Your Views of Mental Health Inpatient Services

INPATIENT SURVEY 2011
Let’s Talk Mental Health Inpatient Services

The Mental Health Commission is delighted to partner the Irish Society for Quality and Safety in Healthcare in this collaborative, exciting and formative piece of work. The Commission’s number one strategic priority (MHC, 2009a) 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, 2007a) 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 validated 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
Chairperson

Dr. Hilary Dunne
Chief Executive
The Mental Health Commission (MHC)
The Mental Health Commission was established in 2002 under the Mental Health Act 2001. It is an independent statutory body whose principal functions are to promote, encourage and foster the establishment and maintenance of high standards and good practices in delivery of mental health services and to take all reasonable steps to protect the interests of persons detained in approved centres [Section 33(1)].

The Commission's number one strategic priority (MHC, 2009a) is to have service users involved in a significant way in the policy and planning of mental health services. To this end, the Commission is engaged in a number of initiatives to mobilise service user involvement in mental health services from information provision to service user satisfaction surveys. The Commission engaged the expert services of the Irish Society for Quality and Safety in Healthcare, in this collaborative project to elicit the views of service users nationally with recent experience of inpatient mental health services.

The Irish Society for Quality and Safety in Healthcare (ISQSH)
Established in 1994, the ISQSH is a non-profit, member-based, non-governmental organisation aiming to promote quality and safety improvement throughout the Irish health service and to lead the continuous improvement of quality and safety in healthcare. In doing so, the ISQSH is dedicated to supporting the development of professionals in the area of healthcare quality through education, training and research. We provide a network for those working in, or interested in healthcare quality. As a multidisciplinary organisation, the ISQSH has access to a large group of health professionals who contribute to a number of working groups including research and education. The ISQSH is involved in a number of research projects within the Irish healthcare arena. Primarily, work undertaken by the Society has examined service users’ perspectives of the level and type of service they have received. The Mental Health Inpatient Survey 2011 is the first national mental health inpatient survey carried out by the ISQSH. The ISQSH receives its funding from the Department of Health and additional funding through research and training initiatives.

The University of Ulster (UU)
The University of Ulster is an ambitious and entrepreneurial university. It offers excellence in teaching, learning and research and puts students at the heart of its activities. With four campuses - Belfast, Coleraine, Jordanstown and Magee - it is a model of a 21st century university, strong in teaching, research and knowledge transfer, international and business-facing - making it distinctive in an ever-changing higher education environment. The University of Ulster is one of Northern Ireland’s largest employers with over 3,500 staff and contributes more than £200 million to the local economy every year. With a student community of over 24,000, including more than 1,000 international students from every continent, the University also has a global network of over 100,000 alumni.
Acknowledgments

The Mental Health Commission, the Irish Society for Quality and Safety in Healthcare and the University of Ulster would like to offer a heartfelt thank you to every service user who took the time to respond to the Mental Health Inpatient Survey 2011. We would also like to commend all the participating mental health services. This thanks extends to the management and the staff of each centre for their cooperation and assistance throughout the survey process. The MHC would like to thank the National Service Users Executive, Solas Drop-In Centre and the Irish Advocacy Network for organising focus groups for us with service users. The ISQSH would like to acknowledge and thank the many project team members for their advice and support during the research, development and analysis stages of the survey project.

**Mental Health Commission Research Team:** Ms. Patricia Gilheaney, Ms. Lisa O’Farrell and Mr. Derek Beattie.

**ISQSH Research Team:** Dr. Hilary Dunne, Dr. Catherine McDonough, Dr. Ailis Quinlan, Ms. Grace McNally, Ms. Annette Minou*, Ms. Aoife Egan*, Ms. Lorraine Hester and Ms. Emma Kelly.

**ISQSH Admin Team:** Ms. Olive Rice, Ms. Audrey Weir, Ms. Una Lannon and Ms. Saleema Rahemtulla*.

**University of Ulster Research Team:** Prof. Suzanne McDonough, Prof. Brendan Bunting, Dr. Siobhan O’Neill, Dr. Alison Porter Armstrong, Dr. Sam Murphy and Dr. Laura Toye.

*Past staff members*
## Contents

- **Foreword**  
  - 2
- **About Us**  
  - 4
- **1. Executive Summary: Key Findings**  
  - 8
- **2. The Survey**  
  - 15
  - **2.1 Introduction**  
    - 16
  - **2.2 Background**  
    - 17
  - **2.3 Objectives**  
    - 18
- **3. Methodology**  
  - 19
  - **3.1 Ethical Considerations**  
    - 20
  - **3.2 Data Collection**  
    - 21
  - **3.3 Survey Instrument Design**  
    - 22
    - **3.3.1 The Patient Perception of Care (PPC) Scale**  
      - 23
  - **3.4 Study Population**  
    - 23
  - **3.5 Sample Size and Sampling**  
    - 24
  - **3.6 Data Analysis**  
    - 24
- **4. The Findings**  
  - 25
  - **4.1 Profile of Respondents**  
    - 26
    - **4.1.1 Response Rates**  
      - 26
    - **4.1.2 Demographics**  
      - 26
    - **4.1.3 Health Status**  
      - 27
  - **4.2 Hospital Admission**  
    - 29
    - **4.2.1 Admission Process**  
      - 29
    - **4.2.2 Information on Admission**  
      - 31
  - **4.3 Care and Treatment**  
    - 32
    - **4.3.1 Care Plans**  
      - 32
    - **4.3.2 Communication and Information**  
      - 34
    - **4.3.3 Staff Responsiveness**  
      - 35
    - **4.3.4 Symptom Management and Relief**  
      - 37
    - **4.3.5 Community and Multidisciplinary Team Access**  
      - 38
    - **4.3.6 Service User-Provider Relationship**  
      - 39
    - **4.3.7 Dignity, Respect and Privacy**  
      - 40
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.4 Service User Safety</td>
<td>42</td>
</tr>
<tr>
<td>4.4.1 Medication Safety</td>
<td>42</td>
</tr>
<tr>
<td>4.4.2 Tests and Procedures</td>
<td>44</td>
</tr>
<tr>
<td>4.5 Care Environment</td>
<td>45</td>
</tr>
<tr>
<td>4.5.1 Hospital Environment</td>
<td>45</td>
</tr>
<tr>
<td>4.5.2 Pastoral Care</td>
<td>49</td>
</tr>
<tr>
<td>4.6 Service User Participation</td>
<td>49</td>
</tr>
<tr>
<td>4.6.1 Service User Involvement</td>
<td>49</td>
</tr>
<tr>
<td>4.6.2 Service User Rights</td>
<td>50</td>
</tr>
<tr>
<td>4.6.3 Service User Complaints</td>
<td>52</td>
</tr>
<tr>
<td>4.7 Hospital Discharge</td>
<td>53</td>
</tr>
<tr>
<td>4.7.1 Discharge Planning and Procedures</td>
<td>53</td>
</tr>
<tr>
<td>4.7.2 Transition</td>
<td>55</td>
</tr>
<tr>
<td>4.8 Overall Evaluation</td>
<td>57</td>
</tr>
<tr>
<td>4.9 Reliability and Validity of the Patient Perception of Care Scale</td>
<td>59</td>
</tr>
<tr>
<td>4.9.1 Construct Validity</td>
<td>60</td>
</tr>
<tr>
<td>4.9.2 Convergent Validity</td>
<td>60</td>
</tr>
<tr>
<td>4.9.3 Reliability</td>
<td>61</td>
</tr>
<tr>
<td>4.10 Predicting Overall Satisfaction Levels</td>
<td>61</td>
</tr>
<tr>
<td>4.11 Priorities for Improvement</td>
<td>64</td>
</tr>
<tr>
<td>5. Discussion</td>
<td>67</td>
</tr>
<tr>
<td>6. Conclusion</td>
<td>73</td>
</tr>
<tr>
<td>References</td>
<td>75</td>
</tr>
<tr>
<td>Glossary</td>
<td>79</td>
</tr>
<tr>
<td>Appendices</td>
<td>80</td>
</tr>
<tr>
<td>List of the participating Approved Centres</td>
<td>80</td>
</tr>
<tr>
<td>Additional Second Order Factor Model Information</td>
<td>82</td>
</tr>
<tr>
<td>Notes</td>
<td>86</td>
</tr>
</tbody>
</table>
SECTION 1:
Executive Summary: Key Findings
1. Executive Summary: Key Findings

This report presents the findings of ‘Your Views of Mental Health Inpatient Services’ a survey undertaken in 2011 which examined 710 service users’ experiences of their recent stay across 28 approved centres. 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’ (Mental Health Commission, 2007a). An overall evaluation theme has also been included, which details overall satisfaction with the service and the respondent’s health status post-discharge.

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.

1 An approved centre is a centre that is registered under the Mental Health Act 2001. The Mental Health Commission establishes and maintains the register of approved centres.
1. Executive Summary: Key Findings

- 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 respondents 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) did not know/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%) did not know/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 received, 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.
1. Executive Summary: Key Findings

**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.
1. Executive Summary: Key Findings

**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.

- Males were more satisfied overall with the service received than females, as were private patients versus public patients, and voluntary patients versus involuntary patients.

- Seeing one’s consultant ‘rarely/never’ increased the odds of expressing overall dissatisfaction with services by more than five times.

- 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.

- Health status following hospital stay was a significant predictor of overall satisfaction, with those scoring higher on health status reporting greater satisfaction.

- 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.

- A key priority identified for the improvement of patient care was increasing patient participation in care.
SECTION 2: The Survey
2. The Survey

2.1 Introduction

One of the main principles in the health strategy ‘Quality and Fairness: A Health System for You’ (Department of Health and Children, 2001) is the provision of a people centred health service that is responsive to the needs of individuals, and is planned in a way which allows individuals to participate in the decisions made about their health. This principle is further echoed in the ‘Quality Framework for Mental Health Services in Ireland’ (MHC, 2007a). McAuliffe & Joyce (1998) note that health services can only become truly patient-centred by understanding the perceptions, concerns and expectations of patients and building the service around this core.

The importance of involving service users and members of the public in health and social care services has been a recurring theme in a number of recent Irish policy documents and was given most prominence with the publication of the ‘National Strategy for Service User Involvement in the Health Service 2008-2013’ (DOHC & HSE, 2008). This strategy identified three levels at which service users could be involved in the health services i.e. as individuals involved in their own care, at a community level involved in local service delivery and development and at a national level whereby strategic policy is informed through the involvement of service user organisations in partnership with health care professionals. The recent report by the Commission on Patient Safety and Quality Assurance (DOHC, 2008) further recommended that robust and validated patient and public involvement should be a requirement for all healthcare oversight, scrutiny, quality control and other accountability mechanisms.

The Mental Health Commission fully subscribes to this philosophy and lead out on the publication of the ‘Framework for Public and Service User Involvement in Health and Social Care Regulation in Ireland’, which was launched by the Health and Social Care Regulatory Forum in January 2010 (HSCRF, 2009). The Commission has since been involved in a number of initiatives to increase service user involvement in both the Commission’s work and in mental health services generally. This report presents the findings of the first national inpatient mental health services survey that the Commission has carried out.

The Irish Society for Quality and Safety in Healthcare (ISQSH) has concentrated the development of its research programme around the investigation and reporting of service users’ perceptions of the quality of the care and service they receive, be that during a hospital stay or while availing of community based services. The ISQSH completed the first Irish national, general hospital, acute inpatient survey in 2000. This was followed by two subsequent successful surveys in 2002 and 2004. Each survey examined similar dimensions of inpatient quality of care such as: overall impression of inpatient care, the admission procedure, information provided, care and assistance, operations and procedures, medication and pain management, hotel aspects (e.g. room, bed), and the discharge procedures. In 2010, expanding on the success of earlier surveys, the ISQSH Patient Perception of Care (PPC) Scale was finalised which measured seven sub-dimensions of the patient’s perception of inpatient care. The aim of all of these initiatives has been to devise and test a set of core, evidence-based, researched

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2 The Health and Social Care Regulatory Forum (HSCRF) was established in 2008 by thirteen health and social care regulators to provide a mechanism for exploring opportunities to harmonise certain business processes, share best practice and facilitate coordination between member organisations.
and validated questions that can be used, in a structured and comparative manner, as a mechanism to capture service users’ experiences in a number of different service settings.

In 2005, the ISQSH carried out a survey in the mental health sector entitled *Day Centre Service Quality for Mental Health*. Following on from this, the ISQSH engaged with the Mental Health Commission in 2010 to undertake the current project, ‘*Your Views of Mental Health Inpatient Services*’. This survey incorporates the PPC scale used in the general hospital survey thereby enabling future comparison of findings.

