



DATA SHORTS

Relationship Between Substance Related Disorder Issues and Mental Health Outcomes and Recovery

The last three Data Shorts examined, from several viewpoints, a group of people who were active in both the Public Mental Health System (PMHS) and in State-supported Substance Related Disorder (SRD) services in FY 2013. The current Data Short examines a somewhat different but related issue, the relationship between SRD issues and psychiatric symptoms, satisfaction with recovery, and functioning as measured by the PMHS Outcomes Measurement System (OMS). OMS interviews were selected for adults who had an initial and at least one other OMS interview between September 2009 and July 2013. These records were then divided into two groups, one consisting of individuals with initial scores on the Substance Abuse scale (SAS) of the BASIS-24® in the highest 20%, and the other, those with scores in the lowest 80%. Average scores for the BASIS-24® scales, satisfaction with recovery, and functioning were then analyzed for each group's initial and most recent OMS interviews.

The first graph shows the average results for the initial OMS interview on the BASIS-24® scales, which range from zero (indicating no symptoms) to four (indicating severe, nearly constant symptoms). Averages for satisfaction with recovery and functioning are presented in the same way, with a zero indicating high satisfaction with recovery/no problems in functioning, and a four indicating very little satisfaction with recovery/severe problems in function. For all BASIS-24® scales, average initial scores for individuals with higher SAS scores are above those of the low SAS score group, meaning this high SAS group reports more severe/more frequent symptoms. Those in the high SAS group also report less satisfaction with their recovery and rate their functioning less favorably than the low SAS group, though the differences in these averages are much less pronounced.

The second graph examines the same set of averages for the most recent OMS interviews for the same two groups. The high SAS group continues to report more severe/more frequent symptoms and less favorable recovery satisfaction and functioning levels than the low SAS group, although, as shown on the second graph, both groups show improvement on all measures at the most recent interview compared with the initial interview.

