take responsibility for how I live my life.	285	563	197	51	26	1122
	Staff respect my wishes about who is and who is not to be given information about my treatment.	488	543	84	25	22	1162
	Staff help me to obtain the information I need so that I can take charge of managing my illness.	280	585	173	70	37	1145
	Staff are sensitive to my cultural background (race, religion, language, etc.).	302	518	157	28	19	1024
	I am encouraged to use consumer-run programs (support groups, drop-in centers, consumer warm lines, social clubs, etc.).	187	382	267	130	57	1023
	I am given information about my rights.	438	589	91	40	24	1182
	Staff tell me what side effects to watch out for.	344	529	149	80	48	1150
	I feel free to complain.	344	557	157	71	57	1186
<b>Participation in Treatment Planning</b>	I feel comfortable asking questions about my treatment and medication.	440	590	84	51	26	1191
	I, not staff, decide my treatment goals.	262	501	231	107	42	1143
<b>General Satisfaction</b>	If I had other choices, I would still get services from my current service provider(s).	439	485	155	53	49	1181
	I would recommend my current service provider(s) to a friend or family member.	518	473	120	46	45	1202
	I like the services that I receive.	484	516	120	48	37	1205
<b>Social Connectedness</b>	Other than my current service provider(s) in a crisis, I would have the support I need from family or friends.	319	428	207	139	104	1197
	Other than my current service provider(s), I am happy with the friendships I have.	264	480	257	110	74	1185
	Other than my current service provider(s), I have people with whom I can do enjoyable things.	279	523	215	114	64	1195
	Other than my current service provider(s), I feel I belong in my community.	238	420	283	137	116	1194
<b>Outcomes</b>	As a direct result of my current services, I deal more effectively with daily problems.	278	547	249	92	49	1215
	As a direct result of my current services, I am better able to control my life.	264	528	269	101	52	1214
	As a direct result of my current services, I am better able to deal with crisis.	223	500	272	143	71	1209
	As a direct result of my services, I am getting along better with my family.	237	452	280	118	66	1153
	As a direct result of my services, I do better in social situations.	175	431	311	178	106	1201
	As a direct result of my current services, I do better in school and/or work.	92	171	204	102	65	634
	As a direct result of my current services, my housing situation has improved.	218	337	257	136	87	1035
	As a direct result of my current services, my symptoms are not bothering me as much.	168	459	248	201	127	1203
<b>Functioning</b>	As a direct result of my current services, my symptoms are not bothering me as much.	168	459	248	201	127	1203
	As a direct result of my current services, I do things that are more meaningful to me.	184	511	291	154	66	1206
	As a direct result of my current services, I am better able to take care of my needs.	204	580	249	127	53	1213
	As a direct result of my current services, I am better able to handle things when they go wrong.	164	476	307	173	92	1212
	As a direct result of my current services, I am better able to do things that I want to do.	184	469	298	165	90	1206
<b>Not Part of Scale</b>	My belief that I can maintain my wellness and recover from mental illness is supported by my current service provider(s).	302	470	263	86	50	1171
	My current service provider(s) give me opportunities to learn skills that allow me to strengthen and maintain my wellness.	221	549	210	102	43	1125
	Mutual support or recovery focused groups that are facilitated by peers are available to me through my current service provider(s).	136	393	254	123	76	982

**ADULT  
SURVEY**



## 2009 Adult Mental Health & Well-Being Survey

STATEMENT	RESPONSE OPTIONS					
	Strongly Agree (1)	Agree (2)	Undecided/ Neutral (3)	Disagree (4)	Strongly Disagree (5)	Not Applicable (9)
1. As a direct result of my current services, I deal more effectively with daily problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. As a direct result of my current services, I am better able to control my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. As a direct result of my current services, I am better able to deal with crisis.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. As a direct result of my services, I am getting along better with my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. As a direct result of my services, I do better in social situations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. As a direct result of my current services, I do better in school and/or work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. As a direct result of my current services, my housing situation has improved.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. As a direct result of my current services, my symptoms are not bothering me as much.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. As a direct result of my current services, I do things that are more meaningful to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. As a direct result of my current services, I am better able to take care of my needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. As a direct result of my current services, I am better able to handle things when they go wrong.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. As a direct result of my current services, I am better able to do things that I want to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Staff believe that I can grow, change and recover.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Staff encourage me to take responsibility for how I live my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. My belief that I can maintain my wellness and recover from mental illness is supported by my current service provider(s).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

