

Supporting Briefing note: issues highlighted by 2009 survey of mental health acute inpatient services

This briefing provides key findings from the first ever systematic national survey of people's experiences of acute inpatient mental health services. Whilst the Care Quality Commission's predecessor organization the Healthcare Commission undertook five annual surveys of users of community mental health services, this new survey provides a unique insight into the experiences of people with acute mental health problems in NHS hospitals, including those detained under the Mental Health Act.

The survey included people aged 16-64¹ who had been discharged from hospital in the six months prior to the survey following a stay on an acute ward or psychiatric intensive care unit² of at least 48 hours. Over 7,500 people from 64 trusts (including combined mental health and social care trusts, and those foundation trusts and primary care trusts that provide acute mental health hospital inpatient services) responded to the survey between April and June 2009, a response rate of 28%. It is not surprising that this is lower than in recent surveys of community mental health service users and is likely to reflect difficulties in reaching the target population and the nature of their illness. Nevertheless, the survey captures the views of a very large sample of recent service users and offers valuable information on hospital inpatient experiences for this group of people. Of all respondents to the survey, 17% were from black and minority ethnic (BME) groups.

The results from these surveys are used by NHS trusts to help them understand and improve their performance. The Care Quality Commission has also used the results from each trust in its assessment of NHS performance, the annual health check for 2008/09, which will be published on 15th October 2009..

¹ People aged 65 and over were not included in the sample for the survey as an earlier pilot survey had shown that it was not feasible to include them using this approach. This was because a considerable proportion of people aged 65 or over using acute inpatient mental health services have organic illnesses such as dementia, making it difficult for them to respond to a self-completion postal questionnaire. An alternative methodology would therefore be required, but this would not be able to produce directly comparable results. Furthermore, the range of services being used by older people also tends to differ because of the prevalence of organic conditions, making it hard to compare their experiences against those of younger service users.

² Other types of wards were not included in the scope of the survey. This included rehabilitation, secure and specialist units, for example, for people requiring treatments for substance misuse or wards which primarily served people with a learning disability. This is because service provision varies between trusts, and the services received would be very different.

Key findings summary

This section provides a broad outline of the survey findings.

- Most patients' admissions began well, with 85% reporting that staff made them feel welcome on the ward.
- Just under one in ten respondents (8%) said that they had ever shared a sleeping area such as a room or bay with patients of the opposite sex during their most recent stay, with 92% reporting that this never happened.
- The majority of patients (86%) reported having physical health checks in hospital – but only 44% of those with physical health problems felt that these were “definitely” taken care of enough.
- The survey showed limited access to talking therapies, with only 29% receiving these overall and less than half of those who wanted talking therapies getting them.
- Most respondents felt unsafe at some point during their stay, with only 45% saying that they “always” felt safe in hospital and 16% saying that they did not feel safe.
- There was a lack of activities available for inpatients, with 35% saying that there was too little to do on weekdays and over half (54%) reporting that there were not enough activities available to them at weekends or evenings.
- Patients were often not involved in their care as much as they wanted to be, with only 34% saying that they were “definitely” involved as much as they wanted to be in decisions about their care and treatment.
- Many patients felt that they were not given understandable explanations about their care and treatment, – almost half (48%) said that the potential side effects of medicines that they were prescribed whilst in hospital were not explained to them in a way they could understand
- There was some evidence that the interface between different services was weak. Only 28% said that staff on the wards “definitely” knew enough about their previous care and treatment, and 29% said they were not given information on how they could get help in a crisis after they were discharged.

Arrival on the ward

Respondents were asked a series of questions about different aspects of their most recent stay as an inpatient, starting with their arrival on the ward. Eighty five per cent of people said that staff made them feel welcome when they arrived.

When patients arrive at an inpatients ward it is important that staff there are aware of their history and any previous care they have received. This enables staff to make sure that the care and treatment that they provide to new patients is appropriate. Respondents were asked whether or not they felt that staff knew enough about any previous care they had received. Of those who could

remember, twenty eight per cent answered 'yes, definitely', 47% said 'to some extent', and 24% said 'no'.

