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# Massachusetts Child Psychiatry Access Project (MCPAP) University of Massachusetts (UMass) Parent Satisfaction Study



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## I. Abstract

**Objective:** To evaluate parents' experience with Massachusetts Child Psychiatry Access Project (MCPAP), a Consultation Liaison model, aimed at improving access to child psychiatry for primary care (consultations to primary care providers are done either by phone contact and/or by a direct evaluation of the child by a MCPAP clinician).

**Methods:** IRB approved Parent Satisfaction Questionnaire (PSQ) sent to families referred to the MCPAP between 2/2008-8/2008, identified using the University of Massachusetts Medical Center (UMMHC) database.

**Results:** 360 initial and 348 follow up PSQ were mailed, and 158 PSQ returned, defining a response rate of 46.2%. 78.9% of parents agreed or strongly agreed that the services provided were offered in a timely manner. 74.9% of parents agreed or strongly agreed with the statement that their child's issues were understood. 50% agreed or strongly agreed that their child's situation improved following their contact with the services. 74.2% agreed or strongly agreed that the quality of the service they received was satisfying. 69% agreed or strongly agreed that the service met their family's need. 58.6% of parents agreed or strongly agreed that the service helped them deal with their issues more effectively. 67.3% agreed or strongly agreed that they were better satisfied with the service compared to previous contact with mental health providers for their child.

**Conclusions:** PSQ suggest high satisfaction rates with MCPAP. Notable are the high rates of parents reporting they felt prepared, heard and understood. Parents were also highly satisfied with the face to face contact they had with MCPAP clinician, when that contact had occurred. Parents reported being less satisfied with regards to follow up appointments in the community and reaching their goals for their child. The results show high parental satisfaction with MCPAP evaluation process, but also highlight the need for appropriate mental health follow up in the community in order to help children and families reach their goals.

## II. Introduction & Literature Review

- Between 15-25% of children and adolescents seen in pediatric primary care have a behavioral health disorder with significant psychopathology (Connor et. al., 2006).
- Less than a third receive mental health services (Gerkenmeyer et. al., 2005).
- Because child psychiatry services are frequently unavailable, primary care clinicians are frequently left managing these children without access to child psychiatry consultation (Connor et. al., 2006).
- Massachusetts Child Psychiatry Access Project (MCPAP) is an ambulatory Consultation Liaison model for Primary Care Providers (PCP) who are provided telephone consultation within 30 minutes of request.
- Consultation results in either: answer to PCP's question, referral to care coordinator, referral to team therapist for transitional support, or referral for a face-to-face diagnostic or psychopharmacologic consultation.
- While MBHP has obtained data indicating high rates of pediatric primary care provider satisfaction with this program, no systemic data has been obtained regarding parent satisfaction with MCPAP.
- Parent satisfaction with services is an important component in evaluating its adequacy as they are in a unique position to judge its impact (Gerkenmeyer et al., 2006).
- There is evidence that parent satisfaction with mental health services is related to clinical outcomes for children (Gerkenmeyer et al., 2005).

## III. Methods

MCPAP Parent Satisfaction Questionnaire (MCPAP PSQ): 3-page questionnaire created by the research team was mailed

### Sample and Design

- Families in contact with MCPAP between 2/2008-8/2008 identified using UMMHC data base.
- Initial Mailing 4-6 weeks after enrollment in MCPAP
- A \$2.00 stipend attached to PSQ
- A reminder letter with another copy of PSQ within 3 - 4 weeks
- A thank you note to all

### Survey Questions

- Parents concerns leading to the referral
- Referral process
- Interaction with MCPAP staff and clinicians
- Satisfaction from service provided
- Adequacy of follow up plan
- Outcome

### Hypothesis

- Parents satisfied with the quality of service
- Parents better satisfied compared to past evaluations
- Parents report improvement in situation

