FI SEVIER

Contents lists available at ScienceDirect

Children and Youth Services Review

journal homepage: www.elsevier.com/locate/childyouth



Causal relationships between background characteristics, service utilization, satisfaction, and service outcomes (school performance): A path analysis

Jeong Woong Cheon *

The Catholic University of Daegu, Department of Social Welfare, Hayang-Eup, Gyeongsan-Si, Gyeongsangbuk-Do, 712-702, Republic of Korea

ARTICLE INFO

Article history: Received 7 May 2008 Accepted 18 April 2009 Available online 24 April 2009

Keywords:
Children's mental health
Causal relationship
School performance
Service utilization
Satisfaction
Service outcome
Demographic characteristics
Serious Emotional Disturbance (SED)
AMOS

ABSTRACT

This study develops a causal model to examine the relationships between service outcome (school performance) and consumer satisfaction, service utilization, and demographic characteristics of the youth receiving mental health services. Data for 281 children, aged 12–18, served from April 2003 to December 2004 were used for the analyses. Causal relationships among variables of the proposed model were tested by using AMOS, and the respecified model was accepted as the final model with good fit to the data (*2 = 5.099, df=8, NFI=.951, CFI=.998, RMSEA=.001). Results of the model test point to the importance of the children's age, service intensity, and consumer satisfaction as determinants of school performance outcome. In particular, increased worker satisfaction and overall satisfaction lead to increases in the perceived success satisfaction and this satisfaction, in turn, leads improvement in grades. Efforts to improve service satisfaction are emphasized and studies based on a more dynamic perspective are needed.

© 2009 Elsevier Ltd. All rights reserved.

1. Introduction

Many studies have examined the factors that influence outcomes of mental health services, and have looked into the associations between children with serious emotional disturbances (SED) and mental health service. Among these factors are age, behavior problems, and service utilization. Recently, the evaluation of consumer satisfaction has become a more popular concern along with the emphasis on service outcomes (Barber, Tischler, & Healy, 2006; Blader, 2007; Hudak & Wright, 2000). However, studies have not always obtained consistent results, and less is known about the factors that contribute to the relationships between service outcomes and consumer satisfaction, service utilization, and a consumer's background characteristics (Garland, Haine, & Boxmeyer, 2007; Nabors & Prodente, 2002).

1.1. Service outcome and consumer satisfaction

For illustration, previous research on the relationship between service outcomes and consumer satisfaction produced inconsistent and varied findings (Barber et al., 2006; Hennessy, 1999). The benefits of mental health services on better school performance have been emphasized (Hodges, Xue, & Worting, 2004). Although there is the paucity of research using youth samples, studies that have

examined parental satisfaction and outcome have generally indicated that these relationships are positively linked: a positive association between satisfaction and Child Behavioral Checklist (CBCL) scores; a significant association between positive outcome and dichotomized satisfaction (Anders, Olson, & Bader, 2007; Rey, Enshire, Wever, & Apolonov, 1998). By contrast, several studies have suggested that satisfaction is not associated or negatively associated with treatment outcomes: little relationship between satisfaction and behavior change; no relationship between therapeutic change and consumer satisfaction (Garland, Aarons, Hawley, & Hough, 2003; Pekarik & Wolff, 1996).

1.2. Satisfaction with service workers

In particular, satisfaction with service workers and provider has been continuously emphasized regarding service outcomes (Gerkensmeyer & Austin, 2005). For example, focusing on parent satisfaction with case management services, Measelle, Weinstein, and Martinez (1998) examined the relationship between service outcome and satisfaction, and emphasize the role of case managers. Bernzweig, Takayama, Phibbs, Lewis, and Pantell (1997) examined a doctor–child gender combination and report that they were related to children's reported satisfaction. This approach emphasizes that children's satisfaction depends on their relationship with a significant adult worker and doctor or nurse (Hennessy, 1999). Hudak and Wright (2000) note that satisfied consumers seem more likely to maintain a relationship with a specific provider. Moreover, staff empathy was

^{*} Tel.: +82 53 850 3225; fax: +82 53 850 3204. *E-mail addresses*: jwcheon@cu.ac.kr, jwcheon@chol.net.

correlated with a higher probability that a patient would follow through with the after care plan. The need for cultural sensitivity by the provider staff was highlighted (Gillispie, Williams, & Gillispie, 2005).

1.3. Outcomes and demographic characteristics

Service outcomes of children with SED are also determined by a variety of factors, including consumers' socio-demographic characteristics and service utilization. Several studies found that age is significantly correlated with service utilizations. For example, Goodwin, Hoven, Lyons, and Stein (2002) found that younger age was associated with significantly increased likelihood of using mental health services. Regarding age and service outcomes, older children show some decline in mental functioning and older consumers are less desirable in terms of mental health therapeutic approaches. (Garfield, 1994). It generally appears that children with SED are more likely to be male, African-American, and to experience a constellation of factors associated with economic disadvantages. Walrath, Bruns, Anderson, Glass-Siegal and Weist (2004) focused on the relative prevalence of boys and girls receiving mental health services and different service utilization patterns. Studies also have shown a great disparity between African-American and Caucasians with respect to health service use and outcomes across various medical and psychiatric conditions (Cooper-Patrick et al., 1999). LeBlanc and Smart (2007) found inferior services and outcomes for minority individuals.