STATEMENT	RESPONSE OPTIONS					
	Strongly Agree (1)	Agree (2)	Undecided/ Neutral (3)	Disagree (4)	Strongly Disagree (5)	Not Applicable (9)
16. My current service provider(s) give me opportunities to learn skills that allow me to strengthen and maintain my wellness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Mutual support or recovery focused groups that are facilitated by peers are available to me through my current service provider(s).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Staff respect my wishes about who is and who is not to be given information about my treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Staff help me to obtain the information I need so that I can take charge of managing my illness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Staff are sensitive to my cultural background (race, religion, language, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. I am encouraged to use consumer-run programs (support groups, drop-in centers, consumer warm lines, social clubs, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. I am given information about my rights.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. I feel comfortable asking questions about my treatment and medication.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Staff tell me what side effects to watch out for.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. I, not staff, decide my treatment goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. Staff are willing to see me as often as I feel it is necessary.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. Staff return my call within 24 hours.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. Services are available at times that are good for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. The location of services is convenient (public transportation, distance, parking, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. I am able to see a psychiatrist when I want to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. I feel free to complain.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. I was able to get all the services I think I need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. If I had other choices, I would still get services from my current service provider(s).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

STATEMENT	RESPONSE OPTIONS					
	Strongly Agree (1)	Agree (2)	Undecided/ Neutral (3)	Disagree (4)	Strongly Disagree (5)	Not Applicable (9)
34. I would recommend my current service provider(s) to a friend or family member.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. I like the services that I receive.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. Other than my current service provider(s) in a crisis, I would have the support I need from family or friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. Other than my current service provider(s), I am happy with the friendships I have.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. Other than my current service provider(s), I have people with whom I can do enjoyable things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. Other than my current service provider(s), I feel I belong in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## HOUSING

40. Where are you currently living? *(Please check one)*

- (1) OWNED OR RENTED HOME OR APARTMENT
- (2) SOMEONE ELSE'S HOME OR APARTMENT
- (3) CRISIS RESIDENCE
- (4) HOMELESS OR HOMELESS SHELTER
- (5) JAIL OR CORRECTIONAL FACILITY
- (6) RESIDENTIAL CARE OR TREATMENT
- (7) MEDICAL HOSPITALIZATION
- (8) PSYCHIATRIC HOSPITALIZATION
- (9) SUBSTANCE ABUSE TREATMENT HOSPITALIZATION
- (10) SKILLED NURSING FACILITY
- (11) OTHER \_\_\_\_\_

41. Have you lived in any of the following places in the last 12 months? *(Check all that apply)*

- OWNED OR RENTED HOME OR APARTMENT
- SOMEONE ELSE'S HOME OR APARTMENT
- CRISIS RESIDENCE
- HOMELESS OR HOMELESS SHELTER
- JAIL OR CORRECTIONAL FACILITY
- RESIDENTIAL CARE OR TREATMENT
- MEDICAL HOSPITALIZATION
- PSYCHIATRIC HOSPITALIZATION
- SUBSTANCE ABUSE TREATMENT HOSPITALIZATION
- SKILLED NURSING FACILITY
- OTHER \_\_\_\_\_

