
Health and Mental Health Survey Module Workgroup

- Wisconsin MHSIP Survey Results -

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Services

Wisconsin MHSIP Survey Method

- Public-sector consumers with an SMI/SED
 - 2004-08: consumers with an SMI
 - 2009: consumers without an SMI
- Currently receiving services at the point in time when the sample is drawn
- Non-institutional population
- Random sample from State public mental health data system
- Mail survey

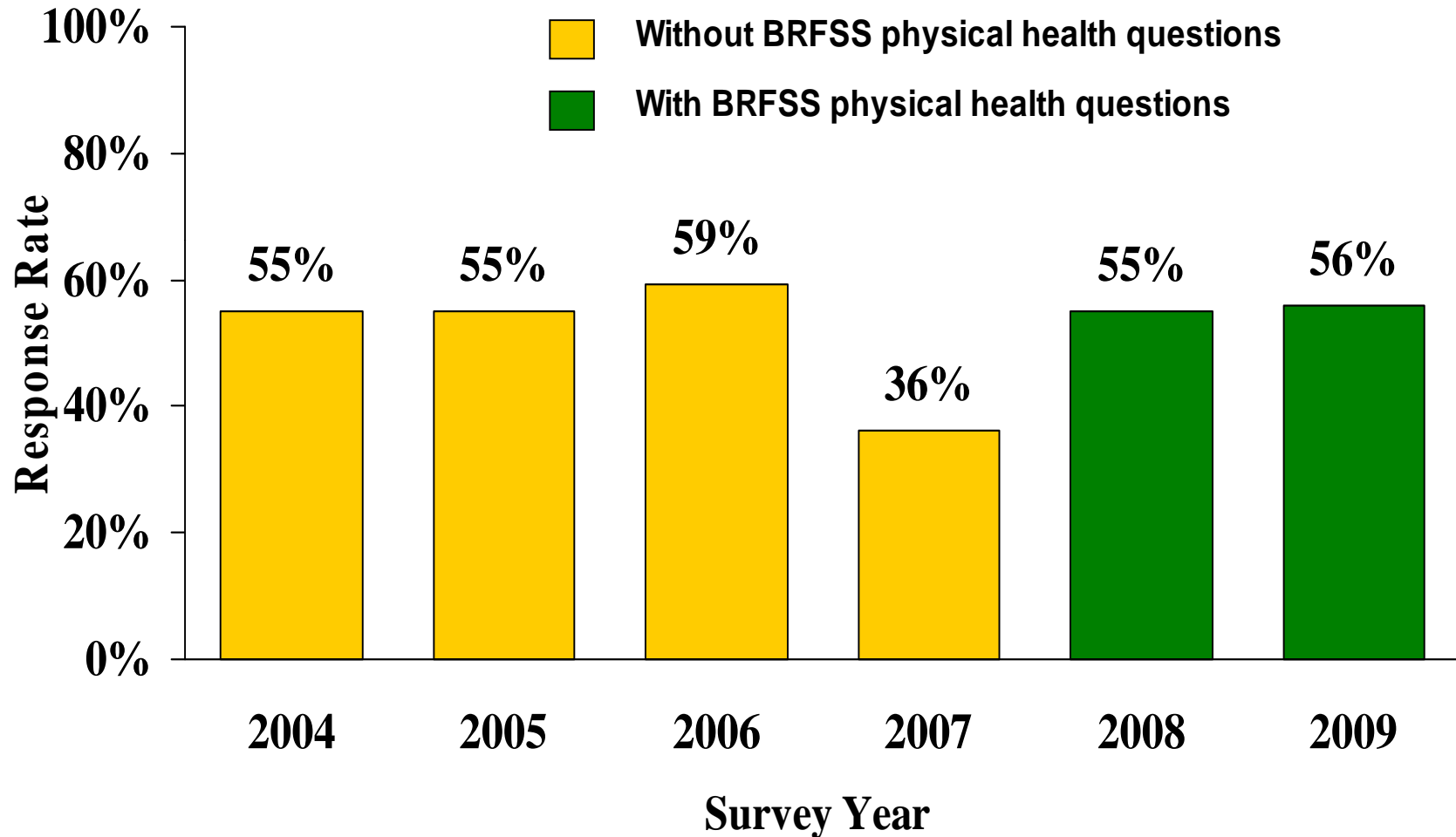
Wisconsin Mail Survey Method

- Administered by the University of Wisconsin Survey Research Center
- 1st mailing
 - cover letter, survey, \$2 bill incentive
- 2nd mailing = 5 days later
 - reminder postcard
- 3rd mailing = additional 3 weeks later
 - cover letter and survey
- 4th mailing = additional 3 weeks later
 - cover letter and survey
- End of data collection = additional 4 weeks later