It is good practice for staff introducing new patients to the ward to make sure that patients are aware of routines on the ward, and national guidance emphasise the need to make this information available. About a third of respondents (36%) said that staff told them about ward routines such as meal and visiting times on arrival or soon afterwards. A similar proportion (35%) said that they had been told 'to some extent', and 30% said that they had not been told.

Mental Health Act

Just over four in ten (44%) respondents said that they had been detained – or 'sectioned' – under the Mental Health Act at some time during their most recent stay in hospital.

When a person is detained or 'sectioned' under the Mental Health Act the law states that their rights must be explained to them, but past reports from the Mental Health Act Commission have often highlighted concerns about how well detained patients' rights are explained to them. Service users who had been detained were asked whether their rights had been explained to them in a way that they could understand. Four in ten (40%) answered 'yes, completely', 33% answered 'yes, to some extent', and 27% said 'no'.

Psychiatrists

Respondents were asked a series of questions about the psychiatrists they had seen during their most recent stay in hospital.

On the whole, respondents who had seen a psychiatrist were generally positive: when asked if the psychiatrist(s) had treated them with respect and dignity, the majority (69%) answered 'yes, always', while 22% said 'yes, sometimes' and 9% answered 'no'. Likewise, most (57%) said that the psychiatrist(s) 'always' listened carefully to them, with 30% reporting that they listened 'sometimes', and 13% saying that the psychiatrist did not listen carefully to them.

Half (50%) of respondents reported that they were 'always' given enough time to discuss their condition and treatment with the psychiatrist(s), 30% said 'yes, sometimes', and 19% said 'no'.

Less than half (48%) said that they 'always' had trust and confidence in the psychiatrist(s) who treated them, 32% said that they did 'sometimes', and 21% said 'no' to this question.

Nursing staff

Respondents were asked the same series of questions about the nursing staff who cared for them. In general, responses to the questions about nurses were slightly less positive than those about psychiatrists.

Most respondents felt that nurses treated them with respect and dignity, 56% answered 'yes, always' 34% answered 'yes, sometimes', and 10% answered 'no'. Just under half (48%) said that the nurses 'always' listened carefully to them, 40% answered 'yes, sometimes', while 12% said 'no'.

Forty one per cent said that they were 'always' given enough time to discuss their condition and treatment with the nurses, 36% said 'yes, sometimes', and 23% 'no'.

Respondents were then asked whether they had confidence and trust in the nurses. Forty five per cent answered 'yes, always', 39% 'yes, sometimes', and 17% said 'no'.

Care and treatment

Providing personalised care focused on the needs of individuals is a key element of recommendations aimed at improving mental health services. It was, for example, highlighted as the number one priority area in the Healthcare Commission's 2008 review of acute inpatient mental health services³. Ensuring that patients are involved in decisions about their care is a major part of this. A third of respondents (34%) said that they were 'definitely' involved as much as they wanted to be in decisions about their care and treatment, whilst forty per cent said 'yes, to some extent'. More than a quarter (27%) said that they were not involved as much as they wanted to be.

Respondents were asked whether they were given enough privacy when discussing their condition and treatment with the hospital staff. Fifty eight per cent answered 'yes, always', 29% answered 'yes, sometimes', and 13% said no.

Talking therapy

Respondents were asked several questions about 'talking therapies'. In the survey, we defined 'talking therapies' as being psychological therapies such as counselling, cognitive behavioural therapy (CBT), faith and spirituality based counselling, and anxiety management. NICE clinical guidelines recommend the use of psychological therapies for mental health problems such as schizophrenia and note that they can be provided in the acute phase of illness as well as after a crisis period⁴.

³ Healthcare Commission, the. (2008). *The pathway to recover: a review of NHS acute inpatient mental health services*. Healthcare Commission, London.

⁴ National Institute of Health and Clinical Excellence. (2009) *NICE clinical guideline 82. Schizophrenia: core interventions in the treatment and management of schizophrenia in adults in primary and secondary care*. NICE, London.