The undertaking of the current survey highlights the Commission’s commitment to working in partnership with all those using mental health services to evaluate the quality of services currently being provided. Theme 3.4 of the *Quality Framework for Mental Health Services in Ireland* (MHC, 2007a) proposes that “a clear accessible mechanism for participation in the delivery of mental health services” be available to service users. Criterion 3.4.2 clearly states that “Mental health services provide a mechanism for obtaining the collective feedback from service users at service/multidisciplinary level”. The Commission facilitated the undertaking of this national survey to enable the collection and examination of the views of service users regarding the level of quality and satisfaction associated with the services they had received. The Commission believes strongly in the importance of measuring aspects of care that reflect the standards put forth in the Quality Framework. A number of dimensions of the care continuum were examined including the admission process, information provision and communication, care planning, dignity and respect, access to alternative therapies, complaints systems and discharge planning and follow up care. The data gained from this survey will provide crucial feedback to service providers by enabling them to assess their service against the standards and criteria in the framework and consequently continuously improve upon the quality of care and treatment provided.

### 2.2 Background

Pellegrin et al. (2001) state that the assessment of patients’ satisfaction with general health services has been a rapidly developing area of research for some time, while the assessment of service users’ satisfaction with psychiatric care is a more recent development. As the number of surveys and techniques to measure the quality of healthcare increases, regulators, policymakers and health professionals alike are recognising that service users and their families hold unique vantage points as expert witnesses of care (Delbanco, 1996).

There is a clear need to have a structured mechanism for safeguarding a two-way channel of communication between the providers and receivers of healthcare; a system for feedback and involvement of service users in their own care. Consumer feedback must be presented in a manner that allows organisations and staff to translate the consumer viewpoint into effective changes in service provision. Reviews have shown that many authors demonstrate a poor understanding of the importance of core measurement properties. If a measure is to assess satisfaction accurately, questionnaire
reliability and validity are of vital importance, especially as survey results are more frequently being used to assess quality improvement interventions (Sitzia, 1999).

It is for this reason that the current survey not only incorporates a tool that has been validated in a general health setting (Toye et al., 2011), but it also examines many aspects of care for which the Mental Health Commission has existing standards and codes of practice (MHC, 2007a; MHC, 2009b). Traditionally, research in the mental health field focussed on the use of structures and processes in the measure of quality of care (Howard et al., 2003). However, it is now widely accepted that we also need to look at outcomes. Campbell (1998; as cited in Howard et al., 2003) noted that current evaluation research increasingly emphasises patients’ values and “broadened measurements of outcomes that encompass not only symptom reduction, but functional status and quality of life”. Therefore, this survey also includes measures of health status post-discharge.

Reports by the Organisation for Economic Co-operation and Development (e.g. OECD, 2010), and other independent research, suggest that information pinpointing aspects of care delivery that are underperforming is necessary to identify specific areas in need of improvement, to develop best practice, and to improve the quality of care. The acquisition of data on the aspects of healthcare measured in this survey can facilitate in determining a national benchmark for mental health services and allow comparison of Irish mental health services to those of other countries internationally. Service user satisfaction surveys should be seen as part of a larger quality improvement process, which includes: evaluation and dissemination of results to key players, consultation, development and implementation of plans for improvement, as well as re-evaluation to measure gains and identify emerging priorities.

2.3 Objectives

The key objectives of this survey process were as follows:

(a) To assist the Mental Health Commission in carrying out its regulatory functions by facilitating the gathering of information on the quality of service provision from the perspective of service users;

(b) To adapt the survey instrument which was previously piloted by the ISQSH in the HSE Cavan/Monaghan mental health services. This was intended to ensure that the final questionnaire adequately incorporated and represented the standards in the Quality Framework for Mental Health Services in Ireland (MHC, 2007a);

A secondary objective was as follows:

(c) To test, in association with the University of Ulster, the reliability and validity of the multi-dimensional Patient Perception of Care (PPC) Scale embedded within the survey instrument.
SECTION 3: Methodology
3. Methodology

3.1 Ethical Considerations

Protection of personal information, service user confidentiality, and hospital anonymity were considered at all times throughout the process of carrying out this survey. Ethical approval for the study was sought and successfully obtained from the University of Ulster Research Ethics Committee. Participants were recruited from the participating approved centres throughout the Republic of Ireland using an opt-out method of recruitment. An extensive information campaign was run in each of the participating centres prior to issuing the surveys. Posters were displayed in prominent places around the centres and leaflets were given to service users at discharge to inform them about the survey, its benefits, and how they could opt out (via a freephone number provided) if they did not wish to receive the questionnaire.

Advice from the Office of the Data Protection Commissioner was sought and followed by the research team, which entailed putting in place appropriate contracts with participating centres so that names and addresses of service users for the purpose of mailing questionnaires could be released by the hospitals to the ISQSH. Data was securely protected at all times by the ISQSH, whether electronically transmitted or processed. All completed questionnaires were stored in locked cabinets and storage rooms with 24-hour security. Mailing lists of service users’ names and addresses were destroyed as soon as the mailing process was complete.

The research team were very aware that the survey should be respectful of, and sensitive to, service users’ and their families’ circumstances. Therefore, hospitals were requested to validate their sample list to ensure that no name on the list represented: a service user who might have died during their time in hospital or shortly thereafter, a person who the treating Consultant Psychiatrist had concerns about regarding capacity or a service user who had opted out of the survey process.

Questionnaires were labelled with a unique ID number corresponding to each participant and known only by the ISQSH. Participants were assured that hospital staff would not be able to identify individual service user’s responses. Survey responses were aggregated so that individuals could not be identified in final reports.

A consent section was included on the inside front cover of the questionnaire. By checking a box, participants indicated that they understood the purpose of the survey (and its potential benefits), that their responses would be treated in the strictest confidence, and that they freely gave their consent for the information in their questionnaire to be used for service evaluation.

3 A different distribution process was utilised for four centres.
3.2 Data Collection

Given the size of the sample group, and in an effort to facilitate more efficient administration, a postal survey technique was employed for this study. The ISQSH oversaw the distribution of the surveys to 25 of the 29 participating centres. The remaining four centres opted to distribute the surveys themselves directly. Each of the participating hospitals was provided with an identifier number in order to maintain anonymity within the survey. Additionally, each service user was allocated a unique identifier number to ensure participant anonymity. The survey pack included a consent form, an information letter (explaining the purpose of the survey and the respondents’ rights as participants), and a stamped addressed envelope for returning the completed questionnaires. A free helpline number was provided to enable the participant to decline from participation or request assistance in completing the questionnaire. The option of completing the survey over the phone was also available via the helpline number. Participants who availed of this response option were required to quote their unique identifier number; thus maintaining anonymity. Reminder postcards were distributed three weeks after the administration of the initial survey. The final stage of data collection involved the distribution of a second questionnaire to all non-responders two weeks after the reminder postcard.

The postal survey technique was chosen because it reduces bias, both in the selection of service users and in the service users’ responses. The postal survey technique reduces the possibility that service users will: a) be influenced by the individual who administers the questionnaire, b) simply be denied a survey because they were perceived as being too difficult by the interviewer, or c) suffer from acquiescence bias, i.e. respond more favourably, either because they think it is expected, or because they do not feel comfortable criticising (Kaldenburg, 2000). According to Carey (1999), patients are more vulnerable to acquiescence bias than other consumers because they are often reluctant to criticise their medical care.

Notwithstanding these advantages, the limitations of the postal survey technique, particularly with regard to low response rates (De Leeuw et al., 1996), were acknowledged and a strategy to maximise response rates was devised. This strategy included:

- Issuing a reminder postcard to non-respondents inviting them to complete and return their questionnaire. This postcard was sent three weeks following the distribution of the original questionnaire.
- Issuing a second or replacement questionnaire to non-respondents accompanied by a covering letter acknowledging those who had returned the questionnaires to date, highlighting the importance of the survey, and again inviting participation. This was issued two weeks after the reminder postcard.
3. Methodology

The design of the questionnaire was also an important consideration in encouraging respondents’ participation. The spacing of questions and font size allowed respondents to move quickly from page to page. The colours used - black and green - were considered to be effective for maintaining attention. The paper type was chosen to accommodate the majority of writing implements e.g. biro, pencil, felt tip.

3.3 Survey Instrument Design

The questionnaire utilised in this survey built on elements of earlier National Patient Perception of the Quality of Healthcare Survey instruments (ISQSH, 2000; 2002; 2004; 2011), including feedback from a pilot study, the emerging literature, and validity and reliability testing of the ISQSH Patient Perception of Care Scale. The development of this questionnaire was underpinned by the Quality, Satisfaction, Performance (QSP) model (Eckerlund et al., 1997) and also incorporated elements of the Pivotal-Core-Peripheral (P-C-P) model (Philip and Hazlett, 1997).

Changes to the survey instrument were undertaken by the research team to ensure that it addressed relevant standards in the quality framework and other associated Commission publications. It was also informed by the results from a previous ‘think aloud’ study as well as focus group sessions which were held in conjunction with the National Service User Executive (NSUE), Solas Drop-In Centre and the Irish Advocacy Network. This work ensured that the dimensions included in the survey tool were those of importance to service users, and that service users interpreted the questions (and the answer options) on the survey correctly.

The instrument used in the current study comprises 138 items assessing service user perception of care across various dimensions of inpatient services including: admission, information and communication, care plans, and discharge from hospital. It encompasses both multiple choice and open-ended questions. For the most part, Likert scales and multiple-choice questions are used in preference to single measures to give respondents the opportunity to express a wide variety of views. This serves to increase the validity of the survey instrument (Batchelor et al., 1994) as attitudinal measures in the form of Likert scales can generate more valid data than single measures alone. Open-ended questions are included to check the validity of service users’ responses to pre-coded questions, and to invite more in-depth service user feedback; thus facilitating qualitative inquiry.
3. Methodology

3.3.1 The Patient Perception of Care (PPC) Scale

Embedded within the survey tool is the newly refined Patient Perception of Care (PPC) Scale. This scale consists of 41 statements measuring seven sub-dimensions of patient perception of inpatient care/quality. Responses are scored on a five-point Likert scale ranging from Strongly Agree (1) to Strongly Disagree (4), with an additional alternative neutral response category: This does not apply to me (5).

3.3.1.1 Reliability and Validity of the Patient Perception of Care Scale:

In collaboration with the ISQSH, the University of Ulster was responsible for the development and testing of this multi-dimensional measurement tool. Reliability and validity testing of the scale, using data from The Patient’s View (ISQSH, 2004), a general hospital inpatient survey, has been previously carried out (Toye et al, 2011). The statistical programs Mplus\(^4\) (version 6.1) and SPSS\(^5\) (version 18) were used to undertake reliability and validity testing on the data collected for the current survey. See Section 4.9 for further information (page 59).

3.4 Study Population

All acute inpatient services were invited to participate in the survey and 30 centres agreed to take part\(^6\). Some centres did not agree to participate and others were not included due to the exclusion criteria employed. Participants included in the study were 18 years of age and over. As with earlier surveys, no upper age limit was specified since the experiences and perceptions of all age groups were considered to be of equal importance. 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.

Services were excluded if they were solely child and adolescent services, intellectual disability services, forensic services, psychiatry of later life services or centres with less than 20 discharges in a calendar year. Individuals were also excluded if they were current inpatients, deceased or if the treating Consultant Psychiatrist had concerns regarding a person’s capacity. The survey was also not sent to those service users who had chosen to opt out at any point prior to the distribution date.

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\(^1\) A powerful statistical programme that allows the development of complex structural equation models (Muthén & Muthén, 1998/2010).
\(^2\) A statistical program with fundamental analytical capabilities for a wide variety of research questions (http://www-01.ibm.com/software/analytics/spss/).
\(^3\) One centre was subsequently removed as it did not have any discharged patients meeting the inclusion criteria.
3. Methodology

3.5 Sample Size and Sampling

Convenience sampling of service users discharged home from an inpatient setting was employed in this study. Polit and Hungler (1999) define convenience sampling as the use of the most conveniently available individuals as subjects in a study. The advantages of using convenience samples include: lower expense, easier accessibility and faster acquisition in the recruitment phase. However, convenience sampling may not always be the preferred research approach as it provides fewer opportunities to control for biases (Burns and Grove, 1999).

