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## **Service user views on a low secure psychiatric ward**

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*A survey of service user views on a low secure psychiatric ward was conducted. Results were obtained from nine questionnaires and four interviews. A positive aspect of the service was the supportiveness of the staff. Participants felt that the service could be improved by making the ward less restrictive.*

Over the last thirty years, a large number of studies of patient satisfaction in psychiatric services have been conducted and its importance has been recognized in the National Service Framework for Mental Health (DOH, 1999). Interest in patient satisfaction has been linked to an association between satisfaction and treatment compliance and the introduction of consumerism into public services (Williams, 1994). A separate but related development has been the rise of the mental health service user movement, which has contributed to many professionals taking the views of service users more seriously (Pilgrim and Rogers, 1993).

Surveys of psychiatric in-patients have generally reported high levels of satisfaction. Service users have frequently reported being satisfied with the helpfulness of staff (although not the amount of time that staff have available), being able to have visitors and to leave the hospital, even if only temporarily (McIntyre, Farrell and David, 1989, Morrison, Burnard and Phillips, 1996). Areas with which service users frequently report dissatisfaction are: the information and choice that they are given about their treatment, restriction and isolation in hospital and the food (Greenwood, Key, Burns, Bristow and Sedgwick, 1999, Vartianen, Vuorio, Halonen and Hakola, 1995). Dissatisfaction has been found to be associated with coercive treatment and a diagnosis of schizophrenia or personality disorder (Greenwood et al., 1999, Vartianen et al., 1995).

Stallard (1996) suggests that these high levels of satisfaction may be a methodological artifact, resulting from the use of fixed choice questionnaire items and questions about general satisfaction not specific aspects of the service. He also identifies that questionnaire content may only reflect the opinions of service providers about what is important and have little relevance to the experience of service users. Finally, he identifies an issue about the representativeness of responses to surveys, where responses may only be asked for, or received from, users with favourable attitudes towards the service. The validity of asking users of health services about their satisfaction with the service at all has also been questioned. In order for a

service user to make such a judgment, they must consider themselves as active consumers with valid opinions about the standard of service they receive; however, few patients may actually perceive themselves in this role (Williams, 1994). Being a consumer also implies choice, which in reality few healthcare service users actually have. This is particularly pertinent to psychiatric patients, who, when detained under the Mental Health Act, may be in a position of being forced to receive a service they would not otherwise have chosen (Pilgrim and Rogers, 1993). Lindow (2001) describes how for recipients of secure services the “main point” is not the quality of care but “to get out” (p.138).

In the context of these criticisms the validity of conducting a survey of service user views on a secure psychiatric ward is questionable. However, conducting such a survey with the specific aim of identifying and targeting for change aspects of the service that would make it more acceptable to those who have to receive it would seem to be reasonable, although the results of any such survey must be understood in the context that for some respondents the best aspect of the service will ultimately be to leave its care.

## **Method**

The ward studied provides ongoing treatment and rehabilitation for up to 16 men with enduring serious mental health problems in a low secure environment. At the time of the survey, 14 men aged between 24 and 76, all with a diagnosis of schizophrenia were resident on the ward. All of these men were held on sections of the Mental Health Act and their admission to the ward often represented the latter part of a much longer admission (mean length of admission: 17 years).

Questionnaire items were developed through discussion with service users (both on the ward and from the rest of the hospital) about important aspects of their care, consultation with professionals working on the ward and previously developed questionnaires. This resulted in a 31-item questionnaire, divided into two sections: ward environment and involvement in treatment and rehabilitation. Items were rated on a five-point scale and an unstructured question, asking participants for any other comments, was included. Questionnaires were given to all the ward residents by their key nurse, with a covering letter explaining the survey and inviting participation in an interview. Questionnaires were returned anonymously through a post box on the ward or through the Trust’s internal post. A semi-structured interview was developed, containing open questions about the participant’s experience of the ward and specific questions about the areas rated lowest on the questionnaire. Participants requesting an interview were asked where they would like the interview to take place and encouraged to invite anyone they wanted to support them.