Overall, about three in ten (29%) said that they received talking therapies whilst in hospital and 71% that they had not. Just over half of respondents (52%) to the inpatient survey said that they had wanted talking therapy while they were in hospital, but of those patients less than half (46%) had received any. That is, 23% of all respondents both said that they had wanted talking therapy whilst they were in hospital *and* said that they had not received any.

Half (50%) of those who received talking therapy said that they 'definitely' found it helpful, 42% said that it was helpful 'to some extent', and 8% said that it was not helpful.

Physical health

NICE guidelines on schizophrenia and depression recommend that patients' physical health should be the subject of regular full examinations whilst in hospital, and that such checks should be carried out before prescribing medicines to ensure patient safety^{5, 6}. The majority of patients (86%) said that they had physical health tests (e.g. having their blood pressure checked, or blood tests): this was consistent with findings of the Healthcare Commission's review of inpatient mental health services, which found that 86% of inpatients' records indicated that a baseline physical health examination had been performed⁷. However, respondents were also asked whether enough care was taken of any physical health problems they had: of those who had physical health problems, less than half (44%) answered 'yes, definitely' whilst 34% answered 'yes, to some extent' and 22% said 'no'. This area was also highlighted in a 2009 paper from the Royal College of Psychiatrists, which stressed the importance of acute mental health services attending to the physical healthcare needs of patients⁸.

Medication

It is important that hospital staff provide information on medication (including tablets, medicines and injections) in a way that is understandable to the patient to involve them in their care and ensure their safety. Provision of information is crucial in helping to ensure that patients take their medication as intended and can help reduce the risk or readmission from not taking prescribed medication.

The vast majority (95%) of patients said that they had been given medication during their most recent stay in hospital. These respondents were asked whether the staff explained the purpose of the medication in a way they could understand.

⁵ *ibid*

⁶ National Institute for Health and Clinical Excellence. (2004) *Depression: management of depression in primary and secondary care*. NICE, London.

⁷ Healthcare Commission, the. (2008) *op cit* p51

⁸ Royal College of Physicians. (2009) *Physical health in mental health: final report of a scoping group*. RCP; London.

Of the 92% who felt that they needed an explanation, over four in ten (40%) answered 'yes, completely' and 36% answered 'yes, to some extent', but almost a quarter (24%) answered 'no'.

Respondents were also asked whether the potential side effects of the medicine were explained to them in a way that they could understand. Nine percent said that they did not need any explanation, but of the rest twenty six per cent answered 'yes, completely', 26% answered 'yes, to some extent', and almost half (48%) answered 'no'.

Experiences of the ward

The Department of Health has made a public commitment to all but eliminate mixed sex accommodation from NHS hospitals in England and has established a national taskforce to ensure the delivery of this aim. Just under one in ten respondents (8%) said that they had shared a sleeping area (such as a room or bay) with patients of the opposite sex during their most recent stay. The majority (92%) did not.

Ensuring the safety of people while they are inpatients is extremely important for mental health services, and was highlighted as the second priority area in the Healthcare Commission's 2008 review⁹. Respondents were asked whether they felt safe on the ward. Less than half (45%) said that they 'always' felt safe, 39% said that they 'sometimes' felt safe, and 16% that they did not feel safe.

One in five (21%) said that they had been bothered at night by noise from hospital staff.

Just over half (53%) said that the hospital ward was 'very clean', 39% said it was 'fairly clean', 7% that it was 'not very clean' and 2% that it was 'not at all clean'.

Forty five per cent of people said that the bathrooms and toilets were 'very clean', 40% said that they were 'fairly clean', 11% that they were 'not very clean' and 4% that they were 'not at all clean'.

A quarter, (25%) rated the hospital food as 'very good', 34% said it was 'good', 27% that it was 'fair', and 14% that it was 'poor'. Respondents were also asked whether they had specific dietary requirements (for example, because of cultural or religious beliefs, due to a particular health conditions or through personal choice). Eighteen per cent said that they did, and were asked whether they got the specific diet that they needed on the ward: two in five (41%) answered 'yes, always', 41% said 'yes, sometimes' and 18% said no.

⁹ Healthcare Commission, the. (2008) *op cit*.