Respondent Burden of Adding BRFSS Health Questions

- Standard MHSIP questions
 - 36 likert scale questions
 - 9 other questions (services, arrests, demos)
- 15 additional BRFSS health questions
 - 33% additional questions
 - 10-11 questions are low burden & objective type questions

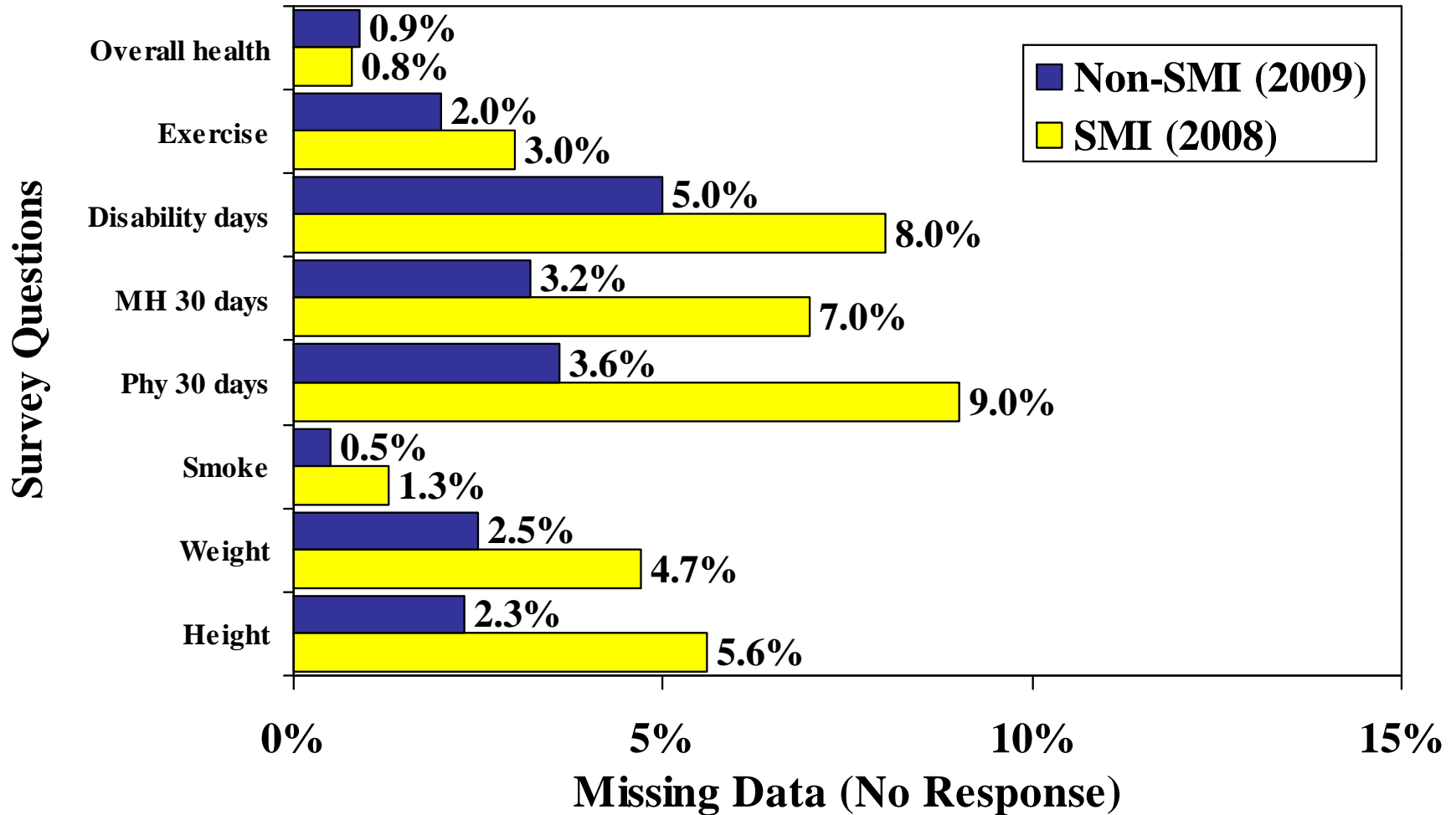
BRFSS Health Question's Impact on Response Rates



MHSIP Standard Questions: Missing Data (2008)

- Missing data = no response
- Likert scale satisfaction questions
 - 94% (34/36) of questions with 2% or less missing data
- Demographic questions missing data
 - Race = 2.3%
 - Hispanic = 8.0%
 - Birth year = 2.8%
 - Gender = 1.5%

