



Guidelines for Using the CAHPS® Outpatient Mental Health Survey

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Introduction

This document provides guidance for using the [CAHPS Outpatient Mental Health \(MH\) Survey](#), which is available in English and Spanish. Read this to learn how to:

- Prepare a survey instrument to meet your organization's information needs.
- Create a sample for this survey.
- Maintain confidentiality when administering the survey.
- Use the survey results to report patient experience scores.

The Agency for Healthcare Research and Quality's CAHPS program provides additional information to support users of CAHPS surveys in [administering the surveys](#) and [analyzing results](#).

For assistance with this survey, please contact the CAHPS Help Line at 800-492-9261 or cahps1@westat.com.

Section 1: Preparing Your Organization's Survey Instrument

This section explains how to use the CAHPS Outpatient Mental Health Survey to construct an instrument that meets your needs. It focuses on steps you can take to ensure that the instrument is consistent with your project's objectives and will generate useful information. These steps include:

- Adding supplemental questions to core items
- Translating the survey instrument
- Formatting the survey instrument

Adding Supplemental Questions to Core Items

The questions in the Outpatient Mental Health Survey are referred to as **core items**. The purpose of core items in CAHPS surveys is to ensure standardization and comparability across different settings of care and patient populations. Exhibit 1.1 lists the topics addressed by the core items. **Appendix A** lists the core items.

Exhibit 1.1. Topics Addressed by the Core Items

In the Outpatient Mental Health Survey, the core items ask about:

- Getting appointments for prescription medicines
- Getting mental health counseling
- Communication with a mental health counselor
- Goal setting with a mental health counselor
- Use of phone or video for counseling
- Getting help between appointments
- Unmet needs for mental health services
- Financial barriers to mental health services
- A rating of the mental health counselor

Options for Supplemental Items

Users of the Outpatient Mental Health Survey have the option of customizing the instrument with [supplemental items](#). No supplemental items were developed specifically for this survey. However, survey users may consider adding supplemental items developed for the [adult version of the CAHPS Clinician & Group Survey](#) or other CAHPS surveys. These supplemental items are designed to address issues that

are likely to be of interest to certain provider types and audiences. You also have the option of adding your own items to the survey instrument.

Some supplemental items cover events that occur with low frequency in the general population, such as the use of interpreter services. You should include them only if your sample design is likely to yield enough responses to those questions for statistical analysis and reporting. To learn more about the minimum number of responses needed and the implications for sample size, refer to **Section 2: Preparing a Sample for the CAHPS Outpatient Mental Health Survey**.

Why might you add supplemental items?

Some organizations add supplemental items to ask about topics not included in the core questionnaire. Others add items to better understand what is driving their performance on measures based on the core items. For example, patients' responses to supplemental items on coordination of care may pinpoint the issues undermining communication with mental health counselors

Where do you put supplemental items?

The general rule is to place the items in a new section before the “About You” section of the survey. Adding new items prior to core items is strongly discouraged as it creates a different context around the core items and may influence responses to the core items. For additional information on formatting and placement, please consult the [instructions when using supplemental items](#).

For support with adapting and inserting items into this survey, please contact the CAHPS User Network at cahps1@westat.com or 1-800-492-9261.

Formatting the CAHPS Outpatient Mental Health Survey

The consistency of survey design and format is an important characteristic of CAHPS surveys. The survey available from AHRQ has been formatted for mail administration.

Learn about [formatting CAHPS questionnaires for mail, web, and phone administrations](#).

Translating the CAHPS Outpatient Mental Health Survey Into Other Languages

To help identify and reduce ethnic and racial disparities in healthcare, survey users may want to field translations of the survey that assess the experiences of individuals who prefer languages other than English. A Spanish translation of the core survey is available from AHRQ; translations in other languages would have to be developed by survey users and/or their vendors.

Learn about [translating CAHPS surveys and other materials](#).

Section 2: Preparing a Sample for the CAHPS Outpatient Mental Health Survey

To field the CAHPS Outpatient Mental Health Survey, survey users and their vendors have to draw a sample of the patient population. This section will help you understand who is eligible to be included in the sample frame for this survey. It also explains how to select a sample. By following these guidelines, you can be confident that your results will be comparable to those produced by other users of this survey and their vendors.

