

Factors Predicting Patients' Satisfaction With Managed Mental Health Care

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Patients' satisfaction with a managed mental health care program was examined using a mail survey that included questions about patients' perceptions of various elements of service delivery and of their functioning after treatment. Completed surveys were returned by 292 patients who received outpatient psychotherapy, a 30 percent return rate. Patients who reported better psychological functioning and who rated the managed care staff as helpful and their therapist as skillful and conveniently located were more likely to be satisfied with the services they received. (Psychiatric Services 46:722-723, 1995)

Managed mental health care is rapidly becoming the standard approach to care delivery in the private sector. Its goal is to deliver high-quality, cost-effective services through pre-authorization of treatment, use of a network of preferred providers, and case management review (1,2). Managed care allows increased control over decisions affecting the utilization

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of services and thus appears positioned to help contain mental health treatment costs.

Although the active management of service utilization offers clear advantages for cost containment, concerns about the quality of managed care have been raised. These arguments have focused on the curtailment of independent decisions about the length and type of treatment (2,3). For example, patients are often assigned to a therapist rather than being allowed to choose their own therapist, and the number of sessions is limited. In addition, the pre-authorization process is often viewed as intrusive.

Given that patients' assessments of rendered services are a critical component of program evaluation, the examination of patient satisfaction with managed mental health services is warranted (4,5). Two types of variables have been identified as relevant to patients' satisfaction with mental health services: variables related to the patient's perception of each element in a service delivery model, for example, the convenience of the treatment location and the level of the therapist's skill, and variables related to patients' functioning after treatment (6). This study explores the extent to which these two types of variables are predictive of patient satisfaction with managed mental health care.

Methods

A survey of patients' satisfaction with services was mailed to patients who received outpatient psychotherapy services from a large Midwestern managed care firm affiliated with a teaching hospital. The therapists to whom patients had been referred were primarily private-practice psy-

chiatrists, psychologists, or licensed clinical social workers. The results presented here reflect data from surveys completed by 292 patients, or 30 percent of the targeted population. Although this response rate is low, it is consistent with that of most mailed surveys.

The survey consisted of 11 questions based on earlier work on consumer satisfaction and psychotherapy outcome (7). For each item, response categories were coded such that lower scores indicated higher degrees of satisfaction; for example, 1 indicated very satisfied and 4 indicated very dissatisfied. The dependent variable, patient satisfaction, was calculated by summing the scores for two questions, one measuring patients' perceived level of benefit from treatment, that is, their perceived level of improvement in symptoms, and the other measuring patients' overall satisfaction with the treatment they received.

We assessed ten predictor variables. Patients' responses to survey questions provided data on six variables related to patients' perceptions of the process of obtaining treatment. The six variables were helpfulness of the primary care physician in facilitating therapy, promptness of the managed care staff's response to the patient's request for treatment, the managed care staff's level of understanding of the patient's presenting problem, the managed care staff's helpfulness, the quality of selected skills of the therapist, and the convenience of the location of the therapist. Patients' responses to survey questions were also used to assess two variables related to patients' perceptions of their current level of functioning—ratings of current psychological health and of current level of distress.

Using patients' responses to an item asking why they stopped therapy, we calculated a dichotomous variable assessing whether termination was due to exhaustion of insurance benefits. This variable was coded as 1 if patients had terminated therapy as a result of exhaustion of benefits and 0 if benefits had not been depleted. Finally, we gathered infor-

Table 1

Multivariate regression model predicting patients' satisfaction with managed mental health care¹

Variable	Mean	SD	r	Beta
Number of sessions	16.76	12.32	-.05	-.01
Helpfulness of primary care physician	1.48	.72	.16*	-.01
Level of current distress	3.67	.86	.46**	-.16*
Convenience of therapist's location	1.41	.66	.21**	.12*
Promptness of managed care staff's response	1.86	.88	.15*	-.06
Helpfulness of managed care staff	1.36	.65	.42**	.16*
Level of therapist's skill	1.32	.60	.46**	.27**
Current psychological health	4.03	1.04	-.56**	-.35**
Managed care staff's level of understanding of patients' needs	1.52	.68	.40**	.05
Benefits exhausted	.12	.83	.15*	.01

¹ Adjusted R² = .53, df = 10, 195, p < .001

*p < .05

**p < .001

mation on the number of therapy sessions each patient attended.

We used multivariate regression analysis to determine which variables contributed to prediction of patients' satisfaction with managed mental health care services.

Results

Table 1 presents the results of the multivariate regression analysis, as well as the mean ± SD score and its correlation with the dependent variable. Patients who reported better psychological functioning and who rated the managed care staff as helpful and their therapist as skillful and conveniently located were more likely to be satisfied with the managed mental health care services they received.

Discussion and conclusions

Our results emphasize two important factors related to patients' satisfaction: patients' perceptions of the benefits of therapy and the person-oriented characteristics of the service delivery system. First, patients' belief that they have improved as result of therapy, indicated by reports of less distress and better psychological functioning, is predictive of satisfaction. Patients who state that they are doing well emotionally may have reached a desired resolution to the problems that caused them to seek treatment.

The importance of patients' perceptions of the therapist as highly skilled and conveniently located and of the managed care staff as helpful suggests the following implications for managed mental health care programs. To increase the likelihood that patients served by managed care programs will perceive their therapist as competent, training for mental health professionals must address effective service delivery within the guidelines of these programs, which are increasingly becoming the primary employers of mental health professionals. In addition, patients who do not have to travel great distances from home or work may be more likely to continue treatment. Managed care staff should therefore carefully consider the therapist's location when selecting a patient's treatment provider.

Managed care programs also need to monitor the helpfulness of their staff who have direct contact with patients and who refer patients to therapists. To increase the likelihood that appropriate treatment will be provided, gatekeepers should be sensitive to and knowledgeable about the types of problems patients present. By focusing on the person-oriented components of service delivery, managed mental health care programs will be more likely to "keep the customer happy."

We acknowledge that application of the findings of this study may be limited because of the lack of demographic information about patients and therapists. For example, the results provide little insight about whether male patients are more satisfied with male therapists or about whether highly educated patients are more likely to stay in treatment longer. However, given the recent finding that patients' demographic characteristics are unrelated to their satisfaction with treatment (8), our findings may be generalizable to the understanding of patients' satisfaction with managed mental health care in general. Without this broad-based knowledge, the results of detailed studies of patients' satisfaction with specific managed mental health care programs are less meaningful, for they have no standard of overall patient satisfaction with which they can be compared. By defining the basic components of patients' satisfaction, this study provides a foundation for more in-depth analysis.

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