MHC
Coimisiún Meabhair-Shláinte | Mental Health Commission

Your Views of Mental Health Inpatient Services

INPATIENT SURVEY 2011:
EXECUTIVE SUMMARY REPORT

Irish Society for Quality & Safety in Healthcare ISQSH

University of ULSTER

Tús Áite do Shábháilteacht Othar
Patient Safety First

**Word cloud for Q44b. What participants liked most about the hospital.*

Foreword

Let's Talk Mental Health Inpatient Services

The Mental Health Commission (MHC) is delighted to partner the Irish Society for Quality and Safety in Healthcare (ISQSH) in this exciting and formative piece of work. The Commission's number one strategic priority (MHC, 2009) is to involve service users and their families in a meaningful way in policy and planning both locally and nationally. This commitment has been re-affirmed through our involvement in the publication of a '*Framework for Public and Service User Involvement in Health and Social Care Regulation in Ireland'* (Health and Social Care Regulatory Forum, 2009).

We were particularly keen to work with the ISQSH given their extensive knowledge and expertise in conducting patient surveys in the Irish health sector. We are particularly delighted by their efforts to develop a validated survey instrument, in collaboration with the University of Ulster, which can be used across the health sector as we believe that mental health service users are no different to other users of health services and their views should be elicited in a similar way.

The *'Quality Framework for Mental Health Services'* (MHC, 2007) sets out 24 standards for mental health services falling under eight key themes. It provides guidance for service users, their families/chosen advocates, service providers and the public as to what to expect from a mental health service. Many aspects of the quality of care in the framework are examined in this survey thus providing us with an indication for the first time, of how services are progressing with implementation of these standards from the service user's perspective.

We would particularly like to thank all 710 people who took the time to participate and provide us with client-reported mental health service outcomes. We would also like to thank the participating approved centres and their staff for their hard work and commitment throughout the project. We hope that having participated in this process, services will be encouraged to carry out their own surveys locally on a regular basis using the survey tool developed.

We hope that you find the results as interesting as we do and that they will assist in the continuing development of quality mental health services.

Dr. Edmond O'Dea
Chairperson, MHC

Ms. Patricia Gilheaney
Chief Executive, MHC

Let's Talk Mental Health Inpatient Services

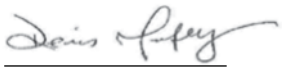
The publication by the Mental Health Commission of the *'Quality Framework for Mental Health Services'* in Ireland in 2007 gave a real voice to the concept of quality improvement in the Irish mental health sector. It provides a framework for service providers to continuously improve the quality of the mental health services they deliver.

The 2007 framework provides themes to guide quality evaluation throughout the continuum of care. The framework was created following extensive consultation and emphasised:

- Empathetic relationships;
- An empowering approach to service delivery; and
- A systematic evaluation and review of mental health services.

This current publication '*Your Views of Mental Health Inpatient Services*' is a very clear demonstration by the Mental Health Commission of their commitment to service user/client evaluation of mental health services in Ireland. This report, which represents the views of over 700 service users and is the culmination of many months work, will provide a rich resource for further enhancing service provision.

The report highlights both the positive improvements made by service providers as well as offering a focus for further development to enhance service delivery over the coming months and years. The ISQSH are honoured to be involved in this project and are confident of the Mental Health Commission's commitment to continuous improvement within mental health services. We thank both the service users and service providers for their participation.



Mr. Denis Murphy
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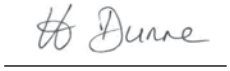

Dr. Hilary Dunne
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Introduction

This report presents an executive summary of the findings of the first national survey of inpatient mental health services that the Mental Health Commission has carried out. The full report is available to download on our website www.mhcirl.ie. The undertaking of this survey highlights our commitment to working in partnership with all those using mental health services to evaluate the quality of services currently being provided. The questionnaire used in this survey built on earlier National Patient Perception of the Quality of Healthcare Survey instruments (ISQSH, 2000; 2002; 2004; 2010).