The convenience sample used in this study represents all the service users discharged to home from a participating approved centre between 1st November 2010 and 31st January 2011. The final sample size of each hospital depended on the volume of inpatients receiving care there during this three-month period and the exclusion criteria employed.

3.6 Data Analysis

Data was collated, coded and analysed using the statistical programs SPSS (version 18) and Mplus (version 6.1). Analysis of survey data includes basic descriptive statistics such as frequency and percentage tables. The report also provides a more detailed analysis on the predictors of patient satisfaction and priorities for service improvement. Logistic regression analysis was used to determine the predictive power of various service-related variables in terms of overall patient satisfaction with the service received.  

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7 Logistic Regression allows us to predict categorical outcomes (in this case: YES or NO in response to the question: Overall, were you satisfied with the service that you received?) from continuous or categorical predictor variables (for example: age, gender, payment status).
4. The Findings

4.1 Profile of Respondents

This section provides information about the survey’s response rate and presents a detailed profile of participants in terms of demographic details and health status.

4.1.1 Response Rates

A total of 2,463 service users were selected to participate. From this sample, 273 returned a blank survey (indicating that they did not wish to participate) and 157 were returned by An Post for various postal problems e.g. incorrect address, not known at this address. This reduced the valid sample size to 2,033 of which 710 returned a completed questionnaire; yielding a total response rate of 35%.

4.1.2 Demographics

Respondents ranged in age from 18 to 88 years of age with a mean age of 45.4 (SD: 14.8). As illustrated in Table 1 below, 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; over one third (37.8%) were funded by private healthcare insurance. This indicates that private patients are over-represented in the survey compared to the typical profile of patients discharged from approved centres. Only around one in every five patients discharged from approved centres each year from 2008 to 2010 have been discharged from approved centres in the independent sector i.e. private hospitals (Daly and Walsh, 2008; 2009; 2010).

Almost one third of respondents (31.6%) stated that they had been using mental health services for less than a year, while a further three out of ten (29.2%) had used services for more than ten years. Those utilising mental health services for between one and five years accounted for 23.1% of respondents, and those attending for at least five but no more than ten years accounted for 16.0%.

The majority (57.0%) of service users had been admitted to a mental health service once in the previous year. Over one quarter (26.1%) of respondents had been admitted twice, 7.9% had three admissions and the remaining 8.9% had been admitted more than three times in the previous year.

<table>
<thead>
<tr>
<th>Table 1: Demographic Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>How old were you on your last birthday?</td>
</tr>
<tr>
<td>18 - 44</td>
</tr>
<tr>
<td>45 - 64</td>
</tr>
<tr>
<td>65 or older</td>
</tr>
<tr>
<td>Gender</td>
</tr>
<tr>
<td>Male</td>
</tr>
<tr>
<td>Female</td>
</tr>
</tbody>
</table>
4. The Findings

<table>
<thead>
<tr>
<th>Table 1 (continued): Demographic Characteristics</th>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Were you in hospital as a ...?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public patient</td>
<td>432</td>
<td>62.2%</td>
</tr>
<tr>
<td>Private patient</td>
<td>263</td>
<td>37.8%</td>
</tr>
<tr>
<td>How long have you been a service user?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than a year</td>
<td>211</td>
<td>31.6%</td>
</tr>
<tr>
<td>1 year but more than 5 years</td>
<td>154</td>
<td>23.1%</td>
</tr>
<tr>
<td>At least 5 years but no more than 10 years</td>
<td>107</td>
<td>16.0%</td>
</tr>
<tr>
<td>More than 10 years</td>
<td>195</td>
<td>29.2%</td>
</tr>
<tr>
<td>How many admissions have you had in the last year?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 admission</td>
<td>389</td>
<td>57.0%</td>
</tr>
<tr>
<td>2 admissions</td>
<td>178</td>
<td>26.1%</td>
</tr>
<tr>
<td>3 admissions</td>
<td>54</td>
<td>7.9%</td>
</tr>
<tr>
<td>More than 3 admissions</td>
<td>61</td>
<td>8.9%</td>
</tr>
<tr>
<td>How many nights did you spend in hospital?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than a week</td>
<td>114</td>
<td>18.0%</td>
</tr>
<tr>
<td>1 - 2 weeks</td>
<td>99</td>
<td>15.6%</td>
</tr>
<tr>
<td>2 - 4 weeks</td>
<td>146</td>
<td>23.1%</td>
</tr>
<tr>
<td>More than a month</td>
<td>274</td>
<td>43.3%</td>
</tr>
</tbody>
</table>

4.1.3 Health Status

Table 2 shows that 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 three quarters (73.4%) of the respondents reported some level of improvement in their health status following their hospital stay. Similarly, three quarters of respondents (76.3%) reported that their situation was better than before following discharge, although 7.1% reported that their situation was worse than before.

With regard to previous medical history, 71.5% of respondents indicated that they had never previously been diagnosed with any of the physical illnesses listed. The most commonly reported previous diagnosis was asthma (14.2%), followed by diabetes (8.7%) and epilepsy (4.6%).
4. The Findings

Table 2: Health Status

<table>
<thead>
<tr>
<th>In general, would you say your health is....</th>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>44</td>
<td>6.3%</td>
</tr>
<tr>
<td>Very good</td>
<td>164</td>
<td>23.6%</td>
</tr>
<tr>
<td>Good</td>
<td>266</td>
<td>38.2%</td>
</tr>
<tr>
<td>Fair</td>
<td>164</td>
<td>23.6%</td>
</tr>
<tr>
<td>Poor</td>
<td>58</td>
<td>8.3%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Following my hospital stay on this occasion, my health status is ...</th>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greatly disimproved</td>
<td>46</td>
<td>6.7%</td>
</tr>
<tr>
<td>Disimproved</td>
<td>29</td>
<td>4.2%</td>
</tr>
<tr>
<td>Slightly disimproved</td>
<td>33</td>
<td>4.8%</td>
</tr>
<tr>
<td>Neither improved or disimproved</td>
<td>76</td>
<td>11.0%</td>
</tr>
<tr>
<td>Slightly improved</td>
<td>111</td>
<td>16.1%</td>
</tr>
<tr>
<td>Improved</td>
<td>223</td>
<td>32.3%</td>
</tr>
<tr>
<td>Greatly improved</td>
<td>173</td>
<td>25.0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Overall, since I was discharged from the hospital my situation is...</th>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Worse than before</td>
<td>49</td>
<td>7.1%</td>
</tr>
<tr>
<td>Unchanged</td>
<td>114</td>
<td>16.6%</td>
</tr>
<tr>
<td>Better than before</td>
<td>325</td>
<td>47.2%</td>
</tr>
<tr>
<td>Much better than before</td>
<td>200</td>
<td>29.1%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Was the hospital you attended the hospital of your choice?</th>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>587</td>
<td>85.7%</td>
</tr>
<tr>
<td>No</td>
<td>98</td>
<td>14.3%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Have you ever been diagnosed with any of the following? (Multiple responses allowed)</th>
<th>Frequency</th>
<th>Valid Percent</th>
<th>Percent of Cases(^a)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stroke</td>
<td>18</td>
<td>2.7%</td>
<td>2.9%</td>
</tr>
<tr>
<td>Acute Coronary Syndrome</td>
<td>7</td>
<td>1.1%</td>
<td>1.1%</td>
</tr>
<tr>
<td>Heart Failure (e.g. Heart attack/pain)</td>
<td>22</td>
<td>3.3%</td>
<td>3.6%</td>
</tr>
<tr>
<td>Asthma</td>
<td>87</td>
<td>13.2%</td>
<td>14.2%</td>
</tr>
<tr>
<td>COPD</td>
<td>7</td>
<td>1.1%</td>
<td>1.1%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>53</td>
<td>8.0%</td>
<td>8.7%</td>
</tr>
<tr>
<td>Epilepsy</td>
<td>28</td>
<td>4.2%</td>
<td>4.6%</td>
</tr>
<tr>
<td>I have not been diagnosed with any of these</td>
<td>437</td>
<td>66.3%</td>
<td>71.5%</td>
</tr>
</tbody>
</table>

\(^a\) This question allowed multiple responses, i.e. a participant could choose more than one option. Therefore, the Valid Percent represents the relative popularity of each of the response options but not the percentage of respondents who selected each option. This figure is provided in the Percent of Cases column. In this case: n=611.
4.2 Hospital Admission

The following section examines service users’ experiences of the admission process to the approved centre. It provides details about: admission type, family involvement, waiting times and information received at admission.

4.2.1 Admission Process

As illustrated in Table 3, admission was on a voluntary basis for nine out of ten service users (90.1%), while one out of ten (9.9%) reported being admitted involuntarily. Most (95.8%) of those admitted voluntarily retained their voluntary status throughout their stay. However, 4.2% reported that their status had changed from voluntary to involuntary. Over half (55.5%) of respondents classified their entry to hospital as an emergency admission with only 36% classifying it as being planned. The most common sources of referral were: Member of your Psychiatric team (26.0%), GP (24.9%), and Self (23.0%).

Almost two thirds (65.9%) of service users reported that their most recent stay was not their first admission to an inpatient mental health service. 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, although 11% stated that they were not involved as much as they would have wanted.

Upon arrival at hospital, four out of ten (40.2%) service users 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, a further one out of ten (10.8%) waited between three and six hours and finally 8.0% waited six or more hours. Service users were also asked to rate the extent to which they believed their admission was well organised. The majority (83.6%) of service users Agreed or Strongly Agreed that it was well organised, while 16.4% expressed the view that it was not.

<table>
<thead>
<tr>
<th>Table 3: Admission Process</th>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Was your admission…?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Voluntary</td>
<td>620</td>
<td>90.1%</td>
</tr>
<tr>
<td>Involuntary</td>
<td>68</td>
<td>9.9%</td>
</tr>
<tr>
<td><strong>During your most recent admission did your status ever change to involuntary?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>25</td>
<td>4.2%</td>
</tr>
<tr>
<td>No</td>
<td>576</td>
<td>95.8%</td>
</tr>
</tbody>
</table>
4. The Findings

<table>
<thead>
<tr>
<th>Table 3 (continued): Admission Process</th>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Was this an emergency or planned admission?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency</td>
<td>384</td>
<td>55.5%</td>
</tr>
<tr>
<td>Planned</td>
<td>249</td>
<td>36.0%</td>
</tr>
<tr>
<td>Not sure/Don’t know</td>
<td>59</td>
<td>8.5%</td>
</tr>
<tr>
<td><strong>Who referred you to hospital?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self</td>
<td>162</td>
<td>23.0%</td>
</tr>
<tr>
<td>Member of your Psychiatric team</td>
<td>183</td>
<td>26.0%</td>
</tr>
<tr>
<td>GP</td>
<td>175</td>
<td>24.9%</td>
</tr>
<tr>
<td>Family Member</td>
<td>93</td>
<td>13.2%</td>
</tr>
<tr>
<td>Staff in another hospital</td>
<td>40</td>
<td>5.7%</td>
</tr>
<tr>
<td>Gardaí</td>
<td>28</td>
<td>4.0%</td>
</tr>
<tr>
<td>Other</td>
<td>23</td>
<td>3.3%</td>
</tr>
<tr>
<td><strong>Was this your first admission to an inpatient Mental Health Service?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>240</td>
<td>34.1%</td>
</tr>
<tr>
<td>No</td>
<td>464</td>
<td>65.9%</td>
</tr>
<tr>
<td><strong>Was your family, carer, or advocate involved as much as you wanted them to be in the admission process?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes, they were involved as much as I wanted them</td>
<td>505</td>
<td>71.8%</td>
</tr>
<tr>
<td>Yes, but they were involved more than I wanted them</td>
<td>45</td>
<td>6.4%</td>
</tr>
<tr>
<td>No, they were not involved as much as I wanted them</td>
<td>77</td>
<td>11.0%</td>
</tr>
<tr>
<td>Don’t know/Can’t remember</td>
<td>35</td>
<td>5.0%</td>
</tr>
<tr>
<td>Other</td>
<td>41</td>
<td>5.8%</td>
</tr>
<tr>
<td><strong>On arrival at the hospital how long did you wait to be seen by a Psychiatrist?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than 1 hour</td>
<td>282</td>
<td>40.2%</td>
</tr>
<tr>
<td>At least 1 hour but no longer than 3 hours</td>
<td>221</td>
<td>31.5%</td>
</tr>
<tr>
<td>At least 3 hours but no longer than 6 hours</td>
<td>76</td>
<td>10.8%</td>
</tr>
<tr>
<td>6 hours or more</td>
<td>56</td>
<td>8.0%</td>
</tr>
<tr>
<td>Don’t know/Can’t remember</td>
<td>66</td>
<td>9.4%</td>
</tr>
<tr>
<td><strong>My admission was well organised</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>257</td>
<td>40.0%</td>
</tr>
<tr>
<td>Agree</td>
<td>280</td>
<td>43.6%</td>
</tr>
<tr>
<td>Disagree</td>
<td>72</td>
<td>11.2%</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>33</td>
<td>5.1%</td>
</tr>
</tbody>
</table>
4. The Findings

4.2.2 Information on Admission

Service users were asked about the information that they had received at the time of their admission (Table 4). Nearly eight out of ten respondents (79.7%) Agreed or Strongly Agreed that the amount of information they were provided with upon admission was adequate. Just over half (52.4%) stated that they were told in sufficient detail about the daily routine, while a smaller proportion (15.0%) were not told anything. However, almost half (49.4%) of service users stated that they did not receive any written information regarding the hospital and its routines. Similarly, 56.1% of respondents reported that they did not receive a copy of “Your Guide to the Code of Practice on Admission, Transfer and Discharge” upon admission.