1.4. Consumer satisfaction and demographics

Most studies on the association between satisfaction and demographic variables have appeared to have inconsistent results (Barber et al., 2006; Godley, Fiedler, & Funk, 1998). Age appears to be a particularly important variable considering the differing cognitive, emotional development and abilities of children. Shapiro, Welker and Jacobson (1997) found a moderate or high correlation between age and satisfaction. They demonstrated that 11- to 13 years-olds attending mental health services reported higher levels of overall satisfaction than 14- to 17 year olds. In contrast, Stuntzner-Gibson, Koren, and DeChillo (1995) found a statistically significant inverse association between a youth's age and service satisfaction. There is also inconsistency regarding the relationship between gender and satisfaction with mental health services. Simonian, Tarnowski, Park, and Bekeny (1993) explored the relationship between gender and satisfaction and found significant differences. Shapiro et al. (1997) reported that adolescent males scored higher on measures of overall satisfaction and perceived benefits of therapy, but did not differ from females in satisfaction with their relationship with the therapist. Regarding race and ethnicity, some research found satisfaction greater among white than non-white service consumers (Garland, Aarons, Saltzman, & Kruse, 2000). However, other research with youth suggests that there is no relationship between race/ethnicity and satisfaction (Brannan, Sonnichsen, & Heflinger, 1996).

1.5. Satisfaction and service utilization

Service utilization includes both the quantity and type of mental health services received. The relationship of consumer satisfaction and service utilization has been evaluated in several studies, but the correlations between satisfaction and service utilization are imperfect (Garland et al., 2000). For instance, Riley, Stromberg, and Clark (2005) note that the longer a child had been receiving service, the more satisfaction they reported about their relationship with the therapist. Regarding type and severity of mental health problems, Stuntzner-Gibson, Koren, and DeChillo (1995) found no relationship between satisfaction and pre-treatment scores on measures of youth's emotional

and behavioral problems. However, Garland et al. (2000) found that increased levels of self-reported behavioral problems and particularly of emotional problems were strongly negatively correlated to satisfaction in a sample of 180 adolescent attendees at mental health services.

Taken together, these literature reviews provide some evidence of a connection between consumers' background characteristics and service utilization on service outcomes and consumer satisfaction. Previous research also indicates that increased service satisfaction is significantly associated with service outcomes, demographic characteristics, and service utilization. However, few studies examined the causal relationships between and within these variables, in particular service outcomes and consumer satisfaction. Little research to date has been able to conclusively determine a consistent causal pathway (Epstein, Nelson, Trout, & Mooney, 2005; Lane, 1999).

2. Objectives

This study attempts to develop a causal model to examine the relationships between mental health service outcomes and consumer satisfaction, service utilization, and demographic characteristics. This study also examines the relationships within consumer satisfaction, such as worker satisfaction and overall satisfaction. This research hypothesizes that specific causal relationships exist between service outcomes and consumer satisfaction, service utilization, and demographic characteristics of children and youth who receive services from Mental Health Centers. In addition, the consumer satisfaction variables mediate the relationship between service outcomes and demographic background, as well as between service outcomes and service intensity. Research questions are: 1) What factors of consumer characteristics and service utilization affect consumer satisfaction and service outcomes of young consumers? 2) Does consumer satisfaction mediate the relationship between service outcomes and consumer characteristics and service utilization?

Since the causal models are useful for "policy decisions, program design, and the making of decisive rulings about factors that may influence the phenomenon," (Epstein et al., 2005, p.453) this study is expected to contribute to the better policy and designing of mental health services for children and youth with SED. By determining the nature of the causal link, this study also supplements the research gaps of inconsistent results of the associations between service outcomes, satisfaction, service utilization, and demographic characteristics. For example, if consumer satisfaction is proved to be a mediating factor between service outcomes and other variables, efforts to improve consumer satisfaction might prove to be more important for better mental health services.

3. Methodology

The population is children and youth with a serious emotional disturbance (SED) who receive services at Community Mental Health Centers (CMHCs) in Kansas. The sample is derived by matching three data sources: (1) Medicaid billing data for children receiving services from Kansas Mental Health Centers; (2) Kansas Youth Satisfaction Survey (KYSS) data; and (3) Children's Status Report (CSR) data (for outcome variables). The Medicaid billing data was utilized to acquire the information of service utilization. The Medicaid billing data contained the types, amounts, and frequencies of services the children received. The KYSS was a survey instrument developed in 1997 first, and since then, several revisions of the instrument have been made until this study's time period of data collection. The reported overall alpha was .91. The Children's Client Status Report (CSR) was utilized for service outcome variables. Each quarter, Kansas requires Community Mental Health Centers to report on status and outcome for all children with SED receiving their services. The number of days during the quarter the child attended school, and the child's grades at school were recorded as performance indicators along with other outcomes.

Download English Version:

https://daneshyari.com/en/article/347557

Download Persian Version:

https://daneshyari.com/article/347557

<u>Daneshyari.com</u>