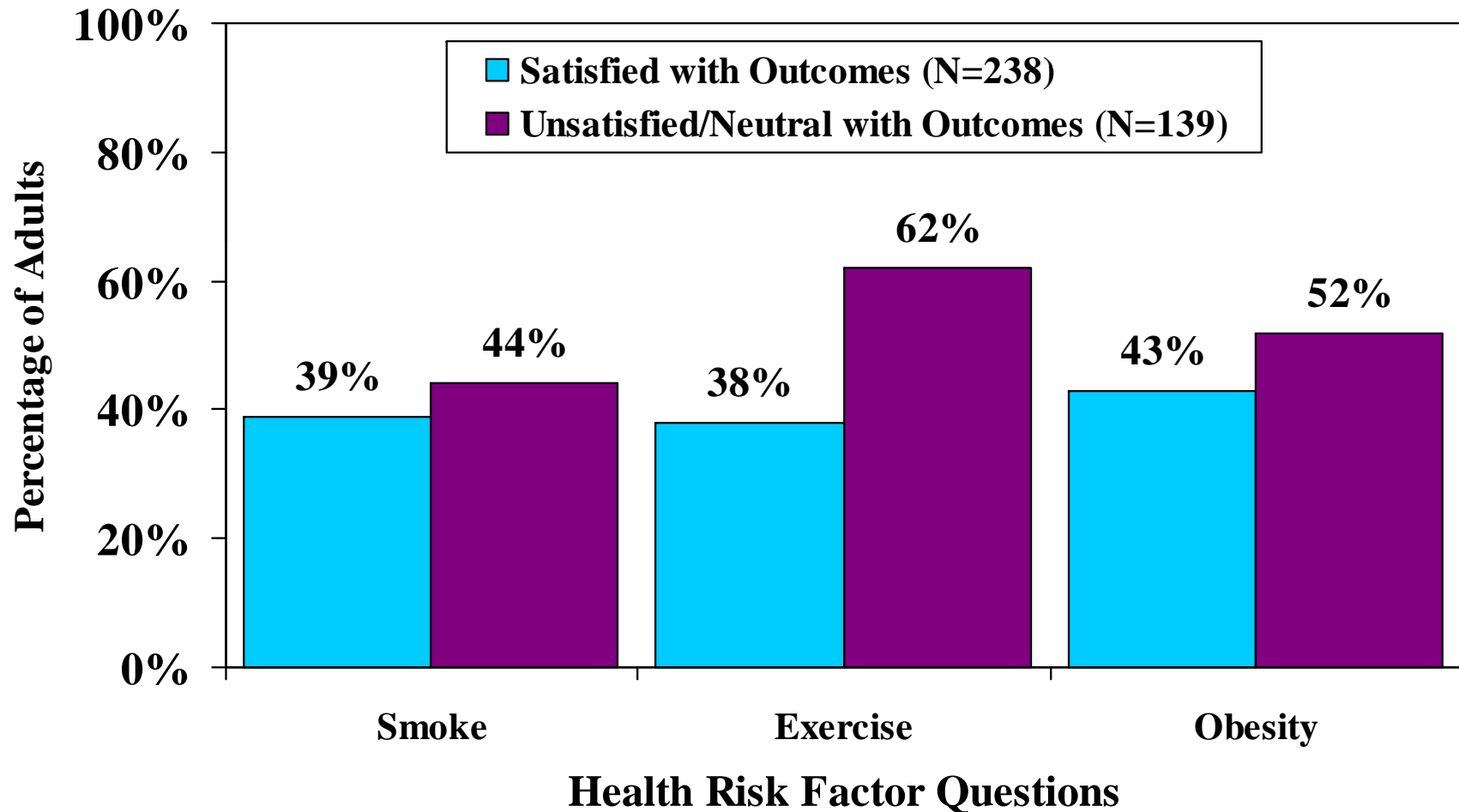
Missing Data for BRFSS Health Questions



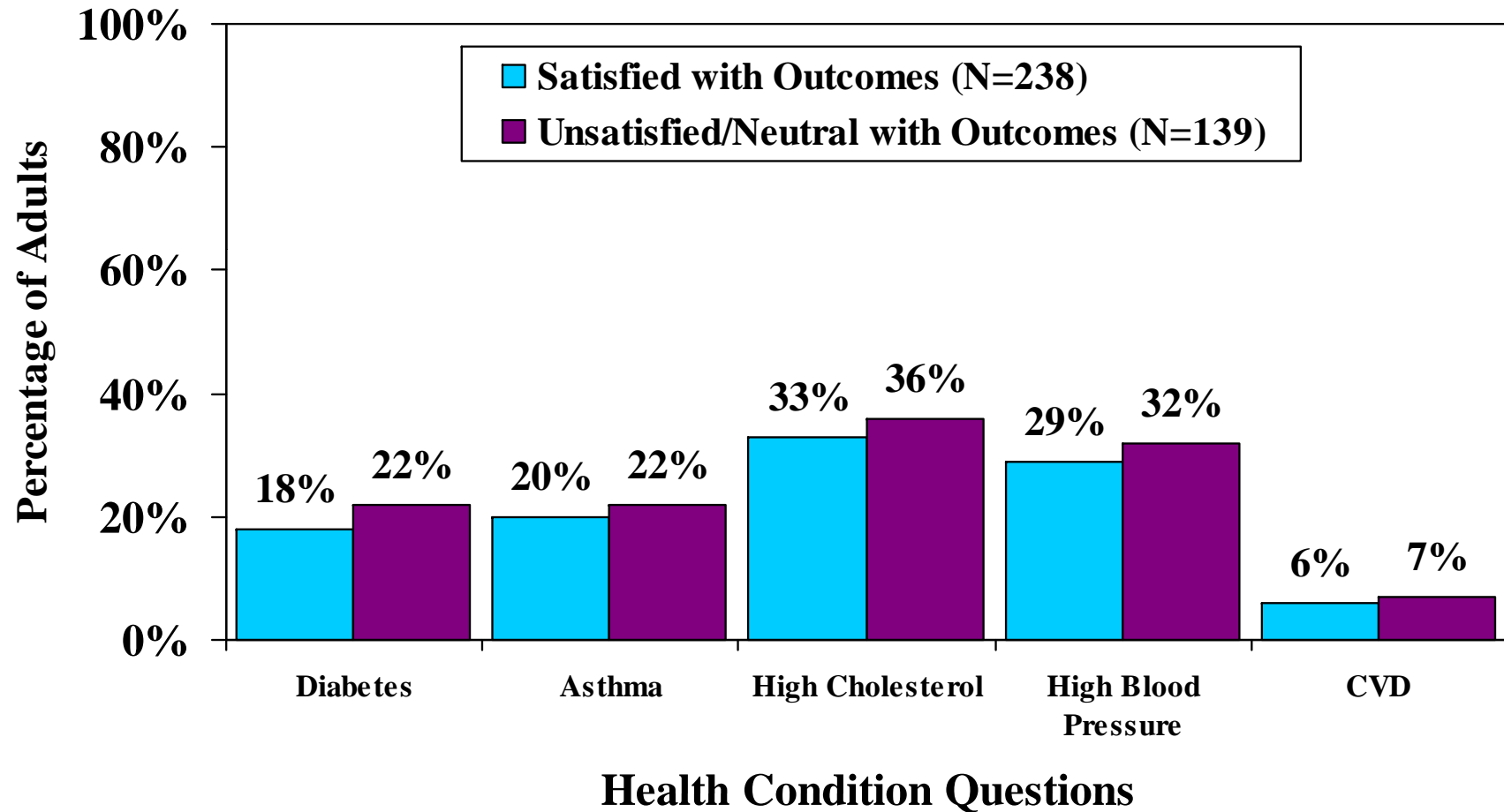
Examining the Mental & Physical Health Relationship

- Do physical health conditions impact the effectiveness of mental health services?
 - Are dissatisfied consumers more likely to suffer from physical health problems?
 - Are consumers with physical health problems less likely to experience successful outcomes from MH treatment?
 - Are rates of physical health problems different for consumers with and without an SMI?