Exhibit 2.1 provides an overview of the sampling recommendations.

Exhibit 2.1. Sampling Recommendations for the Outpatient Mental Health Survey

Administration	To generate the standardized data necessary for valid comparisons, the survey should be conducted by a third-party vendor according to the CAHPS guidelines.
Sampling frame	Eligible respondents are adults (ages 18 and older) who received mental health counseling and/or prescriptions for mental health reasons or had a mental health diagnosis.
Sample size	<p>In general, to produce statistically valid comparisons, the sample needs to be large enough to yield at least 125 completed questionnaires per unit of analysis (e.g., practice or group).</p> <p>The actual number of surveys administered depends upon the expected response rate, which will vary by population.</p>

Defining the Sample Frame: Eligibility Guidelines

The sample will be drawn from a list of individuals (adults ages 18 and older) who have received mental health services (mental health care and/or medicine) or had a mental health diagnosis during the specified time interval. The list is called a sample frame.

Please review these guidelines for determining whom to include in your sample frame:

- Include only patients who have had **at least one mental health service in the target time frame**. (Please see the note below.) The target time frame, or look-back period, is 6 months. This target time frame is intended to make the sample frame as inclusive as possible and to standardize data collection for comparisons of results.

- To determine the look-back period for your sampling frame, use the anticipated start date of data collection. For example, if you are using a look-back period of 6 months and your anticipated start date is December 1, 2024, include all those who have had at least one visit since June 1, 2024.
- The sampling frame is a person-level list rather than a service- or visit-level list. Therefore, patients should appear only once in the sampling frame regardless of how many services they have received in the look-back period. Use their most recent visit for inclusion in the sampling frame.
- Include all adults 18 years or older as of January 1 of the current year.
- Draw the sample irrespective of the mental health services and the duration of the patient-provider relationship so that the full range of patients is represented.
- Include patients with any type of synchronous visit, whether in-person, by phone, or by video. Do not include patients who only had asynchronous encounters such as emails or communications through a portal.
- Include all patients who meet the sampling criteria even if they are no longer currently receiving care. Similarly, it is not required that the patient have the same insurance coverage the patient had at the time of the visit, even if a health plan is providing data for the sampling frame. Therefore, a patient who has disenrolled from a health plan can be included in the sampling frame as long as the patient meets the other sampling criteria.
- Allow the **sample frame** to include multiple individuals from the same household, but do not include more than one person per household in the **final sample** for which the survey will be administered. In other words, be sure to de-duplicate the sample to ensure that only one person per household receives a survey.

Note: Discrepancies Between Administrative Data and Self-Reports of Care

In two major field tests of the Outpatient Mental Health Survey, a substantial number of respondents reported receiving neither mental health medicines nor counseling in the last 6 months.

- In one of the field tests, many respondents stated that they didn't need mental health care in response to a survey question asking, "Did you get all of the mental health care services you needed?"
- In a second field test, about a third of respondents selected the response option, "I did not need any services."

- Individuals treated for only substance use disorders were more likely than those treated for mental health conditions to report not needing mental health care services.

The survey developers continue to do research to understand why administrative data and self-reports of care were inconsistent. The criterion for inclusion may need to be stricter because an individual with a single discussion of mental health may not think of themselves as receiving mental health treatment. Thus, there may be more consistency between patient perceptions and administrative data if the inclusion criterion is that the patient had 2 or more visits with a primary code for a mental health condition.

To ensure that results are comparable, do not target specific patient populations, such as patients with particular conditions or experiences, when you draw the sample. All CAHPS survey items have been designed for the general population. The survey includes appropriate screening items for questions that are designed to assess a specific experience. If you need to analyze data results by a specific patient population and do not expect to get enough responses for that subgroup, then you can supplement your general population sample with a targeted oversample. But you must pull a general population sample first, before any oversampling is done.

Exhibit 2.2 lists the information (data elements) that should be included in the sample frame that a survey sponsor provides to the vendor.