Key Objective

The key objective of this survey process was to gather information on the quality of service provision from the perspective of service users on a number of dimensions of care in line with the *Quality Framework for Mental Health Services* (MHC, 2007), the Commission's national standards for services.

Methods

Ethical Considerations

Ethical approval was obtained from our partner on the project, the University of Ulster, who was also involved in the validation of the survey tool. A number of steps were taken to inform service users about the survey and obtain consent for participation; full details of which can be found in the main report.

Data Collection

A postal survey technique was used with two follow up reminders. A free helpline number was also provided to enable the participant to decline from participation or request assistance in completing the questionnaire.

Survey Population

Thirty approved centres agreed to take part in the survey, although responses received represented 28 centres. The convenience sample used represents all the service users discharged home from a participating approved centre between 1st November 2010 and 31st January 2011. Participants included in the study were 18 years of age and over. Eligible service users were considered to be those individuals who had spent at least one overnight stay in an acute inpatient mental health service and who were discharged directly to their homes from the service. The final sample size from each hospital depended on the volume of inpatients during this three-month period and exclusion criteria (see full report). The survey was not sent to those service users who had chosen to opt out at any point prior to the distribution date.

Summary of Key Findings

The key findings are set out below and have been categorised under six of the eight themes from the '*Quality Framework for Mental Health Services in Ireland*'. An overall evaluation theme has also been included.

Profile of Respondents

Response Rates

The valid sample size for the survey was 2,033 of which 710 returned a completed questionnaire; yielding a total response rate of 35%.

Demographics

Table 1 provides the demographics of the sample. The respondents ranged in age from 18 to 88 years of age with an average age of 45.4 years. More females than males responded to the survey; 55.1% were females and 44.9% were males. The majority (62.2%) of participants were funded as public service users during their stay in hospital while 37.8% were funded by private healthcare insurance.

Table 1: Demographic Characteristics

	Frequency	Valid Percent
How old were you on your last birthday?		
18 - 44	324	46.8%
45 - 64	298	43.0%
65 or older	71	10.2%
Gender		
Male	314	44.9%
Female	386	55.1%
Were you in hospital as a ...?		
Public patient	432	62.2%
Private patient	263	37.8%
How long have you been a service user?		
Less than a year	211	31.6%
1 year but more than 5 years	154	23.1%
At least 5 years but no more than 10 years	107	16.0%
More than 10 years	195	29.2%
How many admissions have you had in the last year?		
1 admission	389	57.0%
2 admissions	178	26.1%
3 admissions	54	7.9%
More than 3 admissions	61	8.9%
How many nights did you spend in hospital?		
Less than a week	114	18.0%
1 - 2 weeks	99	15.6%
2 - 4 weeks	146	23.1%
More than a month	274	43.3%

Theme 1: Provision of a holistic seamless service and the full continuum of care provided by a multidisciplinary team

This theme encompasses: care and treatment plans, service users' entry to and exit from the service, provision of care suited to service users' changing needs and the availability of appropriate therapeutic services.