Four out of ten (40.0%) respondents reported that they had access to independent advocacy services. However, a similar percentage (39.1%) stated that they did not have access to such services. More than half (53.4%) of service users were appointed a key worker following admission, but approximately one third (33.8%) were not and 12.8% did not know or could not remember.

<table>
<thead>
<tr>
<th>Table 4: Information on Admission</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The amount of information I was provided with upon admission was adequate</strong></td>
</tr>
<tr>
<td>Strongly Agree</td>
</tr>
<tr>
<td>Agree</td>
</tr>
<tr>
<td>Disagree</td>
</tr>
<tr>
<td>Strongly Disagree</td>
</tr>
<tr>
<td><strong>Were you given any written information about the hospital or its routines, e.g. visiting hours?</strong></td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>Don’t know/Can’t remember</td>
</tr>
<tr>
<td><strong>Were you told what your daily routine would be, e.g. meal times, when you would see the doctor etc?</strong></td>
</tr>
<tr>
<td>Yes, I was told in sufficient detail</td>
</tr>
<tr>
<td>Yes, but not enough details</td>
</tr>
<tr>
<td>No, I was not told anything about the routine</td>
</tr>
<tr>
<td>Already knew/No need to explain</td>
</tr>
<tr>
<td>Don’t know/Can’t remember</td>
</tr>
</tbody>
</table>
4. The Findings

Table 4 (continued): Information on Admission

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did you receive a copy of “Your Guide to the Code of Practice on Admission, Transfer and Discharge” on admission or shortly afterwards?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>174</td>
<td>24.8%</td>
</tr>
<tr>
<td>No</td>
<td>394</td>
<td>56.1%</td>
</tr>
<tr>
<td>Don’t know/Can’t remember</td>
<td>134</td>
<td>19.1%</td>
</tr>
<tr>
<td>Did you have access to independent advocacy services to explain basic information to you?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>280</td>
<td>40.0%</td>
</tr>
<tr>
<td>No</td>
<td>274</td>
<td>39.1%</td>
</tr>
<tr>
<td>Don’t know/Can’t remember</td>
<td>146</td>
<td>20.9%</td>
</tr>
<tr>
<td>Were you appointed a key worker after you were admitted?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>373</td>
<td>53.4%</td>
</tr>
<tr>
<td>No</td>
<td>236</td>
<td>33.8%</td>
</tr>
<tr>
<td>Don’t know/Can’t remember</td>
<td>89</td>
<td>12.8%</td>
</tr>
</tbody>
</table>

4.3 Care and Treatment

The following section is concerned with the care and treatment service users received as inpatients. It addresses care planning, communication of information and the quality and ease of communication with staff. It also explores staff availability and reliability, management of symptoms and relief, access to staff and service user-provider relationships including dignity and respect.

4.3.1 Care Plans

The survey asked respondents several questions on the area of care planning (Table 5). Over half (55.4%) of the respondents reported having a care plan. Nearly three quarters (73.1%) indicated that they understood what a care plan was and just over half (52.3%) were involved in its development. Roughly equal proportions of service users were involved (45.0%) and not involved (42.1%) in the review of their plan. Almost six out of ten service users (59.2%) stated that they did not receive a copy of their plan.

Three quarters of respondents (75.2%) agreed that there was a focus on recovery in the care and treatment offered to them. Just over half (53.6%) of respondents agreed that their care plan helped them to improve their capacity to look after themselves, although almost three out of ten (28.9%) disagreed with this statement.
4. The Findings

<table>
<thead>
<tr>
<th>Table 5: Care Plans</th>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Did you have a care plan?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>389</td>
<td>55.4%</td>
</tr>
<tr>
<td>No</td>
<td>210</td>
<td>29.9%</td>
</tr>
<tr>
<td>Don’t know/Can’t remember</td>
<td>103</td>
<td>14.7%</td>
</tr>
<tr>
<td><strong>I understand what a care plan is</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agree</td>
<td>423</td>
<td>73.1%</td>
</tr>
<tr>
<td>Neither Agree or Disagree</td>
<td>67</td>
<td>11.6%</td>
</tr>
<tr>
<td>Disagree</td>
<td>89</td>
<td>15.4%</td>
</tr>
<tr>
<td><strong>I was involved in the development of my care plan</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agree</td>
<td>285</td>
<td>52.3%</td>
</tr>
<tr>
<td>Neither Agree or Disagree</td>
<td>90</td>
<td>16.5%</td>
</tr>
<tr>
<td>Disagree</td>
<td>170</td>
<td>31.2%</td>
</tr>
<tr>
<td><strong>I received a copy of my care plan</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agree</td>
<td>168</td>
<td>32.5%</td>
</tr>
<tr>
<td>Neither Agree or Disagree</td>
<td>43</td>
<td>8.3%</td>
</tr>
<tr>
<td>Disagree</td>
<td>306</td>
<td>59.2%</td>
</tr>
<tr>
<td><strong>I was involved in the review of my care plan</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agree</td>
<td>237</td>
<td>45.0%</td>
</tr>
<tr>
<td>Neither Agree or Disagree</td>
<td>68</td>
<td>12.9%</td>
</tr>
<tr>
<td>Disagree</td>
<td>222</td>
<td>42.1%</td>
</tr>
<tr>
<td><strong>There was a focus on recovery in the care and treatment offered to me</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agree</td>
<td>449</td>
<td>75.2%</td>
</tr>
<tr>
<td>Neither Agree or Disagree</td>
<td>55</td>
<td>9.2%</td>
</tr>
<tr>
<td>Disagree</td>
<td>93</td>
<td>15.6%</td>
</tr>
<tr>
<td><strong>My care plan helped me to improve my capacity to look after myself</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agree</td>
<td>313</td>
<td>53.6%</td>
</tr>
<tr>
<td>Neither Agree or Disagree</td>
<td>102</td>
<td>17.5%</td>
</tr>
<tr>
<td>Disagree</td>
<td>169</td>
<td>28.9%</td>
</tr>
</tbody>
</table>
4. The Findings

4.3.2 Communication and Information

Respondents were asked about the communication and information provided to them while in hospital (Table 6). Just over one third (34.4%) of service users stated that they had wanted to ask a member of their healthcare team a question while in hospital but did not. When asked why they did not ask their question, 28.8% of respondents chose the option: Staff were unavailable or appeared too busy. Other common reasons chosen were that they were too ill at the time to ask (21.2%) or that they felt intimidated (15.1%).

The survey also asked respondents if information given to them by members of their healthcare team was easy to understand, to which most (89.1%) respondents Strongly Agreed or Agreed. Close to nine out of ten service users (89.8%) also stated that members of their healthcare team spoke to them about what they were going to do before they did it. With regard to diagnosis-related information, 80.6% stated that they were satisfied with the communication of their diagnosis.

<table>
<thead>
<tr>
<th>Table 6: Communication and Information</th>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Were there any questions you would like to have asked members of your healthcare team but did not?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>222</td>
<td>34.4%</td>
</tr>
<tr>
<td>No</td>
<td>423</td>
<td>65.6%</td>
</tr>
<tr>
<td>If yes, why didn’t you?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>They were not available/appeared too busy</td>
<td>61</td>
<td>28.8%</td>
</tr>
<tr>
<td>I did not have the opportunity</td>
<td>15</td>
<td>7.1%</td>
</tr>
<tr>
<td>I forgot to ask</td>
<td>24</td>
<td>11.3%</td>
</tr>
<tr>
<td>I was too scared of the answer</td>
<td>25</td>
<td>11.8%</td>
</tr>
<tr>
<td>I did not want to know the answer</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>I was too ill at the time</td>
<td>45</td>
<td>21.2%</td>
</tr>
<tr>
<td>I felt intimidated</td>
<td>32</td>
<td>15.1%</td>
</tr>
<tr>
<td>Other</td>
<td>10</td>
<td>4.7%</td>
</tr>
<tr>
<td>I was satisfied with the manner in which my diagnosis was communicated to me by my doctor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>306</td>
<td>45.7%</td>
</tr>
<tr>
<td>Agree</td>
<td>234</td>
<td>34.9%</td>
</tr>
<tr>
<td>Disagree</td>
<td>83</td>
<td>12.4%</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>47</td>
<td>7.0%</td>
</tr>
</tbody>
</table>
4.3.3 Staff Responsiveness

Respondents were asked to rate the availability of members of their healthcare team on the ward (Table 7). Approximately four out of five (80.8%) service users Agreed or Strongly Agreed that there was always a member of staff around if needed and 82.9% reported that, if they needed help, staff responded in a timely manner. Most service users (90.2%) stated that it was possible for them to have a private conversation with members of staff, while 9.8% disagreed. With regards to the continuity of care at night, 79.8% of service users stated that the care they received at night was just as good as that during the day, although one fifth (20.2%) did not find this to be the case.

<table>
<thead>
<tr>
<th>The information given by members of my healthcare team was easy to understand</th>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>326</td>
<td>49.4%</td>
</tr>
<tr>
<td>Agree</td>
<td>262</td>
<td>39.7%</td>
</tr>
<tr>
<td>Disagree</td>
<td>60</td>
<td>9.1%</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>12</td>
<td>1.8%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Members of my healthcare team made sure they explained what they were going to do before they did it</th>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>249</td>
<td>43.6%</td>
</tr>
<tr>
<td>Agree</td>
<td>264</td>
<td>46.2%</td>
</tr>
<tr>
<td>Disagree</td>
<td>47</td>
<td>8.2%</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>11</td>
<td>1.9%</td>
</tr>
</tbody>
</table>
4. The Findings

Table 7: Staff Responsiveness

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>There was always a member of the healthcare team around when I needed one</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>257</td>
<td>38.2%</td>
</tr>
<tr>
<td>Agree</td>
<td>286</td>
<td>42.6%</td>
</tr>
<tr>
<td>Disagree</td>
<td>103</td>
<td>15.3%</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>26</td>
<td>3.9%</td>
</tr>
<tr>
<td><strong>Care given by members of my healthcare team was just as good at night as it was during the day</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>281</td>
<td>42.3%</td>
</tr>
<tr>
<td>Agree</td>
<td>250</td>
<td>37.6%</td>
</tr>
<tr>
<td>Disagree</td>
<td>89</td>
<td>13.4%</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>45</td>
<td>6.8%</td>
</tr>
<tr>
<td><strong>If I needed help, it was always given in a timely manner by hospital staff</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>282</td>
<td>42.3%</td>
</tr>
<tr>
<td>Agree</td>
<td>270</td>
<td>40.5%</td>
</tr>
<tr>
<td>Disagree</td>
<td>79</td>
<td>11.9%</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>35</td>
<td>5.3%</td>
</tr>
<tr>
<td><strong>Staff always answered my call promptly</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>276</td>
<td>40.9%</td>
</tr>
<tr>
<td>Agree</td>
<td>287</td>
<td>42.6%</td>
</tr>
<tr>
<td>Disagree</td>
<td>90</td>
<td>13.4%</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>21</td>
<td>3.1%</td>
</tr>
<tr>
<td><strong>It was possible to have a private conversation with a member of my healthcare team e.g. doctor/nurse/therapist</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>366</td>
<td>53.7%</td>
</tr>
<tr>
<td>Agree</td>
<td>249</td>
<td>36.5%</td>
</tr>
<tr>
<td>Disagree</td>
<td>52</td>
<td>7.6%</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>15</td>
<td>2.2%</td>
</tr>
<tr>
<td><strong>Members of the healthcare team were too overworked to take care of me</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>43</td>
<td>6.7%</td>
</tr>
<tr>
<td>Agree</td>
<td>100</td>
<td>15.5%</td>
</tr>
<tr>
<td>Disagree</td>
<td>320</td>
<td>49.7%</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>181</td>
<td>28.1%</td>
</tr>
</tbody>
</table>
4. The Findings

4.3.4 Symptom Management and Relief

Table 8 illustrates the responses to questions addressing the area of symptom management. More than three-quarters (76.0%) of respondents Agreed or Strongly Agreed that their symptoms were eased by prompt attention from their healthcare team although almost one quarter (24.0%) disagreed with this statement. Additionally, 85.4% of respondents Agreed or Strongly Agreed with the statement: Everything possible was done to relieve my symptoms. More than half (54.6%) of service users reported that they had received appropriate treatments for any physical health needs they may have had, while 23.1% stated that such treatments were received, but only to some extent. Almost one out of eight respondents (12.3%) did not have any physical health problems and the remaining 10.0% reported they did not receive appropriate treatments for any physical health needs.