Exhibit 2.2. Sample Frame Elements for the Outpatient Mental Health Survey for Adults

- Unique ID
- Name of person (first and last names in separate fields)
- Date of birth
- Sex
- Complete address (includes street address, city, state, and ZIP Code each in a separate field)
- Telephone number with area code (if available)
- Email address (if available)
- Indicate if Spanish-language materials are required (if known)
- Mental health services received
- Date of most recent mental health services received

Review [examples of sample frame elements for CAHPS surveys](#)

Recommended Number of Completes

To determine the starting sample size, you need to know how many completed questionnaires you aim to receive. A minimum number of completed questionnaires is required to ensure that the survey results are statistically reliable. For the Outpatient Mental Health Survey, the recommended number of completed questionnaires is 125 per unit of analysis (e.g., practice or group). This recommendation applies to the survey with **core items only**.

What determines whether a questionnaire is complete? For CAHPS surveys, “completeness” depends on whether a respondent completed at least half of the key survey items and at least one reportable item.

- Learn more in **Appendix B**, which also provides a list of the key items.
- Refer to the tables in **Section 4** for a list of the reportable items.

If your survey includes supplemental items, which often apply to a relatively small subset of the overall sample, a higher number of completed questionnaires may be needed to generate enough responses to those items for the purposes of analysis and reporting. Generally, to achieve a level of reliability for supplemental items that is consistent with that of the core items, at least 125 responses per item are needed at the same unit of analysis.

Learn about [calculating the starting sample size for CAHPS surveys](#)

Maintaining the Confidentiality of the Sample

High-quality survey vendors carefully train their staff and have strict protocols so that treatment or diagnostic information is never revealed. Some survey sponsors may be particularly concerned about anyone, including trained staff, knowing who received mental health or substance use treatment. Those conditions often are stigmatized more than other medical conditions and the consequences of revealing treatment history may be more consequential than for other conditions. Furthermore, there frequently are stricter legal requirements for protecting medical records associated with these conditions.¹

One way to address this concern is to use a mixed-sample approach. For example, one sponsor of a mental health survey that was particularly concerned about confidentiality provided a sample that included patients with mental and physical health conditions (i.e., 90% of the sample were selected because of a diagnosis of a

¹ To learn more about the interaction among federal HIPAA regulations, state statutes that govern mental health medical records privacy, and the federal statute governing confidentiality of substance abuse records, see: Institute of Medicine (US) Committee on Crossing the Quality Chasm: Adaptation to Mental Health and Addictive Disorders. Improving the Quality of Health Care for Mental and Substance-Use Conditions: Quality Chasm Series. Washington (DC): National Academies Press (US); 2006. Appendix B, Constraints on Sharing Mental Health and Substance-Use Treatment Information Imposed by Federal and State Medical Records Privacy Laws. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK19829/>

mental health condition and 10% had other medical diagnoses but no mental health treatment). The sponsor attached a code indicating sample “1” or “2” but did not reveal the meaning of the code to the vendor. The sponsor revealed the code only after the vendor had conducted the survey and removed all identifying information from the files. They then could eliminate all patients with physical health conditions only from the de-identified file. That way, no individual in the vendor’s organization would know which named individuals had received mental health treatment.

Learn more about [preparing sample files before collecting CAHPS survey data](#).

Section 3: Maintaining Confidentiality When Administering the CAHPS Outpatient Mental Health Survey

All users of the CAHPS surveys are encouraged to administer their survey using a multi-mode approach combining the web, mail, and/or phone. For advice on how to proceed, please refer to [recommended data collection procedures for CAHPS surveys](#).

As previously noted, when contacting individuals who have been treated for mental health or substance issues, ensuring privacy is particularly important. To that end, users of the CAHPS Outpatient Mental Health Survey may want to consider some adjustments to the traditional survey administration protocols—specifically, in the letters or emails sent to the sampled population.

When a CAHPS survey is mailed to individuals, the cover letter often refers to a provider or treatment history (“Our records indicate that you received...”). If someone other than the intended recipient were to open a letter referring to mental health and/or substance use treatment, the recipient’s diagnosis or treatment would be revealed.

To avoid this potential outcome, survey sponsors are urged to consider carefully the wording on any mailed or emailed materials to ensure that they do not reveal or suggest the type of treatment an individual received or the reasons the individual was included in the survey. However, a generic letter that refers simply to “medical care” rather than a specific clinic or provider may be less effective than a more explicit one.