- Approximately half (53.4%) of all respondents were appointed a key worker upon admission whereas one third (33.8%) reported they were not.
- Over half (55.4%) of respondents reported that they had a care plan in place, however 29.9% (210/702) indicated that they did not, while 14.7% (103/702) did not know or could not remember. More than seven out of ten respondents (73.1%) agreed that they understood what a care plan was and over half (53.6%) agreed that it had helped them improve their capacity to look after themselves.
- Just over three quarters (75.2%) of respondents agreed that there was a focus on recovery in the care and treatment offered to them, while more than one out of seven (15.6%) disagreed.
- Between 61.9% (322/520) and 67.2% (393/585) of respondents rated access to a social worker, access to psychological therapies, access to a community team and access to other therapies respectively as *Good* or *Very Good.* However, between 24.1% (141/585) and 30.0% (156/520) rated their access to these services negatively.
- Just over half of respondents (54.6%) agreed that they had received appropriate treatments for any physical needs, 23.1% (162/701) agreed to some extent, while one out of ten (10.0%) did not agree.
- Four out of five respondents (80.8%) reported that there was always a staff member available when needed, while 19.2% (129/672) disagreed. Similarly, more than four out of five (82.8%) agreed that if they needed help, it was given in a timely manner, although 17.2% (114/666) disagreed with this statement.
- More than eight out of ten respondents (82.5%) agreed that their length of stay was appropriate, while 17.5% (120/687) disagreed with this statement.
- When asked if they had been discharged at a convenient time, most service users (87.3%) agreed that they were.
- Approximately half (49.6%) of respondents reported that they were given two to three days notice of their discharge from hospital; 18.1% (124/684) were told the day before; 16.4% (112/684) were told that morning and 8.9% (61/684) were given just one to three hours notice.
- Close to two thirds (64.8%) of service users had a discharge plan, while approximately one third (35.2%) did not have a plan.
- Follow up appointments were arranged for the majority (88.0%) of respondents. More than eight out of ten respondents (82.0%) were given appointments for within a month of discharge, 15.1% (88/584) were given an appointment between one and three months after discharge, while 17 service users (2.9%) reported that their appointment was arranged for more than three months after their discharge.

Theme 2: Respectful, empathetic relationships are required between people using the mental health services and those providing them

This theme encompasses: provision of a service that respects service users' beliefs, values and experiences, upholding the rights of service users, and the promotion of integration of mental health service users in the community.

- The majority (86.8%) of respondents agreed that they were treated with dignity and respect.
- More than nine out of ten (93.6%) respondents were satisfied with the level of privacy while being examined.
- Almost nine out of ten (87.2%) respondents stated that they trusted their healthcare team.
- Over nine out of ten respondents (92.4%) agreed that staff protected their confidentiality.
- Nine out of ten respondents (90.2%) indicated that it was possible to have a private conversation with a member of their healthcare team.
- When asked whether there were questions they would have like to have asked, but did not, the majority (65.6%) of service users said: *No*. However, over one third (34.4%) would have liked to have asked a question. The most frequently reported reasons for not asking questions were: *Staff were not available/ appeared too busy* (28.8%), followed by: *I was too ill at the time* (21.2%).
- The vast majority of respondents (92.4%) knew the name of their consultant psychiatrist. Likewise, 87.2% (596/683) of respondents could identify members of their healthcare team.
- Most respondents (92.8%) reported that members of their healthcare team were courteous.

Theme 3: An empowering approach to service delivery is beneficial to both people using the service and those providing it

This theme encompasses: facilitation of service users' involvement in care and treatment through the provision of information, exercising choice, rights and informed consent, peer support/advocacy, availability of a mechanism for participation in the delivery of mental health services, and treatment and care with a recovery-focused approach.

- Close to eight out of ten participants (79.7%) agreed that the information received at admission was adequate, while 20.3% (135/666) disagreed.
- Almost half (49.4%) of service users reported that they did not receive written information about the hospital or its routines, while 42.1% (297/706) reported they did, and 8.5% (60/706) could not remember. Just over half (52.4%) stated that they were told in sufficient detail about routines (meal times, doctors rounds etc), while a smaller proportion (15.0%) were not told anything.
- Forty percent of respondents stated that they had access to an independent advocacy service, while 39.1% (274/700) stated that they did not, and one out of five (20.9%) could not remember.
- Just over three quarters (75.6%) of service users believed that they were involved in decisions made about their care and treatment as much as they would have liked. However, almost one quarter (24.3%) of service users would have welcomed greater involvement in the process.
- 63.2% (407/644) of service users felt encouraged by hospital staff to voice their opinion about the services, while 36.8% (237/644) did not feel encouraged to voice their opinions.
- Just over three quarters (75.9%) of participants agreed that the purpose of tests/procedures/new medications was always explained to them, the remaining 24.1% (151/626) disagreed.
- Over two fifths (43.3%) of respondents reported that possible side effects of medication were explained to them while a similar percentage (42.7%) reported that they were not explained.
- More than half of service users were not aware that they could access their patient records using the Freedom of Information Act, or of the complaints procedure within the hospital (54.5% and 53.0% respectively), while 45.5% (318/699) and 47.0% (296/630), respectively, were aware of this information.
- Almost one third (31.3%) of service users wished to complain about an area of dissatisfaction during their hospital stay.
- Of those that complained, 24.6% (31/126) of respondents stated that they were satisfied with the way in which their complaint was dealt with, while 51.6% (65/126) were not.
- Three quarters (75.6%) of service users reported that they were satisfied with the amount of information they had received at discharge about their follow-up care; however, almost one in four (24.3%) were not satisfied.