<table>
<thead>
<tr>
<th>Table 8: Symptom Management and Relief</th>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>My symptoms were eased by prompt attention from my healthcare team</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>257</td>
<td>39.5%</td>
</tr>
<tr>
<td>Agree</td>
<td>237</td>
<td>36.5%</td>
</tr>
<tr>
<td>Disagree</td>
<td>134</td>
<td>20.6%</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>22</td>
<td>3.4%</td>
</tr>
<tr>
<td>Everything possible was done to relieve my symptoms</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>297</td>
<td>43.4%</td>
</tr>
<tr>
<td>Agree</td>
<td>288</td>
<td>42.0%</td>
</tr>
<tr>
<td>Disagree</td>
<td>70</td>
<td>10.2%</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>30</td>
<td>4.4%</td>
</tr>
<tr>
<td>During your hospital stay, do you feel that you received appropriate treatments for any physical health needs you had?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes, definitely</td>
<td>383</td>
<td>54.6%</td>
</tr>
<tr>
<td>Yes, to some extent</td>
<td>162</td>
<td>23.1%</td>
</tr>
<tr>
<td>No</td>
<td>70</td>
<td>10.0%</td>
</tr>
<tr>
<td>I did not have any physical health problems</td>
<td>86</td>
<td>12.3%</td>
</tr>
</tbody>
</table>
4. The Findings

4.3.5 Community and Multidisciplinary Team Access

Respondents were asked to rate the level of access to a social worker, psychological therapies and their community team (Table 9). More than six out of ten respondents (61.9%) were satisfied with the availability of a social worker; however, nearly one third (30.0%) were not. Similarly, almost two thirds (64.8%) of respondents rated access to psychological therapies as *Good* or *Very Good*; however, 27.2% reported that access was *Poor* or *Very Poor*. Finally, 64.7% of service users considered access to their community team to be *Good* or *Very Good*, with 27.2% rating it as *Poor* or *Very Poor*.

<table>
<thead>
<tr>
<th>Table 9: Community and Multidisciplinary Team Access</th>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Access to Social Worker</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very good</td>
<td>168</td>
<td>32.3%</td>
</tr>
<tr>
<td>Good</td>
<td>154</td>
<td>29.6%</td>
</tr>
<tr>
<td>Neither</td>
<td>42</td>
<td>8.1%</td>
</tr>
<tr>
<td>Poor</td>
<td>81</td>
<td>15.6%</td>
</tr>
<tr>
<td>Very Poor</td>
<td>75</td>
<td>14.4%</td>
</tr>
<tr>
<td><strong>Access to psychological therapies</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very good</td>
<td>215</td>
<td>35.7%</td>
</tr>
<tr>
<td>Good</td>
<td>176</td>
<td>29.2%</td>
</tr>
<tr>
<td>Neither</td>
<td>48</td>
<td>8.0%</td>
</tr>
<tr>
<td>Poor</td>
<td>77</td>
<td>12.8%</td>
</tr>
<tr>
<td>Very Poor</td>
<td>87</td>
<td>14.4%</td>
</tr>
<tr>
<td><strong>Access to other therapies</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very good</td>
<td>208</td>
<td>35.6%</td>
</tr>
<tr>
<td>Good</td>
<td>185</td>
<td>31.6%</td>
</tr>
<tr>
<td>Neither</td>
<td>51</td>
<td>8.7%</td>
</tr>
<tr>
<td>Poor</td>
<td>65</td>
<td>11.1%</td>
</tr>
<tr>
<td>Very Poor</td>
<td>76</td>
<td>13.0%</td>
</tr>
<tr>
<td><strong>Access to your community team</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very good</td>
<td>185</td>
<td>35.9%</td>
</tr>
<tr>
<td>Good</td>
<td>148</td>
<td>28.7%</td>
</tr>
<tr>
<td>Neither</td>
<td>42</td>
<td>8.2%</td>
</tr>
<tr>
<td>Poor</td>
<td>78</td>
<td>15.1%</td>
</tr>
<tr>
<td>Very Poor</td>
<td>62</td>
<td>12.0%</td>
</tr>
</tbody>
</table>
4.3.6 Service User-Provider Relationship

Service users were also asked to provide information pertaining to service user-provider relationships (Table 10). In general, most service users (92.4%) knew the name of their consultant. The remaining 7.6% did not know or could not remember. Most service users (87.3%) could also identify hospital staff in charge of their treatment and care.

Over two thirds (68.7%) saw their consultant psychiatrist everyday or most days during their time as an inpatient; however, 28.4% stated that they rarely or never saw their consultant. Approximately three quarters (75.1%) of service users agreed that they saw their consultant as often as they felt appropriate, although one quarter (24.9%) disagreed.

<table>
<thead>
<tr>
<th>Table 10: Service User-Provider Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did you know the name of the consultant psychiatrist in charge of your care?</td>
</tr>
<tr>
<td><strong>Frequency</strong></td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>Don’t know/Can’t remember</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Members of my healthcare team introduced themselves by name</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strongly Agree</strong></td>
</tr>
<tr>
<td>313</td>
</tr>
<tr>
<td>46.6%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>I could identify members of the healthcare team in charge of my treatment and care</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strongly Agree</strong></td>
</tr>
<tr>
<td>326</td>
</tr>
<tr>
<td>47.7%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How often did you see your consultant psychiatrist during your stay in hospital?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Everyday</strong></td>
</tr>
<tr>
<td>45</td>
</tr>
<tr>
<td>6.9%</td>
</tr>
</tbody>
</table>
4. The Findings

<table>
<thead>
<tr>
<th>Table 10 (continued): Service User-Provider Relationship</th>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>I saw my doctor/consultant as often as I felt appropriate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>221</td>
<td>32.4%</td>
</tr>
<tr>
<td>Agree</td>
<td>292</td>
<td>42.8%</td>
</tr>
<tr>
<td>Disagree</td>
<td>118</td>
<td>17.3%</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>52</td>
<td>7.6%</td>
</tr>
<tr>
<td>The hospital staff were neat in appearance and dressed appropriately</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>402</td>
<td>59.2%</td>
</tr>
<tr>
<td>Agree</td>
<td>263</td>
<td>38.7%</td>
</tr>
<tr>
<td>Disagree</td>
<td>10</td>
<td>1.5%</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>4</td>
<td>0.6%</td>
</tr>
</tbody>
</table>

4.3.7 Dignity, Respect and Privacy

Respondents were asked to evaluate a number of statements to assess whether various practices of service user-centred care were being maintained from their perspective (Table 11). In terms of confidentiality, most (92.4%) respondents *Strongly Agreed or Agreed* that members of their healthcare team protected their confidentiality. Similarly, 86.8% *Strongly Agreed or Agreed* that they were always treated with dignity and respect during their hospital stay. With regard to privacy, 93.6% agreed that they were satisfied with the level of privacy they received while being examined.

The majority of service users (85.7%) did not agree with the statement: *Staff discussed medical issues at my bedside while ignoring me*. However, the remaining 14.3% agreed that this had occurred. Almost all service users (92.8%) reported that members of their healthcare team were courteous.
### Table 11: Dignity, Respect and Privacy

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>I trusted the members of my healthcare team</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>297</td>
<td>44.4%</td>
</tr>
<tr>
<td>Agree</td>
<td>286</td>
<td>42.8%</td>
</tr>
<tr>
<td>Disagree</td>
<td>64</td>
<td>9.6%</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>22</td>
<td>3.3%</td>
</tr>
<tr>
<td><strong>I was always treated with dignity and respect</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>346</td>
<td>50.2%</td>
</tr>
<tr>
<td>Agree</td>
<td>252</td>
<td>36.6%</td>
</tr>
<tr>
<td>Disagree</td>
<td>57</td>
<td>8.3%</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>34</td>
<td>4.9%</td>
</tr>
<tr>
<td><strong>Members of my healthcare team protected my confidentiality</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>332</td>
<td>51.3%</td>
</tr>
<tr>
<td>Agree</td>
<td>266</td>
<td>41.1%</td>
</tr>
<tr>
<td>Disagree</td>
<td>34</td>
<td>5.3%</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>15</td>
<td>2.3%</td>
</tr>
<tr>
<td><strong>I was satisfied with the level of privacy I received while being examined</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>298</td>
<td>44.3%</td>
</tr>
<tr>
<td>Agree</td>
<td>332</td>
<td>49.3%</td>
</tr>
<tr>
<td>Disagree</td>
<td>29</td>
<td>4.3%</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>14</td>
<td>2.1%</td>
</tr>
<tr>
<td><strong>Members of my healthcare team were courteous</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>340</td>
<td>49.8%</td>
</tr>
<tr>
<td>Agree</td>
<td>294</td>
<td>43.0%</td>
</tr>
<tr>
<td>Disagree</td>
<td>36</td>
<td>5.3%</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>13</td>
<td>1.9%</td>
</tr>
<tr>
<td><strong>Staff discussed medical issues at my bedside while ignoring me</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>32</td>
<td>5.3%</td>
</tr>
<tr>
<td>Agree</td>
<td>55</td>
<td>9.1%</td>
</tr>
<tr>
<td>Disagree</td>
<td>320</td>
<td>52.7%</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>200</td>
<td>32.9%</td>
</tr>
</tbody>
</table>
4. The Findings

4.4 Service User Safety

This section examines the service user’s experience of safety with regard to the medication they received during their hospital stay as well as treatments or procedures that they received as part of their care. It focuses primarily on the provision of information and the confirmation of identity prior to procedures and the administration of medication.

4.4.1 Medication Safety

Data relating to medication safety is presented in Table 12 below. In general, service users who received medication were provided with a full explanation (59.0%) or a partial explanation (16.8%) of the reasons for the medication; however, 14.8% stated that no reason had been provided to them. When asked whether a member of their healthcare team explained the possible side effects of their medication, similar proportions of respondents reported receiving an explanation (43.3%) and not receiving an explanation (42.7%).

Nearly two thirds (61.1%) of service users surveyed Agreed or Strongly Agreed that they had received acceptable explanations about the side-effects of their medication; however, 38.9% Disagreed or Strongly Disagreed with this statement. Nearly one quarter (24.1%) of respondents Disagreed or Strongly Disagreed with the statement: *The purpose of tests/procedures/new medicines were always explained to me.*
### Table 12: Medication Safety

<table>
<thead>
<tr>
<th>If you received medication, were the reasons for the medication explained to you by a member of your healthcare team?</th>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, all were explained</td>
<td>403</td>
<td>59.0%</td>
</tr>
<tr>
<td>Yes, some were explained</td>
<td>115</td>
<td>16.8%</td>
</tr>
<tr>
<td>No, none were explained</td>
<td>101</td>
<td>14.8%</td>
</tr>
<tr>
<td>I already knew/No need to explain</td>
<td>47</td>
<td>6.9%</td>
</tr>
<tr>
<td>Don’t know/Can’t remember</td>
<td>17</td>
<td>2.5%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Did a member of your healthcare team explain the possible side effects of the medication?</th>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>294</td>
<td>43.3%</td>
</tr>
<tr>
<td>No</td>
<td>290</td>
<td>42.7%</td>
</tr>
<tr>
<td>Already knew/No need to explain</td>
<td>67</td>
<td>9.9%</td>
</tr>
<tr>
<td>Don’t know/Can’t remember</td>
<td>28</td>
<td>4.1%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>I received acceptable explanations about the side effects of my medication</th>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>188</td>
<td>29.5%</td>
</tr>
<tr>
<td>Agree</td>
<td>202</td>
<td>31.7%</td>
</tr>
<tr>
<td>Disagree</td>
<td>177</td>
<td>27.7%</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>71</td>
<td>11.1%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The purpose of tests/procedures/new medicines was always explained to me</th>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>218</td>
<td>34.8%</td>
</tr>
<tr>
<td>Agree</td>
<td>257</td>
<td>41.1%</td>
</tr>
<tr>
<td>Disagree</td>
<td>118</td>
<td>18.8%</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>33</td>
<td>5.3%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>A member of my healthcare team confirmed my identity prior to administering my medication</th>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>279</td>
<td>43.6%</td>
</tr>
<tr>
<td>Agree</td>
<td>301</td>
<td>47.0%</td>
</tr>
<tr>
<td>Disagree</td>
<td>44</td>
<td>6.9%</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>16</td>
<td>2.5%</td>
</tr>
</tbody>
</table>
4. The Findings

4.4.2 Tests and Procedures

A substantial majority (91.4%) of respondents believed that hospital staff ensured that tests and procedures were carried out at the designated times as much as possible (Table 13).