### Data Analysis

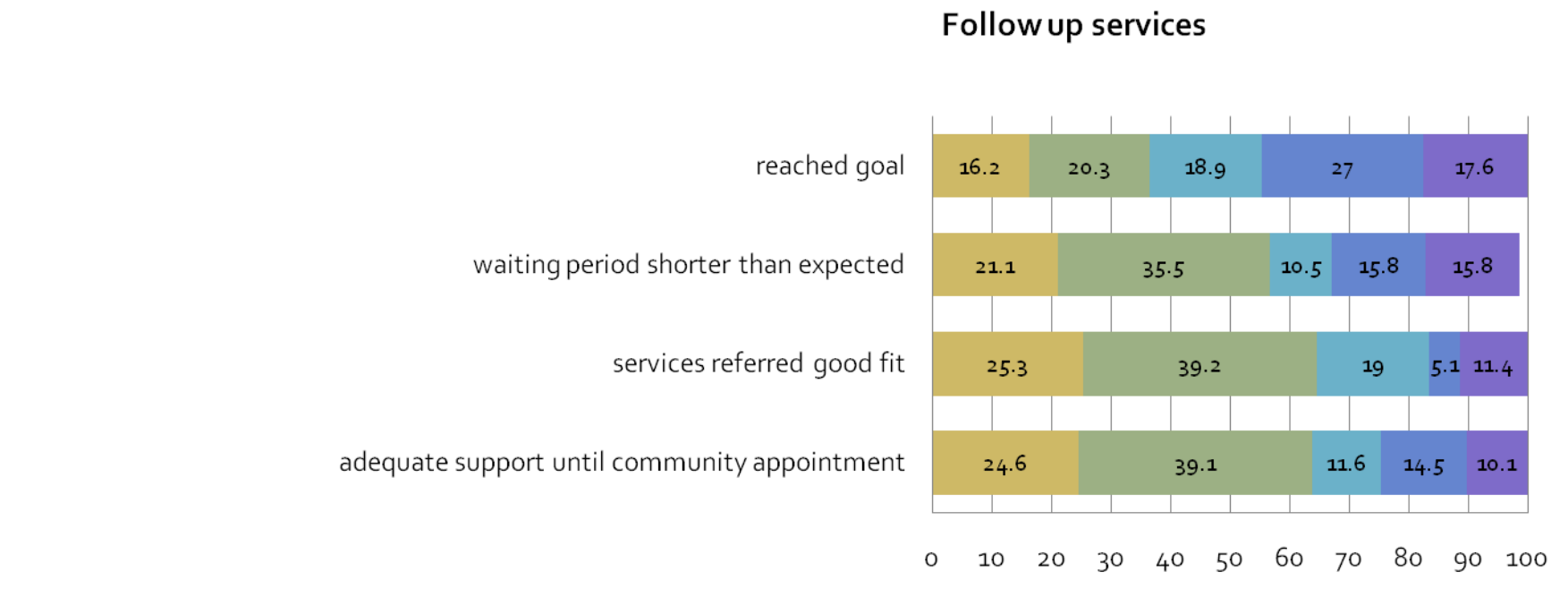
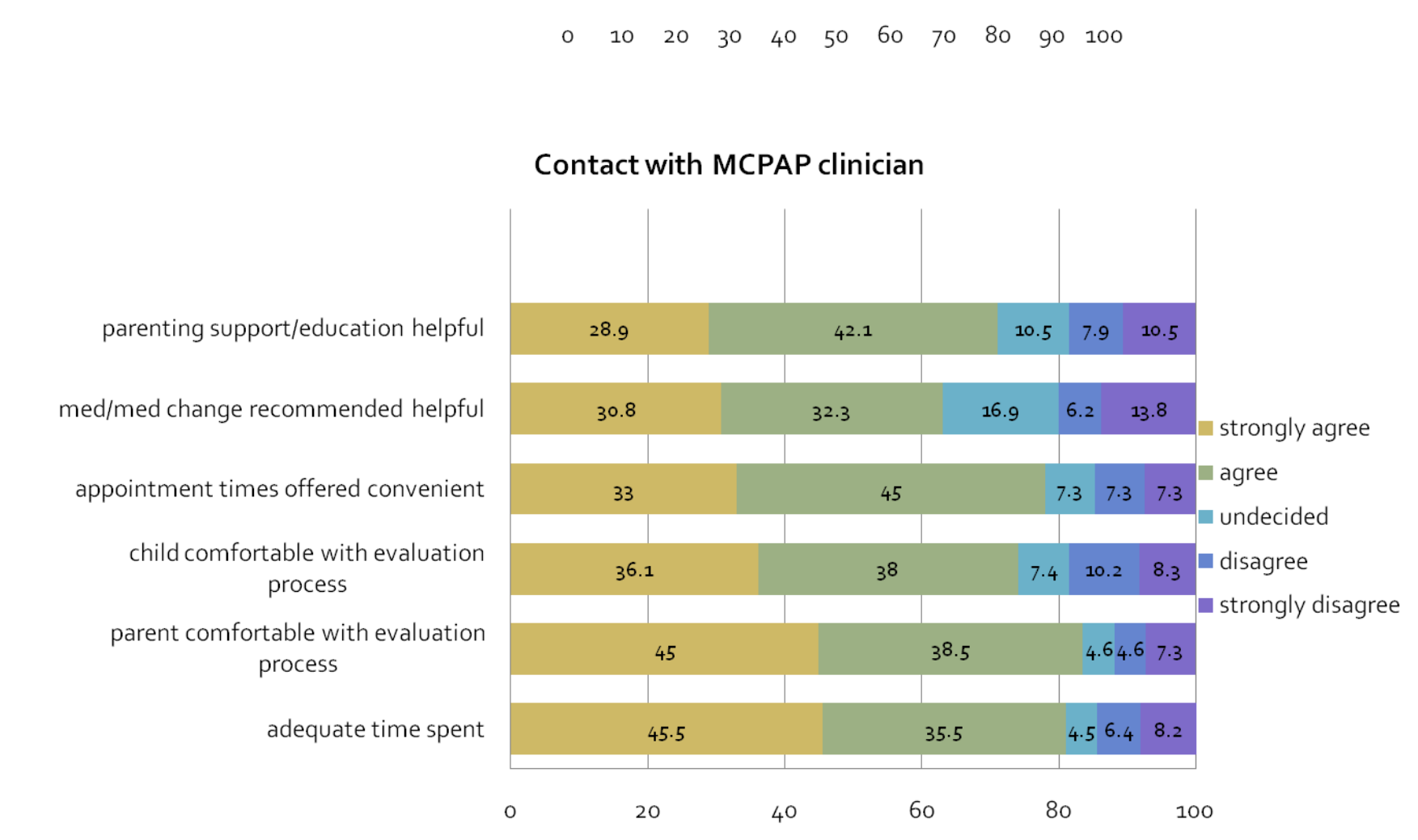
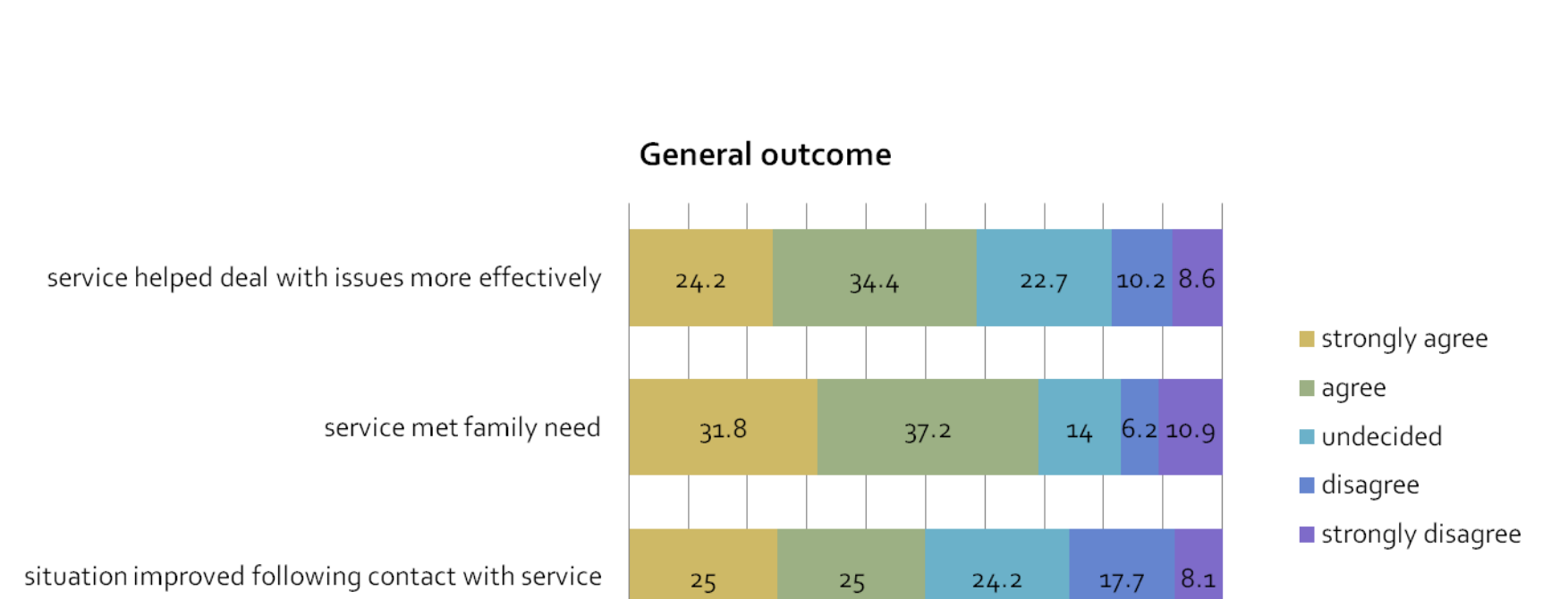
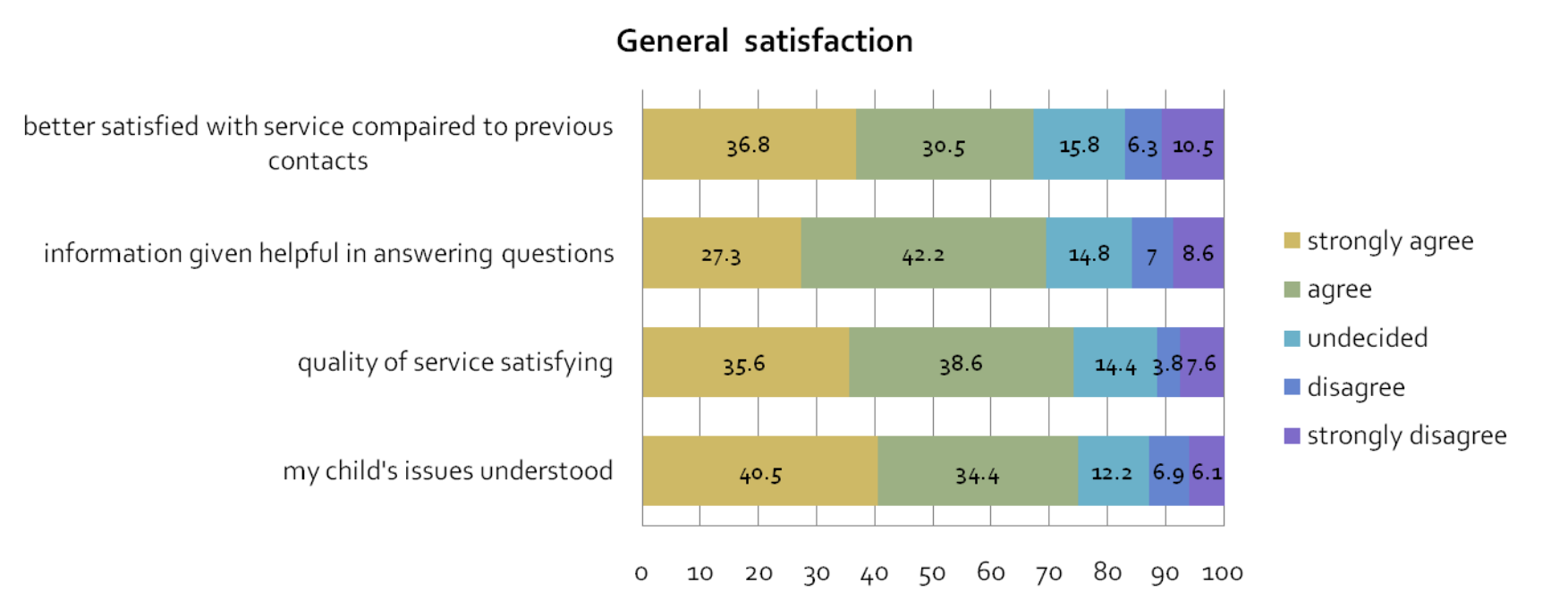