Theme 4: A quality physical environment that promotes good health and upholds the security and safety of service users

This theme encompasses: provision of safe mental healthcare settings that respect the individual's dignity and privacy, and provision of a balanced and nutritious diet to service users.

- Two thirds (66.0%) of service users reported that they always felt safe in the hospital environment, 27.1% (189/697) felt safe some of the time, while 6.9% (48/697) never felt safe.
- Between 70.3% (453/644) and 88.0% (592/673) rated adequacy of shop facilities, access to a public phone, access to smoking area, access to private outdoor setting and ease of finding their way around respectively as either *Good* or *Very Good*. Ratings were slightly lower for access to communication methods such as email or post: 62.3% (309/496) of respondents agreed that access was *Good* or *Very Good,* while 27.0% (134/496) reported it was *Poor* or *Very Poor.*
- Almost ninety percent (616/694) agreed that the hospital facilities were of a clean standard, while a small minority (11.2%) disagreed.
- In terms of the food received, 82.6% (569/689) of respondents *Agreed* or *Strongly Agreed* that it was of a high quality and standard.

Theme 5: Access to services

This theme is concerned with the accessibility of mental health services to the community.

- Of those who responded to the question: '*Was this an emergency or planned admission?',* over half (55.5%) of respondents classified their entry to hospital as an emergency admission, 36.0% (249/692) reported a planned admission, and close to one out of ten (8.5%) were not sure or did not know.
- The most common sources of referral to hospital were: *Member of your Psychiatric team* (26.0%), *GP* (24.9%), and *Self* (23.0%).
- Upon arrival at hospital, four out of ten service users (40.2%) were seen by a Psychiatrist within an hour. Approximately three out of ten (31.5%) waited at least one, but no more than three hours to be seen, and finally 8.0% (56/701) waited six or more hours.
- Two thirds (67.0%) of respondents agreed that before they were discharged they were given information on how to contact their local mental health service if they required help urgently, however, 24.8% (157/634) disagreed.
- Just over half (55.1%) of participants agreed that they were given information at discharge on how to access support services. However, almost one third (32.7%) of service users reported they were not given this information.

Theme 6: Family/Chosen advocate involvement and support

This theme is concerned with the empowerment of families, parents and carers as team members receiving information, advice and support as appropriate.

- The level of family member/advocate involvement during the admission process was considered by more than seven out of ten respondents (71.8%) to be acceptable. Eleven percent (77/703) reported that they would have liked more involvement from a family member/advocate and 6.4% (45/703) stated that the involvement was more than they had wanted during this process.
- Close to two thirds (63.8%) of service users reported that members of their healthcare team always helped them to keep in contact with friends or relatives as much as they wanted. A further 16.1% (109/677) stated that this occurred some of the time, while one out of five (20.1%) stated this did not occur.
- Most respondents (61.9%) reported that they were always satisfied with the level of privacy they received when their family or relatives visited them, 24.3% (165/679) reported this to be the case some of the time, and a further 13.8% (94/679) reported they were not satisfied.
- Over half (55.7%) of service users *Agreed* or *Strongly Agreed* that they were consulted with regarding what information should be disclosed to their family members. However, more than four out of ten service users (44.3%) did not agree with this statement.