## EMPLOYMENT

42. Are you currently employed? *(Please check one)*

- (1) COMPETITIVELY EMPLOYED FULL-TIME (32+ HOURS PER WEEK)
- (2) COMPETITIVELY EMPLOYED PART-TIME
- (3) SELF-EMPLOYED
- (4) NOT EMPLOYED, LOOKING FOR WORK
- (5) VOLUNTEER WORK
- (6) RETIRED
- (7) NOT EMPLOYED, NOT LOOKING FOR WORK
- (8) WORKING WITH SUPPORTS PART-TIME
- (9) SHELTERED EMPLOYMENT
- (10) VOCATIONAL REHABILITATION SERVICES
- (11) OTHER \_\_\_\_\_

## HEALTH AND WELL-BEING

43. Height \_\_\_\_\_ Weight \_\_\_\_\_

44. Have you ever been told by your doctor or health professional that you have? *(Check all that apply)*

- \_\_\_\_\_ Angina or coronary heart disease
- \_\_\_\_\_ Heart attack or myocardial infarction
- \_\_\_\_\_ Blood cholesterol is high
- \_\_\_\_\_ High blood pressure
- \_\_\_\_\_ Diabetes

45. Do you smoke cigarettes? *(Please check one)*

- \_\_\_\_\_ (1) Everyday
- \_\_\_\_\_ (2) Some Days
- \_\_\_\_\_ (3) Does Not Smoke

46. Would you say that your general health is: *(Please check one)*

- \_\_\_\_\_ (1) Excellent
- \_\_\_\_\_ (2) Very Good
- \_\_\_\_\_ (3) Good
- \_\_\_\_\_ (4) Fair
- \_\_\_\_\_ (5) Poor

**47. Now thinking about your physical health, which includes physical illness and injury, how many days during the past 30 days was your physical health not good?**

\_\_\_\_\_ Number of Days

**48. Now thinking about your mental health, which includes stress, depression, and problems with emotions, how many days during the past 30 days was your mental health not good?**

\_\_\_\_\_ Number of Days

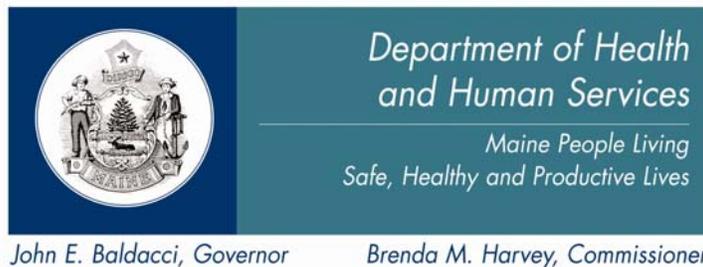
**49. During the past 30 days, about how many days did poor physical or mental health keep you from doing usual activities, such as self-care, school, or recreation?**

\_\_\_\_\_ Number of Days

**Thank you for taking the time to complete this survey. You may use the self-addressed stamped envelope to return the survey to:**

State of Maine  
PO Box 435  
Augusta, Maine 04332

1-888-367-5124



---

*Caring..Responsive..Well-Managed..We are DHHS.*



## Non-Discrimination Notice

The Department of Health and Human Services (DHHS) does not discriminate on the basis of disability, race, color, creed, gender, sexual orientation, age, or national origin, in admission to, access to, or operations of its programs, services, or activities, or its hiring or employment practices. This notice is provided as required by Title II of the Americans with Disabilities Act of 1990 and in accordance with the Civil Rights Act of 1964 as amended, Section 504 of the Rehabilitation Act of 1973, as amended, the Age Discrimination Act of 1975, Title IX of the Education Amendments of 1972, the Maine Human Rights Act and Executive Order Regarding State of Maine Contracts for Services. Questions, concerns, complaints or requests for additional information regarding the ADA may be forwarded to the DHHS ADA Compliance/EEO Coordinators, #11 State House Station, Augusta, Maine 04333, 207-287-4289 (V), or 287-3488 (V)1-888-577-6690 (TTY). Individuals who need auxiliary aids for effective communication in program and services of DHHS are invited to make their needs and preferences known to one of the ADA Compliance/EEO Coordinators. This notice is available in alternate formats, upon request.

---

*Caring..Responsive..Well-Managed..We are DHHS.*