The Royal College of Psychiatrists' National Audit of Violence¹⁰ and the Healthcare Commission review of acute inpatient mental health services suggested a link between boredom on wards, caused by a lack of things for inpatients to do, and incidents of violence¹¹. It is therefore important that mental health services provide sufficient activities for inpatients. Respondents were asked whether there were enough activities available for them to do during their most recent stay in hospital. Just under a quarter (24%) said that there were enough activities available to them on weekdays 'all of the time', with 41% saying 'yes, some of the time', and over a third (35%) saying no. The picture was less positive for evening and weekend activities: only 14% said that there were enough activities on evenings and weekends 'all of the time', 32% said 'yes, some of the time', and more than half (54%) said no.

Keeping in touch

Respondents were asked whether the hospital helped them to keep in touch with family and friends while they were an inpatient. The majority of those who would have liked help said 'yes definitely' (45%) or 'yes, to some extent' (39%) and 16% said 'no'.

Respondents were also asked whether they needed any help from hospital staff with organising their home situation (e.g. paying bills, taking care of relatives, looking after pets, keeping in touch with work). Those who said yes (22%) were asked whether they received any help. Forty three per cent said that they had received all the help they needed, 34% said they received some of the help they needed, and 23% said that they did not receive any help.

Over one in five (21%) of respondents rated their overall care as 'excellent', 28% said that it had been 'very good', 24% said 'good', 16% said 'fair', and 12% said 'poor'.

Discharge

Respondents were asked a series of questions about their discharge from hospital. The majority (74%) of people said that they were given enough notice about their discharge from hospital, meaning that 26% were not.

Just under a quarter (22%) said that their discharge date had been delayed, the main reason being that they had to wait to see the doctor or nurse in charge of the ward (cited by 34%). Other reasons cited were 'having to wait for suitable accommodation' (9%), and 'having to wait for community services to become available' (7%), 'having to wait for financial help' (1%). Another unspecified reason was given by 49%, and we would encourage trusts to explore the reasons for these delays.

¹⁰ Royal College of Psychiatrists' Centre for Quality Improvement, & Healthcare Commission. (2008). *National audit of violence: final report, working age adults 2006/07*. RCP; London

¹¹ Healthcare Commission, the. (2008) *op cit*, p42.

Respondents were asked whether hospital staff took their home situation into account when planning their discharge from hospital. Just under half (49%) answered 'yes, completely', 31% answered 'yes, to some extent' and 21% said no.

Crisis care

More than seven in ten service users (71%) were given information, on discharge, about how they could get help in a crisis or when urgent help was needed, although 29% were not. Similarly, 69% of service users said they had the number of someone from their local NHS mental health services that they could phone out of office hours, but 31% were not given this information. This proportion that had an out of hours contact number to call if they needed to was somewhat higher than in our 2008 survey of community mental health service users, where 55% of respondents said that they had a number to ring out of office hours.

Mental health services are expected to get in contact with former inpatients in the first week after their discharge to check on their progress, and this is a national indicator used in CQC's annual assessments¹². The majority of people (84%) in our survey said that they had been contacted by someone from mental health services after they left hospital. Of those that could remember when they were contacted, (75%) were contacted within a week of leaving hospital, 15% within two weeks, 3% three weeks, and 7% four weeks or longer.

Complaints and discrimination

Almost half of service users (48%) said that they were made aware of how to make a complaint if they had one. Respondents were also asked whether they felt they had been treated unfairly at any point during their stay. Overall, 70% of patients reported that they had not been discriminated against for any reason. Five per cent said that they felt that they had been treated unfairly because of their age, 4% because of their sex, 4% because of their ethnicity, 4% because of their religion, 3% because of their sexual orientation, 9% because of their disability, and 9% for 'some other reason'. Note that respondents were able to identify one or more ways in which they felt that they had been discriminated against. Whilst it is not possible to look at the reasons why people felt discriminated against at a national level, we would encourage trusts to explore this locally where problems had been identified.

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¹²

<http://www.cqc.org.uk/guidanceforprofessionals/healthcare/nhsstaff/periodicreview2009/10/qualityofservices/existing/careprogrammeapproachcpa7dayfollowup.cfm>