Overall Evaluation including Health Status

The following relates to the overall experience of service users of mental health services including their reported health status post discharge.

- When asked to give a global opinion on their hospital stay, a large majority (84.4%) of respondents stated that they were satisfied overall with the service they received.
- Almost three quarters (73.4%) of respondents reported some level of improvement in their health status following their hospital stay and approximately seven out of ten service users (68.1%) indicated that they had either *Excellent, Very Good,* or *Good* current perceived health status at the time of survey completion.
- Almost 86% (581/676) of respondents either *Agreed* or *Strongly Agreed* that they would prefer to return to the hospital in question if they had the choice, while the remaining 14.1% (95/676) either *Disagreed* or *Strongly Disagreed.*
- The majority (84.5%) of respondents reported that they would be willing to recommend the hospital to family and friends.
- In general, the service provided matched service user expectations as 84.0% (573/682) of respondents either *Agreed* or *Strongly Agreed* with this statement. More than seven out of ten respondents (71.7%) agreed that the service provided matched their perceptions of an ideal hospital service.

Predicting Overall Satisfaction Levels

An attempt was made to examine factors that were associated with a person's overall rating of service satisfaction[1]. This was done using a statistical technique called logistic regression analysis. Of the data included within this analysis, 84 individuals were not satisfied with the service that they received in hospital. The remaining individuals (n=487) expressed satisfaction with the service received. A number of potential explanatory measures were examined. These were:

1. Gender
2. Age
3. Payment Status
4. Legal Status
5. Frequency of contact with Consultant Psychiatrist
6. Provision of a discharge plan
7. First/Subsequent Admission
8. Health status following hospital stay

Predictors of Overall Satisfaction

The findings were that:

- Females were more than twice as likely as males to express dissatisfaction with the service received.
- A person's age was not a significant predictor of overall satisfaction with the service received.
- Private patients were more than twice as likely as public patients to be satisfied overall with the service they had received.
- Those who reported that they were admitted involuntarily were more than twice as likely as voluntary patients to express overall dissatisfaction.
- If a person reported seeing his/her consultant *'rarely/never'*, he/she was more than five times as likely to express dissatisfaction with services received compared to those who saw their consultant regularly.
- Those who reported not having a discharge plan when leaving the hospital were approximately twice as likely to be dissatisfied overall with the service they received.
- Whether it was a person's first admission or not to hospital was not a significant predictor of overall satisfaction.
- Health status following hospital stay was a significant predictor of overall satisfaction with those scoring higher on health status more likely to express overall satisfaction.

[1] Q23 Overall, were you satisfied with the service that you received? Yes/No.

Priorities for Improvement

The following section identifies priorities for improvement in patient care based on several dimensions of care measured in the survey. These dimensions were: environmental structure, patient focused care, care provider competencies, communication, patient participation and patient safety. For each dimension an average satisfaction score and an impact score were obtained. The satisfaction score represents the level of satisfaction with the areas of care represented by the dimension. The impact score identifies which dimensions of care are most strongly associated with global evaluations of satisfaction.

A priority for improvement model (see Figure 1) was generated by combining the impact scores and the average satisfaction scores on a scatter plot (See full report for further details of this analysis). This allowed us to categorise dimensions into three groupings:

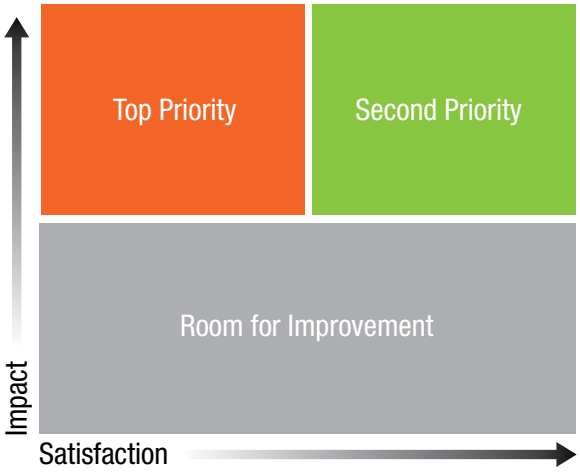

Figure 1: Priority for Improvement

- **Top priority** i.e. having relatively low satisfaction scores and relatively high impact scores,
- **Second priority** i.e. having relatively high satisfaction scores and relatively high impact scores and;
- **Room for improvement** i.e. having relatively lower impact scores.