Service users who reported receiving Electroconvulsive Therapy (ECT) during their most recent hospital stay were asked if the doctor had explained the procedure (including any potential benefits or risks) prior to it taking place. Approximately half (52.1%) of respondents agreed that this had occurred although nearly one quarter (23.4%) disagreed.

<table>
<thead>
<tr>
<th>Table 13: Tests and Procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hospital staff ensured that tests and procedures were carried out at the designated times as much as possible</strong></td>
</tr>
<tr>
<td>Strongly Agree</td>
</tr>
<tr>
<td>Agree</td>
</tr>
<tr>
<td>Disagree</td>
</tr>
<tr>
<td>Strongly Disagree</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>If you had Electroconvulsive Therapy (ECT), did the doctor explain beforehand what would be done/what it would involve including any potential benefits or risks?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, it was explained</td>
</tr>
<tr>
<td>No, it was not explained</td>
</tr>
<tr>
<td>I was unconscious/disorientated/could not have been given an explanation</td>
</tr>
<tr>
<td>Don’t know/Can’t remember</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>A member of my healthcare team confirmed my identify prior to any procedure e.g. ECT</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
</tr>
<tr>
<td>Agree</td>
</tr>
<tr>
<td>Disagree</td>
</tr>
<tr>
<td>Strongly Disagree</td>
</tr>
</tbody>
</table>
4. The Findings

4.5 Care Environment

The following section is concerned with the service user’s perception of the care environment, including hotel aspects such as cleanliness, noise and food, personal safety and details regarding the level of access to activities, methods of communication, and other services.

4.5.1 Hospital Environment

Table 14 illustrates service users’ opinions on the more practical aspects of interacting with the hospital environment. The majority of service users were happy with the level of access to a public telephone (79.7%) and to a lesser extent with access to other methods of communication e.g. email/post (62.3%). Seven out of ten service users (70.3%) rated the adequacy of shop facilities as Good or Very Good, while 23.8% had a more negative opinion. Most respondents (88.0%) found it easy to find their way around the hospital. More than eight out of ten (81.7%) rated the access to a private outdoor setting as Good or Very Good, and an even higher proportion (90.3%) were satisfied with the availability of a smoking area. Approximately three quarters (77.5%) of respondents rated the access to daily activities on the ward as Good or Very Good.

<table>
<thead>
<tr>
<th>How would you rate the following hospital/ward facilities …</th>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to a public telephone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very good</td>
<td>281</td>
<td>48.7%</td>
</tr>
<tr>
<td>Good</td>
<td>179</td>
<td>31.0%</td>
</tr>
<tr>
<td>Neither</td>
<td>23</td>
<td>4.0%</td>
</tr>
<tr>
<td>Poor</td>
<td>52</td>
<td>9.0%</td>
</tr>
<tr>
<td>Very Poor</td>
<td>42</td>
<td>7.3%</td>
</tr>
<tr>
<td>Access to other methods of communication e.g. email, post</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very good</td>
<td>167</td>
<td>33.7%</td>
</tr>
<tr>
<td>Good</td>
<td>142</td>
<td>28.6%</td>
</tr>
<tr>
<td>Neither</td>
<td>53</td>
<td>10.7%</td>
</tr>
<tr>
<td>Poor</td>
<td>71</td>
<td>14.3%</td>
</tr>
<tr>
<td>Very Poor</td>
<td>63</td>
<td>12.7%</td>
</tr>
<tr>
<td>Adequacy of shop facilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very good</td>
<td>227</td>
<td>35.2%</td>
</tr>
<tr>
<td>Good</td>
<td>226</td>
<td>35.1%</td>
</tr>
<tr>
<td>Neither</td>
<td>38</td>
<td>5.9%</td>
</tr>
<tr>
<td>Poor</td>
<td>84</td>
<td>13.0%</td>
</tr>
<tr>
<td>Very Poor</td>
<td>69</td>
<td>10.7%</td>
</tr>
</tbody>
</table>
### Table 14 (continued): Hospital Facilities

<table>
<thead>
<tr>
<th>How would you rate the following hospital/ward facilities …</th>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very good</td>
<td>330</td>
<td>49.0%</td>
</tr>
<tr>
<td>Good</td>
<td>262</td>
<td>38.9%</td>
</tr>
<tr>
<td>Neither</td>
<td>30</td>
<td>4.5%</td>
</tr>
<tr>
<td>Poor</td>
<td>37</td>
<td>5.5%</td>
</tr>
<tr>
<td>Very Poor</td>
<td>14</td>
<td>2.1%</td>
</tr>
</tbody>
</table>

**Access to private outdoor setting**

<table>
<thead>
<tr>
<th>How would you rate the following hospital/ward facilities …</th>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very good</td>
<td>313</td>
<td>47.8%</td>
</tr>
<tr>
<td>Good</td>
<td>222</td>
<td>33.9%</td>
</tr>
<tr>
<td>Neither</td>
<td>28</td>
<td>4.3%</td>
</tr>
<tr>
<td>Poor</td>
<td>51</td>
<td>7.8%</td>
</tr>
<tr>
<td>Very Poor</td>
<td>41</td>
<td>6.3%</td>
</tr>
</tbody>
</table>

**Access to smoking area**

<table>
<thead>
<tr>
<th>How would you rate the following hospital/ward facilities …</th>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very good</td>
<td>283</td>
<td>58.5%</td>
</tr>
<tr>
<td>Good</td>
<td>154</td>
<td>31.8%</td>
</tr>
<tr>
<td>Neither</td>
<td>9</td>
<td>1.9%</td>
</tr>
<tr>
<td>Poor</td>
<td>16</td>
<td>3.3%</td>
</tr>
<tr>
<td>Very Poor</td>
<td>22</td>
<td>4.5%</td>
</tr>
</tbody>
</table>

**Access to daily activities on the ward**

<table>
<thead>
<tr>
<th>How would you rate the following hospital/ward facilities …</th>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very good</td>
<td>293</td>
<td>44.2%</td>
</tr>
<tr>
<td>Good</td>
<td>221</td>
<td>33.3%</td>
</tr>
<tr>
<td>Neither</td>
<td>42</td>
<td>6.3%</td>
</tr>
<tr>
<td>Poor</td>
<td>56</td>
<td>8.4%</td>
</tr>
<tr>
<td>Very Poor</td>
<td>51</td>
<td>7.7%</td>
</tr>
</tbody>
</table>

**Access to the hospital building if you have a physical or sensory disability**

<table>
<thead>
<tr>
<th>How would you rate the following hospital/ward facilities …</th>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very good</td>
<td>136</td>
<td>49.8%</td>
</tr>
<tr>
<td>Good</td>
<td>94</td>
<td>34.4%</td>
</tr>
<tr>
<td>Neither</td>
<td>20</td>
<td>7.3%</td>
</tr>
<tr>
<td>Poor</td>
<td>9</td>
<td>3.3%</td>
</tr>
<tr>
<td>Very Poor</td>
<td>14</td>
<td>5.1%</td>
</tr>
</tbody>
</table>
4. The Findings

Almost nine out of ten (88.8%) service users either Agreed or Strongly Agreed that the hospital facilities were of a clean standard (Table 15). The majority (88.8%) of respondents agreed that the level of noise during the day was acceptable, whereas a slightly lower percentage agreed that the level of noise during the night was of an acceptable standard (84.1%). In terms of the food received, 82.6% of respondents Agreed or Strongly Agreed that it was of a high quality and standard.

<table>
<thead>
<tr>
<th>Table 15: Hospital Ward and Food</th>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>The hospital facilities, e.g. bed/ward/room/bathrooms/toilets/showers were of a clean standard</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>313</td>
<td>45.1%</td>
</tr>
<tr>
<td>Agree</td>
<td>303</td>
<td>43.7%</td>
</tr>
<tr>
<td>Disagree</td>
<td>50</td>
<td>7.2%</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>28</td>
<td>4.0%</td>
</tr>
<tr>
<td>The level of noise I experienced during the day was acceptable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly agree</td>
<td>259</td>
<td>37.8%</td>
</tr>
<tr>
<td>Agree</td>
<td>349</td>
<td>50.9%</td>
</tr>
<tr>
<td>Disagree</td>
<td>55</td>
<td>8.0%</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>22</td>
<td>3.2%</td>
</tr>
<tr>
<td>The level of noise experienced at night was acceptable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>267</td>
<td>39.4%</td>
</tr>
<tr>
<td>Agree</td>
<td>303</td>
<td>44.7%</td>
</tr>
<tr>
<td>Disagree</td>
<td>77</td>
<td>11.4%</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>31</td>
<td>4.6%</td>
</tr>
<tr>
<td>The food received was of a high quality/standard</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>285</td>
<td>41.4%</td>
</tr>
<tr>
<td>Agree</td>
<td>284</td>
<td>41.2%</td>
</tr>
<tr>
<td>Disagree</td>
<td>84</td>
<td>12.2%</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>36</td>
<td>5.2%</td>
</tr>
</tbody>
</table>
Two thirds of respondents (66.0%) stated that they always felt safe while in hospital; however, 27.1% reported feeling safe only some of the time and 6.9% never felt safe (Table 16).

With regard to hospital visiting hours (Table 17), 93.9% of service users stated they were satisfied with the visiting schedule. Almost two thirds of service users (63.8%) reported that members of their healthcare team always helped them to keep in contact with friends or relatives as much as they wanted; however, one out of five (20.1%) indicated that healthcare team members were not helpful in this regard. Over six out of ten respondents (61.9%) stated that they were always satisfied with the level of privacy they received when friends or relatives visited them; almost one quarter (24.3%) were only sometimes satisfied and the remaining 13.8% were not satisfied.

<table>
<thead>
<tr>
<th>Table 16: Personal Safety</th>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>During your hospital stay did you feel safe in this environment?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes, always</td>
<td>460</td>
<td>66.0%</td>
</tr>
<tr>
<td>Yes, some of the time</td>
<td>189</td>
<td>27.1%</td>
</tr>
<tr>
<td>No, never</td>
<td>48</td>
<td>6.9%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Table 17: Hospital Visiting Hours</th>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Were you satisfied with the visiting hours schedule?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>619</td>
<td>93.9%</td>
</tr>
<tr>
<td>No</td>
<td>40</td>
<td>6.1%</td>
</tr>
<tr>
<td>Did members of your healthcare team help you to keep in contact with friends or relatives as much as you wanted?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes, always</td>
<td>432</td>
<td>63.8%</td>
</tr>
<tr>
<td>Yes, sometimes</td>
<td>109</td>
<td>16.1%</td>
</tr>
<tr>
<td>No</td>
<td>136</td>
<td>20.1%</td>
</tr>
<tr>
<td>If friends or relatives visited you, were you satisfied with the level of privacy you had when meeting them?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes, always</td>
<td>420</td>
<td>61.9%</td>
</tr>
<tr>
<td>Yes, sometimes</td>
<td>165</td>
<td>24.3%</td>
</tr>
<tr>
<td>No</td>
<td>94</td>
<td>13.8%</td>
</tr>
</tbody>
</table>
4. The Findings

4.5.2 Pastoral Care

As illustrated in Table 18, over three quarters (77.9%) Agreed or Strongly Agreed that ministers of their faith were available to them as frequently as they required, although 22.1% disagreed with this statement.