Related Guidance on Administering CAHPS Surveys

- [Methods for increasing the number of responses to CAHPS surveys](#).
- [Tracking returned CAHPS questionnaires and assessing their completeness](#).
- [Calculating response rates for CAHPS surveys](#).

Section 4: Patient Experience Measures from the CAHPS Outpatient Mental Health Survey

The Outpatient Mental Health Survey generates the following composite measures, single-item measures, and rating measures:

- Getting Appointments for Prescription Medicines (Q3)
- Getting Mental Health Counseling (Q10, Q12)
- Communication with Mental Health Counselor (Q13, Q14)
- Goal Setting (Q16)
- Getting Help Between Appointments (Q21)
- Rating of Mental Health Counselor (Q22)
- Unmet Need for Mental Health Services (Q23)
- Financial Barriers to Mental Health Services (Q25)

These measures have been shown to have adequate internal consistency reliability at the provider group level and are recommended for all types of reporting. Learn more about [CAHPS measures and reporting CAHPS survey results](#).

Getting Appointments for Prescription Medicines

Q3	How difficult was it for you to make an appointment with the person who prescribes your mental health medicine?	Response Options <ul style="list-style-type: none"> • Very difficult • Somewhat difficult • Not very difficult • Not difficult at all
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Getting Mental Health Counseling

Q10	How difficult was it to find this mental health counselor?	Response Options <ul style="list-style-type: none"> • Very difficult • Somewhat difficult • Not very difficult • Not difficult at all
Q12	How difficult was it to make appointments with your mental health counselor?	

Communication with Mental Health Counselor

Q13	How often did your main mental health counselor listen carefully to you?	Response Options <ul style="list-style-type: none"> • Never • Sometimes • Usually • Always
Q14	How often did your main mental health counselor show respect for what you had to say?	

Goal Setting

Q16	How much did your main mental health counselor consider what is important to you when setting the goals for treatment?	Response Options <ul style="list-style-type: none"> • Not at all • A little • Some • A lot
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Getting Help Between Appointments

Q21	When you contacted your main mental health counselor between your appointments, how often did you get the help or support you needed?	Response Options <ul style="list-style-type: none"> • Never • Sometimes • Usually • Always
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Rating of Mental Health Counselor

Q22	What number would you use to rate your main mental health counselor?	Response Options <ul style="list-style-type: none"> • 0-10
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Unmet Need for Mental Health Services

Q23	Did you get all the mental health services you needed?	Response Options <ul style="list-style-type: none"> • Yes • No
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Financial Barriers to Mental Health Services

Q25

How difficult was it for you to pay for the mental health services you received?

Response Options

- Very difficult
- Somewhat difficult
- Not very difficult
- Not difficult at all

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Appendix A: Core Items in the CAHPS Outpatient Mental Health Survey

This table lists all core items except for those in the “About You” section. Visit [CAHPS Mental Health Surveys](#) to download the instrument in English and Spanish.

Topic	Adult Item
Prescription Medicines	<ol style="list-style-type: none"> 1. Have you taken prescription medicine for any kind of mental health reason? 2. What kind of provider is the person who prescribes your mental health medicine? 3. How difficult was it for you to make an appointment with the person who prescribes your mental health medicine? 4. Did the person who prescribed your mental health medicine also provide you with any mental health counseling?
Mental Health Counseling	<ol style="list-style-type: none"> 5. Did you get any mental health counseling for any reason? 6. From how many different people did you get any mental health counseling? 7. In this survey, your <u>main mental health counselor</u> is the mental health counselor you talked with most often in the last 6 months. What kind of provider is your main mental health counselor? 8. About how many times did you see your main mental health counselor? 9. How long have you been seeing your main mental health counselor? 10. How difficult was it to find this mental health counselor? 11. Why was it difficult to find your main mental health counselor? 12. How difficult was it to make appointments with your main mental health counselor? 13. In the last 6 months, how often did your main mental health counselor listen carefully to you? 14. How often did your main mental health counselor show respect for what you had to say? 15. Did you talk with your main mental health counselor about setting goals for your treatment? 16. How much did your main mental health counselor consider what is important to you when setting the goals for treatment? 17. Did you get any counseling with your main mental health counselor using phone or video? 18. How well did the phone or video visit work for you?