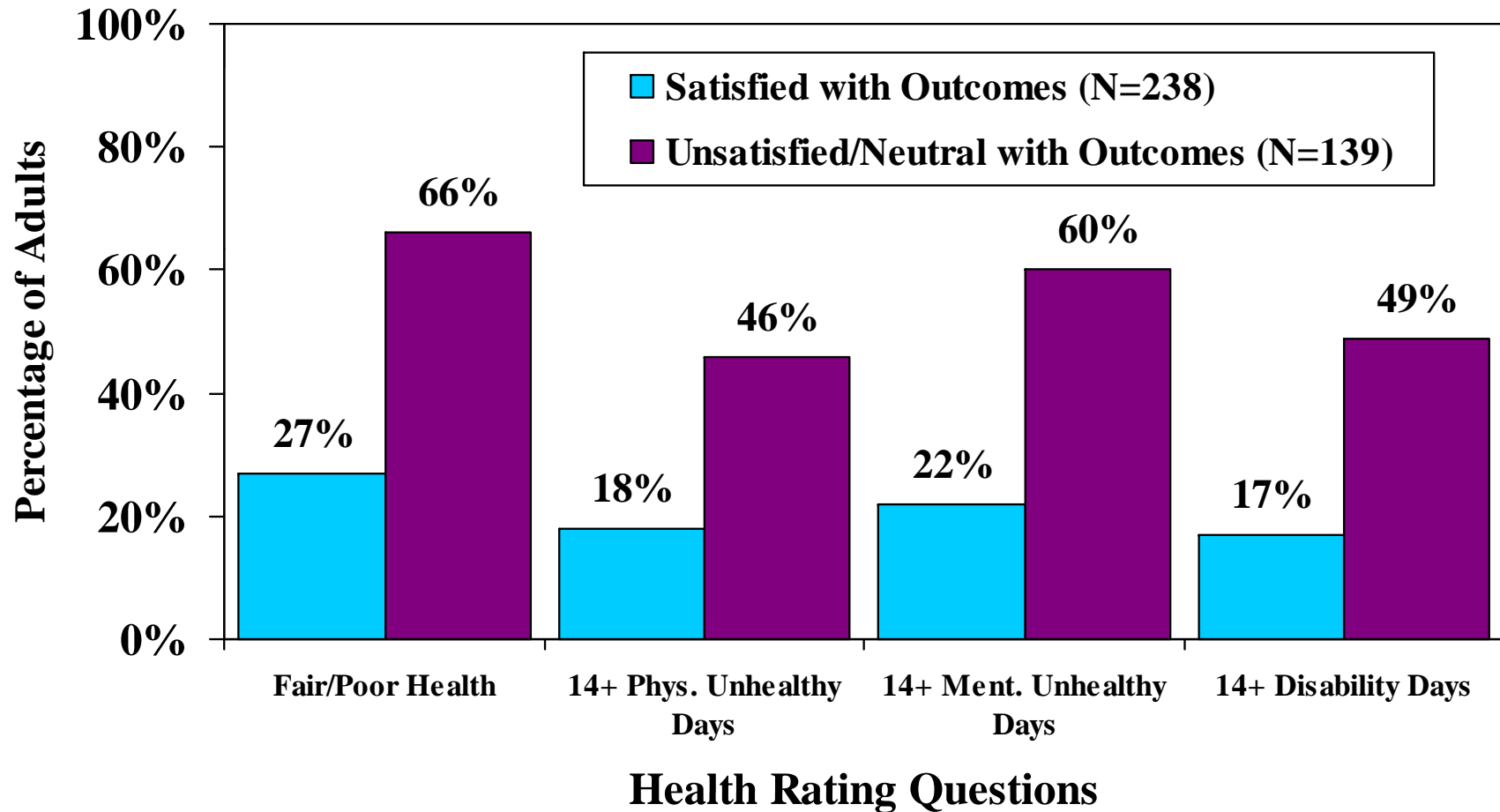
Health Risk Factors Relationship with Mental Health Outcomes