## Results

Nine questionnaires were returned, with all items receiving high overall ratings. Items rated lowest concerned the quality of the food (mean=3.75), being offered other treatments apart from medication (mean=3.38) and being prevented from doing things that would help to make progress (mean=3). A number of other items were rated low by one or two individuals: feeling safe, being treated with respect, control over cigarettes and money, feeling uncomfortable with the level of security on the ward, having the chance to see a doctor, and discussing needs in ward rounds. There was only one response to the open question, which indicated that the staff were helpful but that at times the respondent experienced conflict with them over medication.

Four individuals also requested an interview. All the interviews took place in an interview room on the ward. A member of nursing staff was present during one of the interviews, at the service user's request.

In the interview, all four respondents described the ward in overall positive terms and some compared it favorably to other units where they had been detained. In particular, the staff members were described as kind, helpful and respectful. Respondents felt they had enough opportunities to talk with the nurses. They valued being able to go out on leave and were also positive about the cleanliness of the ward, the facilities (particularly the ensuite bathrooms) and opportunities to engage in leisure activities. Three respondents were very positive about the food, although one commented that the portions were much too small.

Respondents made negative comments about the security restrictions on the ward. These made them dependent on the staff for access to activities such as making drinks, cooking or going out for walks, and staff would not always be available when access was required. Being locked on the ward also made it difficult to maintain or form new relationships. The possible introduction of keys to the ward door for service users judged to present low risk was welcomed. It was suggested that all the security restrictions could similarly be dependent on individual risk assessment. It was also suggested that service users could be allowed to drink alcohol on the ward. Another negative aspect was aggression from other service users and respondents had experienced being threatened and attacked. It was felt that there were not enough sanctions, such as loss of privileges, against violent behaviour on the ward. Generally, respondents felt that, after many years in secure services, they had got used to these negative aspects.

Experiences of being involved in the management of the ward and individual treatment were variable. Mechanisms for providing feedback to the staff were available, such as a complaints book and ward meetings, but it seemed that service users lacked confidence in these mechanisms. One respondent

described feeling really involved in decision making about his care, but another commented that he had been told what to do and would have liked more choice. Another had chosen not to participate in discussions about his treatment, although he continued to be given the opportunity to do so.

## **Discussion**

The results of this survey are consistent with previous surveys of psychiatric in-patients in revealing apparently high levels of satisfaction with the service. It seemed that the service could be made more acceptable to its recipients by re-evaluating the necessity of its security policies. Although the ward clearly has a treatment function it also represents a home where service users are likely to be resident for several years and it seems important that attempts are made to establish policies that reflect this dual role. It also seemed that there was a need for more open communication between the staff and the service users about the management of the ward. This included providing feedback to service users about the consequences of their comments about the service and discussing appropriate responses to aggressive behaviour.

It may be that the high levels of satisfaction found in this survey genuinely reflect the quality of the service. Participants compared the ward favorably to other services they had experienced and aspects of services that have been rated negatively in other surveys, such as staff availability, were felt to be satisfactory. However, the sample may be unrepresentative, such that those who responded to the questionnaire and then agreed to be interviewed were the most satisfied. This is reflected by the finding that some items, such as respect from the staff, were rated low on the questionnaire but not by the interviewees. Furthermore, although the researcher was independent of the clinical team and participants were assured that all responses would be anonymous and confidential, the users of this service typically had long histories of institutionalization. As such they may experience fear of criticizing the system, have low expectations of services, especially of their ability to make choices within services, and are unlikely to view themselves as consumers with valid viewpoints. This was reflected by the comments of some interviewees that they had "got used to" the negative aspects of the service.

Given the possibility that some service users, as a consequence of their history of contact with psychiatric services, may have difficulties in commenting honestly and objectively on their experience of treatment, enabling service users to be involved in their care may also be difficult. It is clear that attempts were made on this ward to encourage participation and choice and this was considered to be particularly valuable. There seems to be a risk that such involvement may be limited to those service users who

are judged to have the ability to be involved, an ability that may be masked by a history of institutionalization.

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