Topic	Adult Item
Getting Help Between Appointments	<p>19. Did your main mental health counselor give you information about what to do if you needed help or support between your scheduled appointments?</p> <p>20. Did you try to contact your main mental health counselor for help or support in between your scheduled appointments?</p> <p>21. When you contacted your main mental health counselor between your appointments, how often did you get the help or support you needed?</p>
Rating	<p>22. Using any number from 0 to 10, where 0 is the worst mental health counselor possible and 10 is the best mental health counselor possible, what number would you use to rate your main mental health counselor in the last 6 months?</p>
Getting Mental Health Services	<p>23. “Mental health services” include mental health counseling <u>and</u> any medicine you might take for mental health reasons. In the last 6 months, did you get all the mental health services you needed?</p> <p>24. How much of the mental health services that you got in the last 6 months did you pay for yourself?</p> <p>25. In the last 6 months, how difficult was it for you to pay for the mental health services you received?</p> <p>26. In the last 6 months, were there any mental health services that you thought you needed that you could not afford?</p>
Your Health and Wellbeing	<p>27. In the last 6 months, did you get any mental health services to help you with alcohol use or drug use?</p> <p>28. In general, how would you rate your overall health?</p> <p>29. In general, how would you rate your overall mental or emotional health?</p>

Appendix B: Determining Whether a Survey Response Is Complete

To determine if a questionnaire is complete, the first step is to flag the key and reportable items in the core survey. Supplemental items are **not** included in the definition of a completed questionnaire.

Learn about [tracking returned CAHPS questionnaires and assessing their completeness](#).

What are key items?

Key items are the survey questions that **all** respondents should answer, including:

- Questions confirming eligibility for the survey.
- The screeners for the questions included in the core composites measures.
- The primary rating question.
- Demographic and other background items.

Table B.1 lists the key items from the CAHPS Outpatient Mental Health Survey.

Number of key items needed for a complete questionnaire. A questionnaire is considered complete if it has responses for at least 50 percent of the key items and one (1) reportable item. For this survey, the minimum number of key items is 12.

What are reportable items?

Reportable items are the questions included in the composite and rating measures. For a list of the reportable items in the core survey, refer to the tables in **Section 4**.

Key Items from the CAHPS Outpatient Mental Health Survey

Short Item Title	Item Number in Adult Survey
Have you taken prescription medicine for any kind of mental health reason?	1
What kind of provider is the person who prescribes your mental health medicine?	2
Did the person who prescribed your mental health medicine also provide you with any mental health counseling?	4
Did you get any mental health counseling for any reason?	5
From how many different people did you get any mental health counseling?	6
In this survey, your <u>main mental health counselor</u> is the mental health counselor you talked with most often in the last 6 months. What kind of provider is your main mental health counselor?	7
In the last 6 months, about how many times did you see your main mental health counselor?	8
How long have you been seeing your main mental health counselor?	9
Did you talk with your main mental health counselor about setting goals for your treatment?	15
Did you get any counseling with your main mental health counselor using phone or video?	17
Did you try to contact your main mental health counselor for help or support in between your scheduled appointments?	20
Using any number from 0 to 10, where 0 is the worst mental health counselor possible and 10 is the best mental health counselor possible, what number would you use to rate your main mental health counselor in the last 6 months?	22
“Mental health services” include mental health counseling <u>and</u> any medicine you might take for mental health reasons. In the last 6 months, did you get all the mental health services you needed?	23

Short Item Title	Item Number in Adult Survey
In the last 6 months, did you get any mental health services to help you with alcohol use or drug use?	27
In general, how would you rate your overall health?	28
In general, how would you rate your overall mental or emotional health?	29
What is your age?	30
Are you male or female?	31
What is the highest grade or level of school that you have completed?	32
Are you of Hispanic or Latino origin or descent?	33
What is your race?	34
Did someone help you complete the survey?	35
Total number of key items	22
Number of items needed to be a complete survey	12