<table>
<thead>
<tr>
<th>Ministers of my faith were available to me as frequently as I required</th>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>206</td>
<td>39.9%</td>
</tr>
<tr>
<td>Agree</td>
<td>196</td>
<td>38.0%</td>
</tr>
<tr>
<td>Disagree</td>
<td>76</td>
<td>14.7%</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>38</td>
<td>7.4%</td>
</tr>
</tbody>
</table>

4.6 Service User Participation

The following section is broadly concerned with service users’ involvement in their own care and treatment and service users’ rights. It also addresses service users’ satisfaction with the complaints process, where relevant, during their stay.

4.6.1 Service User Involvement

Table 19 presents service users’ impressions of their level of involvement in their care and treatment during their hospital stay.

Approximately three quarters (75.7%) of respondents reported that they were involved in decisions about their care and treatment as much as they would have liked. Almost two thirds (63.2%) were satisfied that hospital staff encouraged them to voice their opinions about the services that they received; however, 36.8% did not agree that this was the case. Just over half (55.7%) of service users Agreed or Strongly Agreed that they were consulted with about what information should be disclosed to their family members. However, more than four out of ten (44.3%) service users did not agree that they were consulted on this matter.
4. The Findings

Table 19: Service User Involvement

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>I was involved in decisions made about my care and treatment as much as I would have liked</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>262</td>
<td>38.4%</td>
</tr>
<tr>
<td>Agree</td>
<td>254</td>
<td>37.2%</td>
</tr>
<tr>
<td>Disagree</td>
<td>112</td>
<td>16.4%</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>54</td>
<td>7.9%</td>
</tr>
<tr>
<td><strong>Hospital staff encouraged me to voice my opinions about the service I received</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>215</td>
<td>33.4%</td>
</tr>
<tr>
<td>Agree</td>
<td>192</td>
<td>29.8%</td>
</tr>
<tr>
<td>Disagree</td>
<td>183</td>
<td>28.4%</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>54</td>
<td>8.4%</td>
</tr>
<tr>
<td><strong>Members of my healthcare team asked me what they should tell my family/how much information they should provide them regarding my hospital stay</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>139</td>
<td>24.6%</td>
</tr>
<tr>
<td>Agree</td>
<td>176</td>
<td>31.1%</td>
</tr>
<tr>
<td>Disagree</td>
<td>180</td>
<td>31.8%</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>71</td>
<td>12.5%</td>
</tr>
</tbody>
</table>

4.6.2 Service User Rights

Just under half (45.5%) of respondents stated that they were aware they could access their patient records through the *Freedom of information Act*, while 54.5% were not aware of this (Table 20). Similarly, over half (53.0%) of service users were not aware of the complaints procedure within the hospital they attended. Additionally, 56.0% stated that they were not provided with any written information regarding their rights when entering hospital. Table 20 also includes data highlighting the degree to which involuntary patients received written information on their rights.
4. The Findings

Table 20: Service User Rights

<table>
<thead>
<tr>
<th>Question</th>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Were/are you aware that you can apply under the Freedom of Information Act to access your patient records?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>318</td>
<td>45.5%</td>
</tr>
<tr>
<td>No</td>
<td>381</td>
<td>54.5%</td>
</tr>
<tr>
<td>Were you aware of the complaints procedure within the hospital?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>296</td>
<td>47.0%</td>
</tr>
<tr>
<td>No</td>
<td>334</td>
<td>53.0%</td>
</tr>
<tr>
<td>Did you receive written information on your rights when you entered the hospital?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>180</td>
<td>25.5%</td>
</tr>
<tr>
<td>No</td>
<td>395</td>
<td>56.0%</td>
</tr>
<tr>
<td>Don’t know/Can’t remember</td>
<td>130</td>
<td>18.4%</td>
</tr>
<tr>
<td>Did you told about your rights when you entered the hospital?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>302</td>
<td>43.1%</td>
</tr>
<tr>
<td>No</td>
<td>277</td>
<td>39.5%</td>
</tr>
<tr>
<td>Don’t know/Can’t remember</td>
<td>122</td>
<td>17.4%</td>
</tr>
<tr>
<td>If you were an involuntary service user during your last hospital stay, did you receive any written information on your rights?</td>
<td></td>
<td>Percent of Cases</td>
</tr>
<tr>
<td>The section of the Mental Health Act, 2001 under which you were being detained</td>
<td>44</td>
<td>71.0%</td>
</tr>
<tr>
<td>Information on your entitlement to legal representation</td>
<td>36</td>
<td>58.1%</td>
</tr>
<tr>
<td>A general description of the proposed treatment to be administered during the detention</td>
<td>20</td>
<td>32.3%</td>
</tr>
<tr>
<td>Information on your entitlement to communicate with the Inspector of Mental Health Services</td>
<td>22</td>
<td>35.5%</td>
</tr>
<tr>
<td>Confirmation that the detention will be reviewed by a Mental Health Commission review tribunal</td>
<td>32</td>
<td>51.6%</td>
</tr>
<tr>
<td>Information on your entitlement to appeal to the Circuit Court against a decision of a tribunal</td>
<td>21</td>
<td>33.9%</td>
</tr>
<tr>
<td>Information on your right to be admitted as a voluntary service user</td>
<td>29</td>
<td>46.8%</td>
</tr>
</tbody>
</table>

*This question allowed multiple responses, i.e. a participant could choose more than one option. The ‘Percent of Cases’ column represents the percentage of respondents who selected each option. In this case n = 62.
4. The Findings

4.6.3 Service User Complaints

The majority (68.7%) of service users did not wish to make a complaint about an area of dissatisfaction, although 31.3% of respondents reported that they did (Table 21). Of those respondents who answered the question: *If you did have a complaint, with whom did you discuss it?*, 28.7% of these chose not to discuss their grievance, 34.9% chose to talk to a nurse and 17.9% chose to discuss their complaint with a consultant.

Overall, service users were not very satisfied with the complaints process. One third (33.3%) of respondents reported that their complaint was investigated within a reasonable timeframe; however, 43.1% disagreed. Over half (51.6%) of service users were not satisfied with the manner in which their complaint was dealt with, with only one quarter (24.6%) satisfied in this regard. Likewise, a similar proportion was not satisfied with the outcome of their complaint (54.4%).

<table>
<thead>
<tr>
<th>Table 21: Service User Complaints</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Frequency</strong></td>
</tr>
<tr>
<td><strong>During your hospital stay, did you wish to complain about an area of dissatisfaction?</strong></td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td><strong>If you did have a complaint, with whom did you discuss it? (Multiple responses allowed)</strong></td>
</tr>
<tr>
<td>Consultant</td>
</tr>
<tr>
<td>Junior Doctor</td>
</tr>
<tr>
<td>Matron/Director or Nursing</td>
</tr>
<tr>
<td>Ward Sister/Manager</td>
</tr>
<tr>
<td>Nurse</td>
</tr>
<tr>
<td>General Manager/Administration/Risk Manager</td>
</tr>
<tr>
<td>Made a complaint to the Mental Health Commission</td>
</tr>
<tr>
<td>Made a complaint to the HSE ‘Your Service Your Say’</td>
</tr>
<tr>
<td>Other</td>
</tr>
<tr>
<td>Did not discuss it</td>
</tr>
</tbody>
</table>

This question allowed multiple responses, i.e. a participant could choose more than one option. Therefore, the Valid Percent represents the relative popularity of each of the response options but not the percentage of respondents who selected each option. This figure is provided in the Percent of Cases column. In this case: n=195.
4.7 Hospital Discharge

The following section is concerned with discharge planning and procedures, and service users’ transition from the inpatient setting to their home. It examines service users’ opinions regarding their length of stay and the convenience of their discharge. It also provides information about the amount and type of information provided at discharge and whether follow-up contact was arranged.

4.7.1 Discharge Planning and Procedures

Table 22 illustrates the data collected regarding length of stay in hospital. When asked whether they felt their length of stay had been appropriate, 82.5% of respondents either Agreed or Strongly Agreed that this was the case.
4. The Findings

Table 23 below illustrates data collected regarding the hospital’s discharge process. When asked if they had been discharged at a convenient time, most service users either Agreed (46.4%) or Strongly Agreed (40.9%) that this was the case. Almost half (49.6%) of service users were given two to three days advanced notice, 16.4% were provided with notice of their discharge on the morning of their discharge, 8.9% were given one to three hours notice, while 18.1% were informed one day in advance. When asked whether they felt they had been given enough notice of their discharge, a large majority (84.4%) agreed that they were. Approximately two thirds (64.8%) of service users stated that they had a discharge plan when leaving the hospital; however, 35.2% did not. Finally, approximately seven out of ten respondents (72.3%) agreed with the statement: Members of my healthcare team took my family or home situation into account when planning my discharge from hospital.

Table 23: Discharge Procedures

<table>
<thead>
<tr>
<th>I was discharged at a time convenient for me</th>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>275</td>
<td>40.9%</td>
</tr>
<tr>
<td>Agree</td>
<td>312</td>
<td>46.4%</td>
</tr>
<tr>
<td>Disagree</td>
<td>61</td>
<td>9.1%</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>24</td>
<td>3.6%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How much advanced notice were you given about the date of your discharge?</th>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>I was told during morning rounds on the day of discharge</td>
<td>112</td>
<td>16.4%</td>
</tr>
<tr>
<td>1-3 hours</td>
<td>61</td>
<td>8.9%</td>
</tr>
<tr>
<td>1 day</td>
<td>124</td>
<td>18.1%</td>
</tr>
<tr>
<td>2-3 days</td>
<td>339</td>
<td>49.6%</td>
</tr>
<tr>
<td>Don’t know/Can’t remember</td>
<td>48</td>
<td>7.0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Do you think you were given enough notice of your discharge from hospital?</th>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>562</td>
<td>84.4%</td>
</tr>
<tr>
<td>No</td>
<td>104</td>
<td>15.6%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>When leaving the hospital did you have a discharge plan?</th>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>425</td>
<td>64.8%</td>
</tr>
<tr>
<td>No</td>
<td>231</td>
<td>35.2%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Members of my healthcare team took my family or home situation into account when planning my discharge from hospital</th>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agree</td>
<td>460</td>
<td>72.3%</td>
</tr>
<tr>
<td>Neither Agree or Disagree</td>
<td>75</td>
<td>11.8%</td>
</tr>
<tr>
<td>Disagree</td>
<td>101</td>
<td>15.9%</td>
</tr>
</tbody>
</table>
4.7.2 Transition

‘Transition’ captures the care and guidance offered to service users in order to ease their move from an inpatient setting to their home.

As illustrated in Table 24, approximately three quarters (75.7%) of respondents either Agreed or Strongly Agreed that they were satisfied with the amount of information provided to them at discharge regarding their follow up care. This information was considered by a large majority of respondents (84.5%) to be easy to understand.

Almost two thirds of respondents (65.2%) had a follow up appointment arranged for them with their Mental Health Service, 11.5% reported having an appointment arranged for them with their GP while a further 11.2% had an appointment with both. More than one out of ten (12.0%) did not have a follow up appointment arranged for them. Service users were asked about the timing of this appointment. The majority (58.6%) reported that it was arranged for within two weeks of their discharge date, and 23.5% had appointments falling between two weeks and a month following their departure from hospital. Almost one out of five (18.0%) had appointments arranged for a date falling more than one month after their discharge.