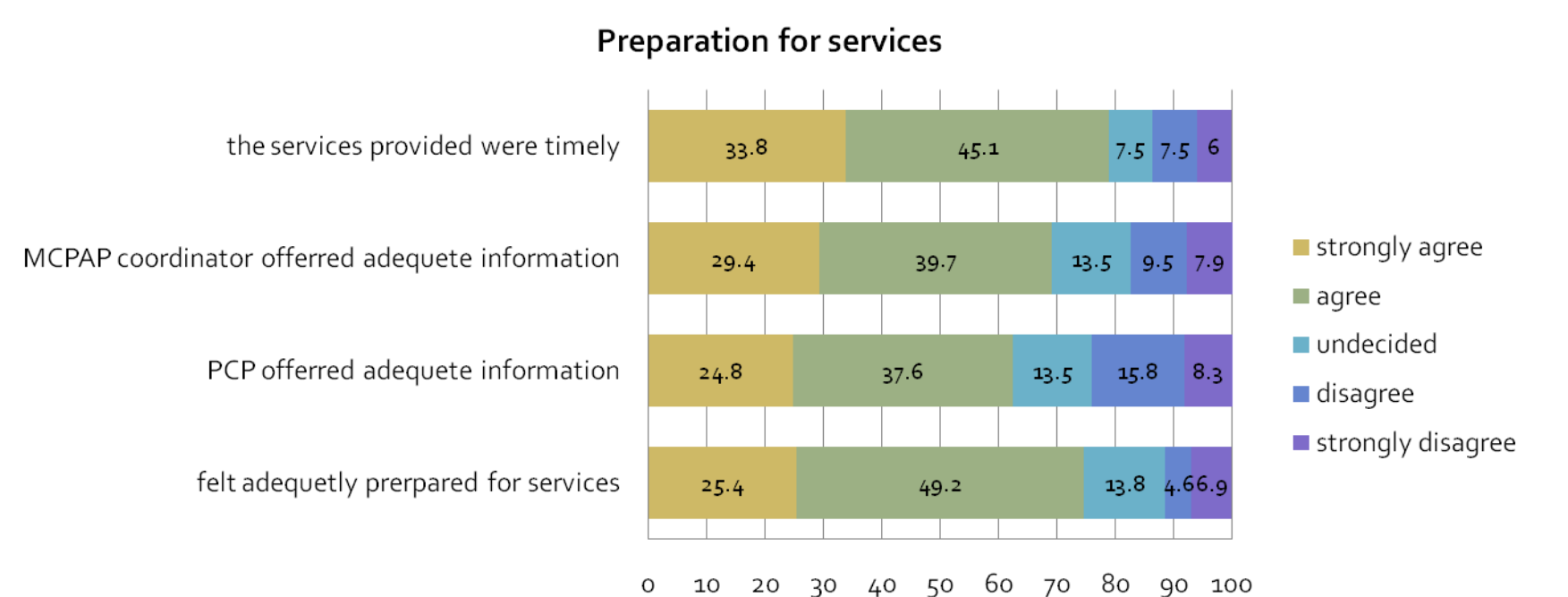
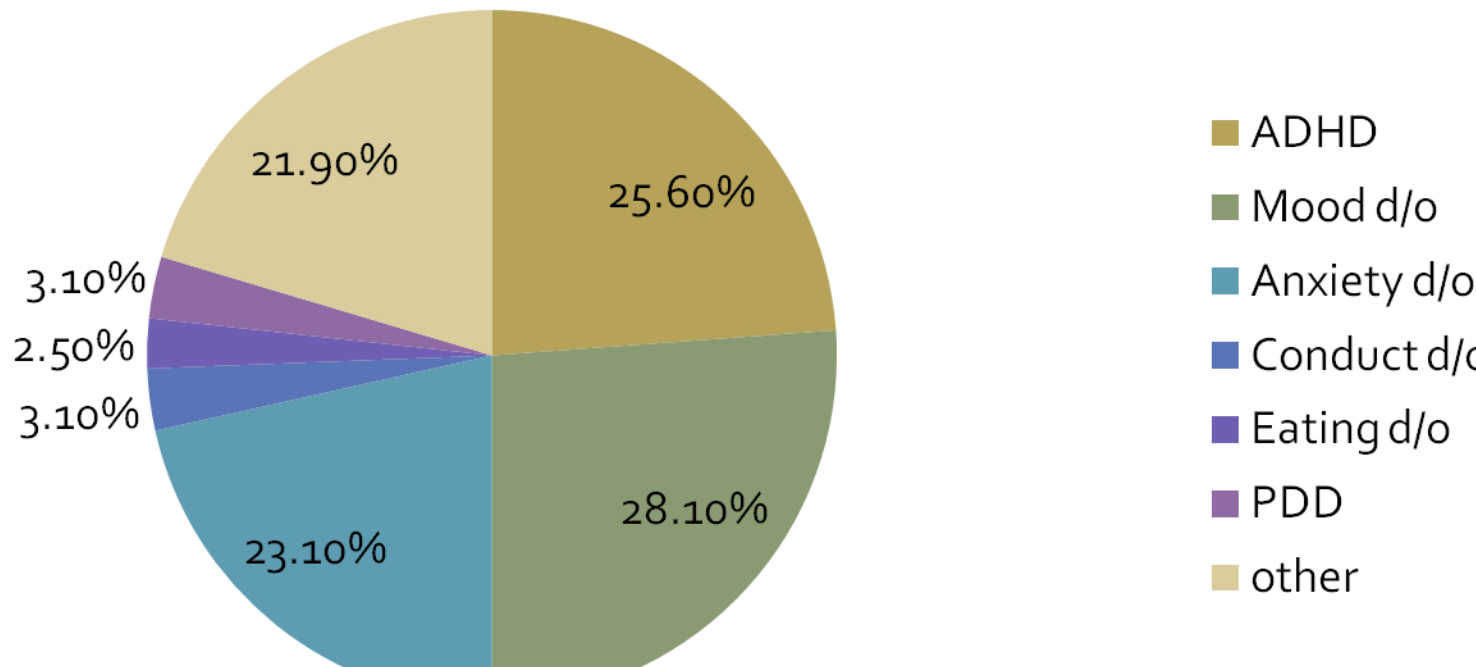
- Excel /SPSS database
- Descriptive statistics
- Summarization of open-ended responses to inform quality improvement
- Chi-square analyses: differences based on percentages (categorical data)
- Analysis of Variance (ANOVA) : group differences scale scores (mean differences in Likert Scales)
- Correlational analyses: relation between process variables and outcomes
- Regression analyses: depending on the outcomes of the bivariate correlations