Our analysis found that **Patient Participation** was the only dimension that emerged as a Top Priority (Figure 2). This indicates that if services focus greater attention on patient participation initiatives, it will likely increase patient satisfaction with services.

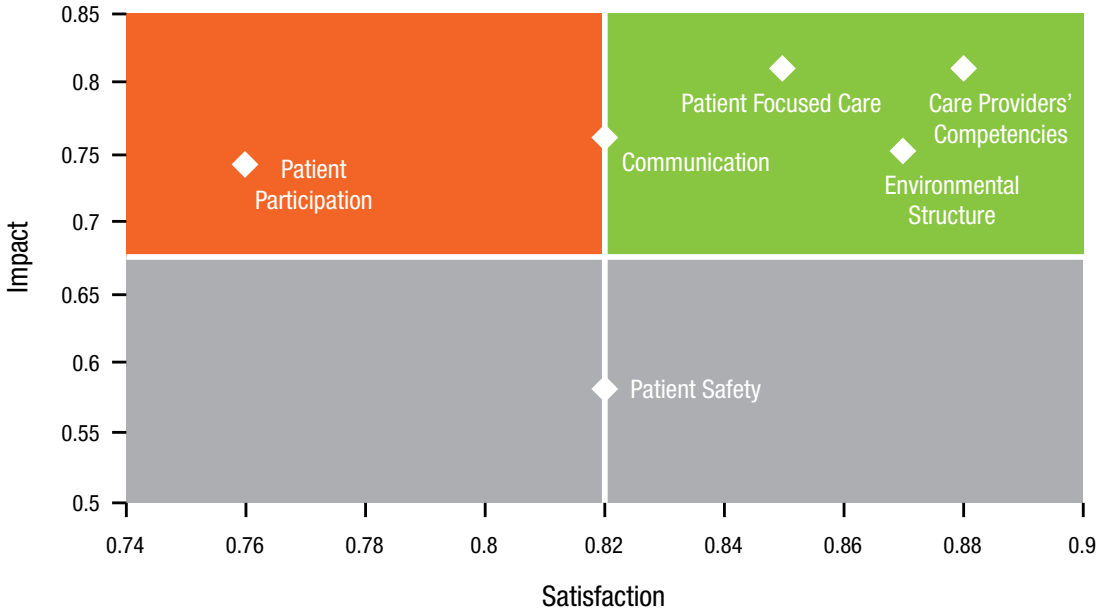

Figure 2: Priority for Improvement: Dimensions of Care

Conclusion

Achieving service user involvement at all levels of the mental health system was identified as a key recommendation in the development of *'A Vision for Change'* (Government of Ireland, 2006). *Your Views of Mental Health Inpatient Services* represents the first large in-depth nationwide survey of survey users' recent experiences of inpatient mental health services. This survey has identified areas of care and treatment within the mental health service that service users consider to be functioning well and others that may benefit from development and improvement. It also provides insight into factors positively contributing to the service user's journey through inpatient services. A more detailed discussion of the main findings is presented in the full report.

The ability to continuously monitor service user satisfaction would represent a step forward in the measurement of the service users' experiences as it can enable services to benchmark their service with other mental health services as well as to analyse trends in satisfaction in their service longitudinally over time. It can also support services with implementation of national quality standards by providing a reliable and valid method for investigating the impact of improvement initiatives.

Service users are becoming less passive in their contact with health and social care services, and so greater involvement in policy and planning will confirm to service users that their contributions are being valued.

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*Word cloud for Q44a. The services participants felt could be improved at the hospital.

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