Health Conditions Relationship with Mental Health Outcomes



Subjective Health Ratings Relationship with Mental Health Outcomes

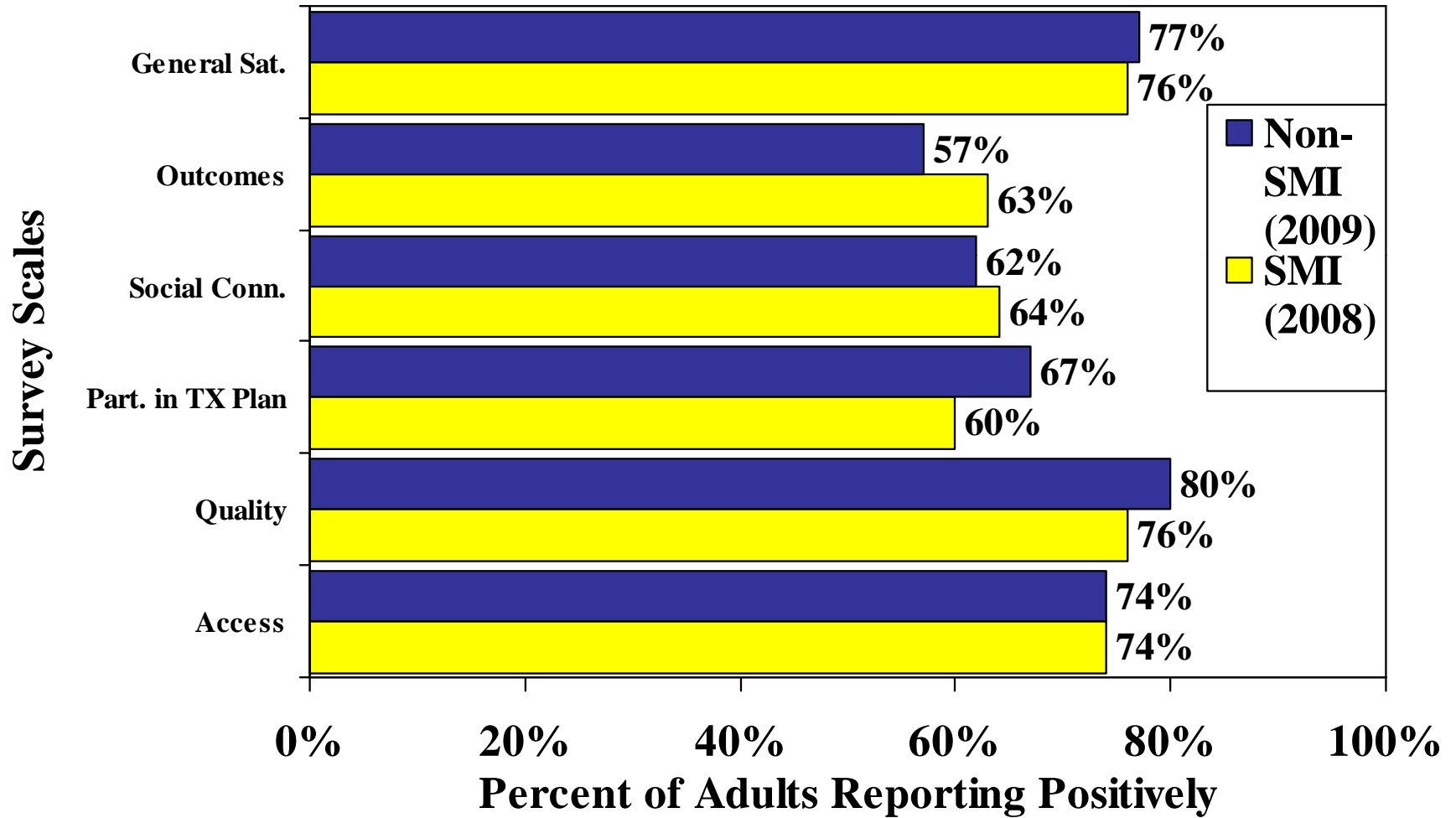


Implications for Discussion

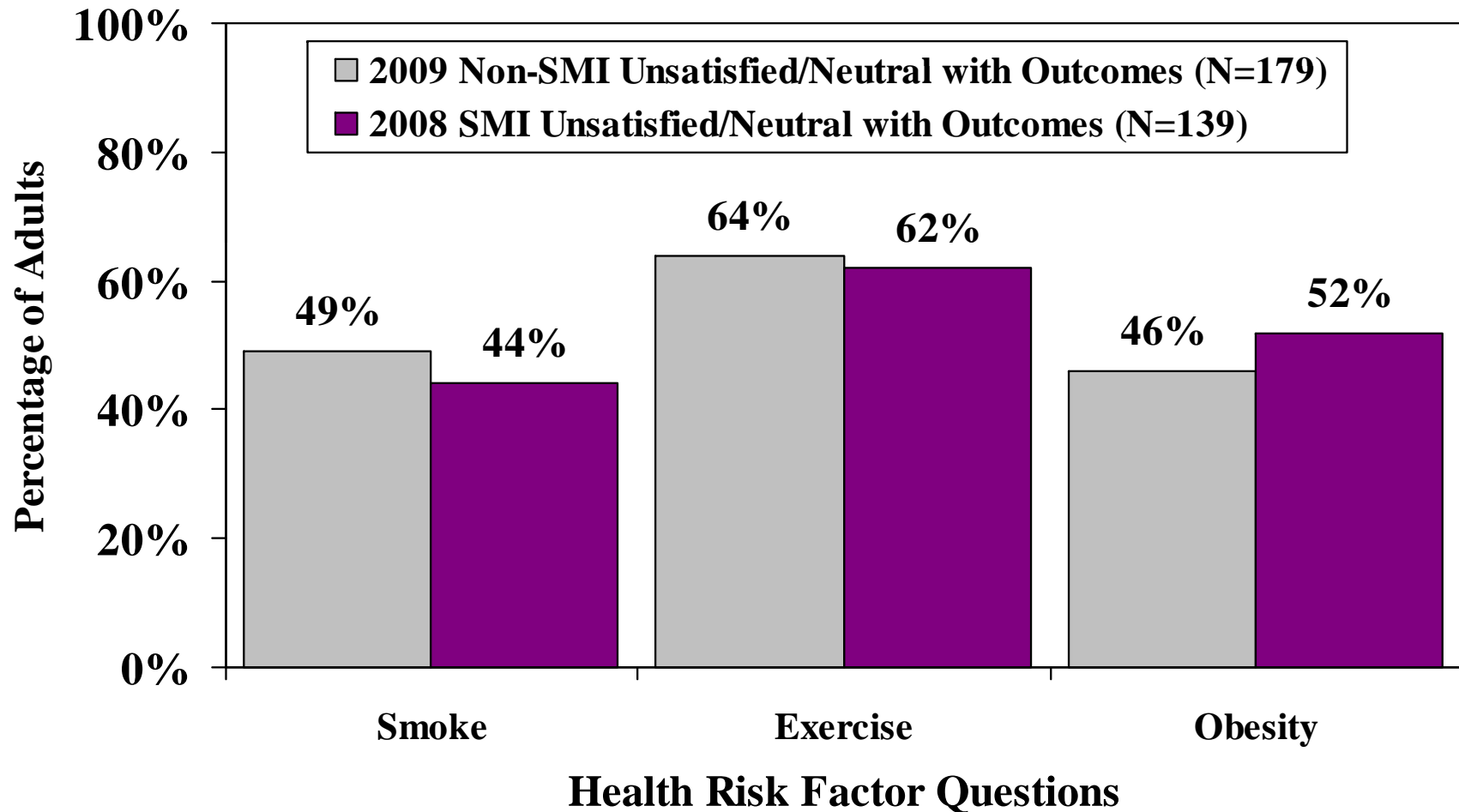
- Why do dissatisfied consumers rate subjectively health so poorly, but have similar rates of health conditions?
 - Health problems are more severe
 - Additional health problems not asked on survey are also influencing health ratings
 - Health problems impact certain consumers more seriously
 - Those without health care access/insurance
 - Those unable to cope as well