## IV. Results

**Parent s**  
 Age: 23-70, mean 42.97 (Std. D 9.201), 88.3% females, 11.7% males.  
 91% biological/adoptive parents, 1.3% stepparent, 5.2% guardian/foster parent.  
 80.8% Caucasian, 16% Hispanic, 1.9% African American, 0.6% Asian.  
 9.1% did not complete high school, 16.9% GED or high school graduate, 20.8% some college education, 32.5% college graduates, 20.8% advanced degree.  
 Income: 7.1% under 10K, 13.5% 10-24K, 6.4% 25-34K, 21.3% 35-49K, 12.8% 50-74K, 39% over 75K.

**Children**  
 age 1-22, mean 11.94 (Std. D 4.646), 47.7% females, 52.3% males.  
 77.9% Caucasian, 16.9% Hispanic, 2.6% African American, 0.6% Asian.

Dx as reported by parents



## General Questions

- Length of time that child had these issues: Mean 2.83 years (Std D 2.676) 1 month – 11 years.
- Time between referral to team and first contact: 25.9% less than a week, 50.3% between 1-3 weeks, 10.5% between 3-4 weeks, 11.9% more than 4 weeks.
- 75% did not have a visit with a MCPAP clinician, 25% had a visit with a MCPAP clinician.

## Follow Up in the Community

- Time between referral and follow up appointment: 13.7% less than a week, 43.2% between 1-3 weeks, 13.7% between 3-4 weeks, 29.5% more than 4 weeks.
- 84.8% were able to get to this appointment, 14.1% were unable to get to this appointment.
- Mean number of appointments attended in the community 4.2 (Std D 7.542).
- 60.4% are still engaged with community provider, 39.6% are not engaged with community provider.
- 90.6% of children have not experienced an out of home placement since contact with MCPAP, 9.4% have experienced an out of home placement.

## Qualitative Results

### Most satisfied

- "Someone finally listening and helping me to set up services that I was previously denied or unaware of"
- "The program in general - to have a starting point in my search for help"
- "Phone support to primary care physician was excellent"
- "The interview process was very calming. We felt so good with the interviewer. The follow up from the nurse for referring us to a psychiatrist was key. Compared to other psychiatric referrals, MCPAP's influence on getting a psychiatrist appointment was better than the rest"
- "That we would have direct access to someone who could suggest a diagnosis on the day of appointment"

### Least satisfied

- "The 3 month wait between calling for an appt. and the appt. date - Far too long for a family/teen in crisis with the onset of a mental illness"
- "The scarcity of child psychiatrists to prescribe medications"

## V. Conclusions

- PSQ suggest high parental satisfaction with MCPAP evaluation process
- Notable are the high rates of parents reporting they felt prepared, heard and understood
- High satisfaction with face to face contact with MCPAP clinician when occurred
- Less satisfaction with follow up appointments in the community
- Less satisfaction with reaching their goals for their child
- Highlight need for appropriate mental health follow up in the community in order to help children and families reach their goals