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- Are rates of physical health problems different for consumers with and without an SMI?
 - Do consumers with an SMI have greater physical health problems that may complicate the treatment process and contribute to greater dissatisfaction?

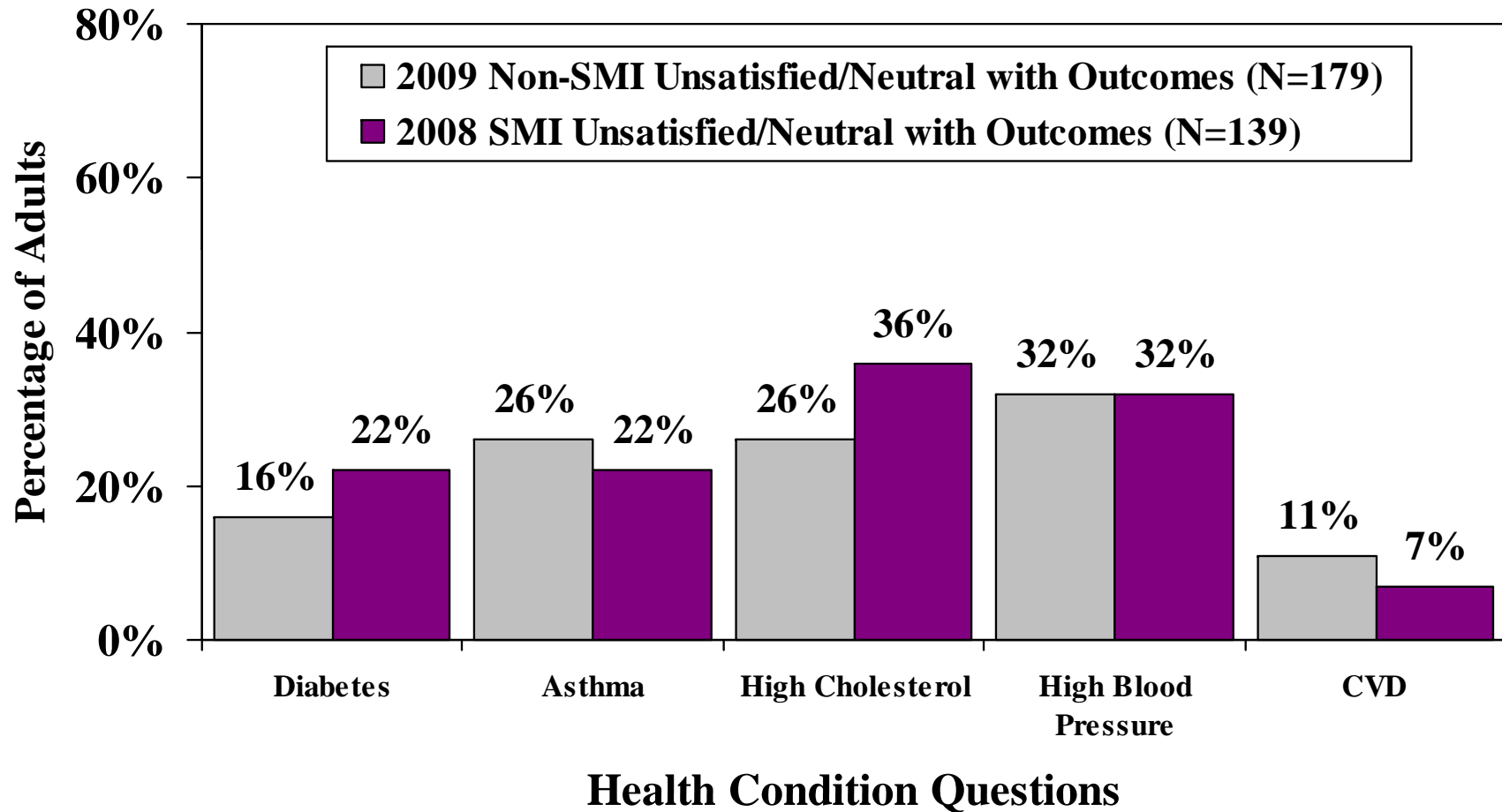
MHSIP Scale Scores: SMI vs. Non-SMI



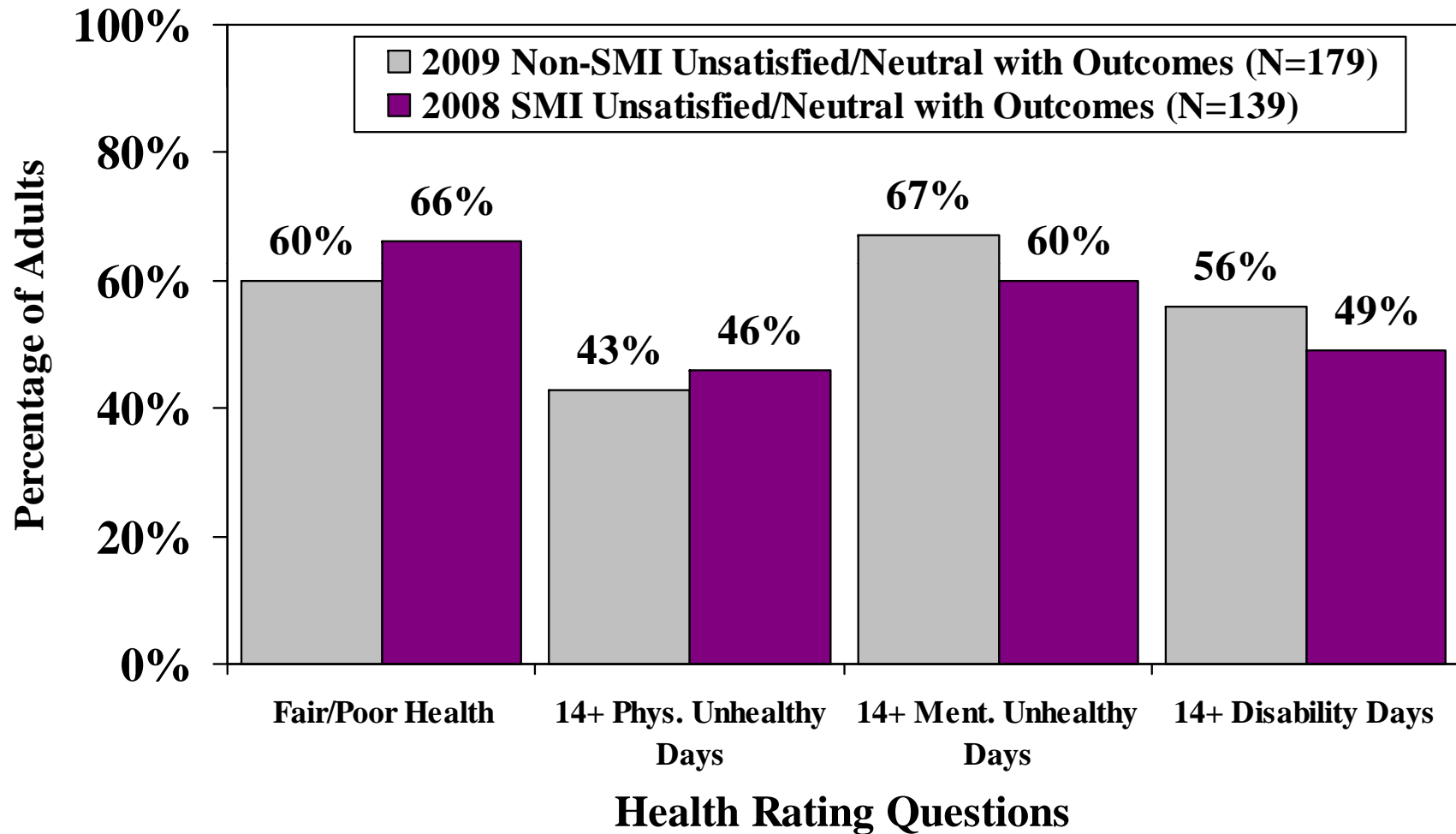
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