Approximately 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, one quarter of respondents disagreed (24.8%). Over half (55.1%) of respondents were provided with information on discharge about how to access support services, and 63.6% were provided with information by their healthcare team on how to re-access inpatient services should they require them. Most service users (87.4%) were still in contact with their mental health service at the time of completion of the survey. Of those who responded to the question: Who do you have contact with?, 68.1% were in contact with a doctor, 32.2% with a nurse and 28.4% with a psychologist.
## 4. The Findings

<table>
<thead>
<tr>
<th>Table 24: Transition</th>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>I was satisfied with the amount of information I received at discharge about my follow-up care</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>266</td>
<td>39.9%</td>
</tr>
<tr>
<td>Agree</td>
<td>238</td>
<td>35.7%</td>
</tr>
<tr>
<td>Disagree</td>
<td>110</td>
<td>16.5%</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>52</td>
<td>7.8%</td>
</tr>
<tr>
<td><strong>The information provided by members of my healthcare team regarding any follow up care was easy to understand</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>266</td>
<td>40.1%</td>
</tr>
<tr>
<td>Agree</td>
<td>294</td>
<td>44.3%</td>
</tr>
<tr>
<td>Disagree</td>
<td>77</td>
<td>11.6%</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>26</td>
<td>3.9%</td>
</tr>
<tr>
<td><strong>Was a follow-up appointment arranged for you before you left the hospital?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes, with my GP</td>
<td>78</td>
<td>11.5%</td>
</tr>
<tr>
<td>Yes, with my Mental Health Service</td>
<td>441</td>
<td>65.2%</td>
</tr>
<tr>
<td>Yes, with both my GP and my Mental Health Service</td>
<td>76</td>
<td>11.2%</td>
</tr>
<tr>
<td>No</td>
<td>81</td>
<td>12.0%</td>
</tr>
<tr>
<td><strong>How long after you were discharged from the hospital was this appointment arranged for?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than 1 week</td>
<td>168</td>
<td>28.8%</td>
</tr>
<tr>
<td>At least 1 week but no more than 2 weeks</td>
<td>174</td>
<td>29.8%</td>
</tr>
<tr>
<td>At least 2 weeks but no more than 1 month</td>
<td>137</td>
<td>23.5%</td>
</tr>
<tr>
<td>At least 1 month but no more than 3 months</td>
<td>88</td>
<td>15.1%</td>
</tr>
<tr>
<td>At least 3 months but no more than 6 months</td>
<td>13</td>
<td>2.2%</td>
</tr>
<tr>
<td>6 months or more</td>
<td>4</td>
<td>0.7%</td>
</tr>
<tr>
<td><strong>Before I was discharged from hospital, I was given information on how to contact my local mental health service if I needed help urgently</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agree</td>
<td>425</td>
<td>67.0%</td>
</tr>
<tr>
<td>Neither Agree or Disagree</td>
<td>52</td>
<td>8.2%</td>
</tr>
<tr>
<td>Disagree</td>
<td>157</td>
<td>24.8%</td>
</tr>
</tbody>
</table>
### Table 24 (continued): Transition

<table>
<thead>
<tr>
<th>Before I was discharged I was given information on how to access support services e.g. advocacy services</th>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agree</td>
<td>335</td>
<td>55.1%</td>
</tr>
<tr>
<td>Neither Agree or Disagree</td>
<td>74</td>
<td>12.2%</td>
</tr>
<tr>
<td>Disagree</td>
<td>199</td>
<td>32.7%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Members of my healthcare team provided me with information on how to re-access inpatient services, if I needed them</th>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agree</td>
<td>398</td>
<td>63.6%</td>
</tr>
<tr>
<td>Neither Agree or Disagree</td>
<td>58</td>
<td>9.3%</td>
</tr>
<tr>
<td>Disagree</td>
<td>170</td>
<td>27.2%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Do you still have contact with the Mental Health Service?</th>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>606</td>
<td>87.4%</td>
</tr>
<tr>
<td>No</td>
<td>87</td>
<td>12.6%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Who do you have contact with? (Multiple responses allowed)</th>
<th>Valid Percent</th>
<th>Percent of cases(^1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse</td>
<td>18.0%</td>
<td>32.2%</td>
</tr>
<tr>
<td>Doctor</td>
<td>38.0%</td>
<td>68.1%</td>
</tr>
<tr>
<td>Social Worker</td>
<td>7.7%</td>
<td>13.9%</td>
</tr>
<tr>
<td>Behaviour Therapist</td>
<td>3.2%</td>
<td>5.7%</td>
</tr>
<tr>
<td>Psychologist</td>
<td>15.8%</td>
<td>28.4%</td>
</tr>
<tr>
<td>Occupational Therapist</td>
<td>4.7%</td>
<td>8.3%</td>
</tr>
<tr>
<td>Addiction Counsellor</td>
<td>4.9%</td>
<td>8.8%</td>
</tr>
<tr>
<td>Other</td>
<td>7.6%</td>
<td>13.7%</td>
</tr>
</tbody>
</table>

\(^1\) This question allowed multiple responses, i.e. a participant could choose more than one option. Therefore, the Valid Percent represents the relative popularity of each of the response options but not the percentage of respondents who selected each option. This figure is provided in the Percent of Cases column. In this case: n=599.
4. The Findings

4.8 Overall Evaluation

This section is concerned with service users’ overall perceptions of their hospital stay. When asked to provide a general opinion on the service that they received while in hospital, a large majority (84.4%) of respondents stated that they were satisfied overall (Table 25).

Additionally, 86.0% of respondents either agreed or strongly agreed that they would prefer to return to the hospital in question if they had the choice, and a similar proportion (84.5%) reported that they would be willing to recommend the hospital to family and friends. In general, the service provided also matched service user expectations, as 84.0% of respondents either agreed or strongly agreed with this statement. More than seven out of ten (71.7%) respondents agreed that the service provided matched their perception of an ideal hospital service.

Finally, with regard to service user confidence, almost four out of five respondents (79.7%) reported that they were confident with the treatments they received during their hospital stay.

Table 25: Overall Evaluation

<table>
<thead>
<tr>
<th>Overall, were you satisfied with the service that you received?</th>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>585</td>
<td>84.4%</td>
</tr>
<tr>
<td>No</td>
<td>108</td>
<td>15.6%</td>
</tr>
<tr>
<td>If I had to re-enter hospital and had a choice, I would prefer to return to this hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>358</td>
<td>53.0%</td>
</tr>
<tr>
<td>Agree</td>
<td>223</td>
<td>33.0%</td>
</tr>
<tr>
<td>Disagree</td>
<td>52</td>
<td>7.7%</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>43</td>
<td>6.4%</td>
</tr>
<tr>
<td>The service I received at the hospital matched my perception of my ideal hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>205</td>
<td>30.2%</td>
</tr>
<tr>
<td>Agree</td>
<td>282</td>
<td>41.5%</td>
</tr>
<tr>
<td>Disagree</td>
<td>143</td>
<td>21.1%</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>49</td>
<td>7.2%</td>
</tr>
<tr>
<td>The level of service I received while a service user in the hospital met my expectations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>309</td>
<td>45.3%</td>
</tr>
<tr>
<td>Agree</td>
<td>264</td>
<td>38.7%</td>
</tr>
<tr>
<td>Disagree</td>
<td>73</td>
<td>10.7%</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>36</td>
<td>5.3%</td>
</tr>
</tbody>
</table>
4. The Findings

4.9 Reliability and Validity of the Patient Perception of Care (PPC) Scale

Embedded within the survey tool is a 41-item Likert scale measuring patients’ perceptions of healthcare. The scale is used to measure aspects of the service user’s experience as an inpatient (e.g. relating to hospital environment or staff responsiveness) and also to seek more global evaluations of satisfaction (e.g. I would recommend this hospital to family/friends). A secondary objective of the survey was to test the reliability and validity of this scale. Confirmatory factor analysis previously conducted on these scale items with other patient samples (Toye et al, 2011) has defined seven sub-dimensions of the Patient Perception of Care Scale (Table 26).

<table>
<thead>
<tr>
<th>Table 25 (Continued): Overall Evaluation</th>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>346</td>
<td>51.0%</td>
</tr>
<tr>
<td>Agree</td>
<td>227</td>
<td>33.5%</td>
</tr>
<tr>
<td>Disagree</td>
<td>62</td>
<td>9.1%</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>43</td>
<td>6.3%</td>
</tr>
<tr>
<td><strong>I was confident about the treatments I received</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>258</td>
<td>37.7%</td>
</tr>
<tr>
<td>Agree</td>
<td>287</td>
<td>42.0%</td>
</tr>
<tr>
<td>Disagree</td>
<td>107</td>
<td>15.6%</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>32</td>
<td>4.7%</td>
</tr>
</tbody>
</table>
### Table 26: Dimensions of Care

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Abb.</th>
<th>Description</th>
<th>Number of items</th>
</tr>
</thead>
<tbody>
<tr>
<td>Environmental Structure</td>
<td>ES</td>
<td>Examines patients’ perception of the care environment and focuses on hotel aspects such as cleanliness and quality of food.</td>
<td>7</td>
</tr>
<tr>
<td>Patient Focused Care</td>
<td>PFC</td>
<td>Focuses on patients’ perception of the availability and the responsiveness of staff relating to issues such as symptom management.</td>
<td>7</td>
</tr>
<tr>
<td>Care Providers’ Competencies</td>
<td>CPC</td>
<td>Examines patients’ perception of various competencies of staff including the patient-provider relationship and confidentiality.</td>
<td>6</td>
</tr>
<tr>
<td>Communication</td>
<td>Comm</td>
<td>Examines patients’ experiences of communication practices at the hospital and the adequacy and clarity of information given.</td>
<td>6</td>
</tr>
<tr>
<td>Patient Participation</td>
<td>PP</td>
<td>Examines patients’ experiences of being involved in decisions made about their treatment and care.</td>
<td>6</td>
</tr>
<tr>
<td>Patient Safety</td>
<td>PS</td>
<td>Examines patients’ experiences of safety measures at the hospital (e.g. administration of medication).</td>
<td>3</td>
</tr>
<tr>
<td>Global Satisfaction</td>
<td>GS</td>
<td>Addresses issues relating to overall satisfaction with care such as the extent to which the service met expectations and willingness to return to and recommend the service.</td>
<td>6</td>
</tr>
</tbody>
</table>

### 4.9.1 Construct Validity

Construct validity is an assessment of how well concepts/theories are translated into actual observable measures. Using a statistical modelling technique\(^\text{12}\), the first six dimensions of the Patient Perception of Care Scale (Environmental Structure, Patient Focused Care, Care Provider Competencies, Communication, Patient Participation and Patient Safety) were grouped under one heading: Aspects of Inpatient Stay. This heading is known as a second order factor\(^\text{13}\). The seventh dimension, Global Satisfaction, was represented as an outcome measure in the model since it looks at service users’ overall satisfaction with their care.

\(\text{12}\) Second order confirmatory factor analysis (run in Mplus version 6.1).

\(\text{13}\) Introducing a second order factor results in a more parsimonious structure of the phenomenon under investigation by allowing the grouping of factors that share an acceptable amount of variance (Fletcher, Simpson & Thomas, 2000).
The specified model of patient perception of care demonstrated acceptable model fit and factor loadings were high indicating high internal validity14. In other words, the constructs/factors in the analysis were well described by the observed measures (the Patient Perception of Care scale items). The second order factor Aspects of Inpatient Stay was highly associated with the outcome measure Global Satisfaction, indicating that service users’ experience of the different aspects of their stay (as measured by the first six dimensions of the PPC scale) appears to drive satisfaction levels. Therefore, a change of one unit in the second order factor Aspects of Inpatient Stay leads to an almost identical change in Global Satisfaction ratings – there is close to a 1:1 correspondence between the two.

4.9.2 Convergent Validity

Convergent validity is an assessment of the degree to which a measure used is similar to (converges on) other measures that it theoretically should be similar to. T-tests were performed to test for significant differences in the mean scores on each of the first six dimensions (Environmental Structure, Patient Focused Care, Care Providers’ Competencies, Communication, Patient Participation and Patient Safety) between groups defined by their responses to three items of global assessment (overall satisfaction with the service, wish to make a complaint, recommend the hospital to a friend or family member). It was expected that positive global assessments would be associated with higher mean scores on each of the six sub-scales, thus indicating that the dimensions were successfully measuring patient satisfaction.

T-tests revealed that patients who indicated that they were satisfied overall with the service they received had significantly higher mean scores on all six dimensions of care than those who were not satisfied overall. The same was true for patients who did not wish to make a complaint during their stay versus those who did, and for patients who would be willing to recommend the service to family or friends versus those who would not. Finally, to explore the hypothesis that levels of satisfaction are significantly related to current health status (Hermann, Ettner & Dorwart, 1998), patients’ current perceived health status was tested for relationships with the seven dimensions of care. There was a significant linear trend for all seven dimensions, indicating that as reported health status improved, mean scores on the dimensions increased proportionally.

4.9.3 Reliability

Cronbach’s alpha was used to measure the internal consistency of the scale and its sub-dimensions. Internal consistency reliability estimates ranged from .74 to .93 for each of the dimensions of care, and the overall scale produced a reliability coefficient of .98 [a recommended value of 0.70 suggests adequate internal consistency (Nunally, 1978)]. Homogeneity of the scales was evaluated using inter-item correlation analysis which investigated the correlation between each of the items and its own scale.

14 See Appendix for details of specified model (including predictors entered), fit statistics and factor loadings.
15 Q23 Overall, were you satisfied with the service that you received? Yes/No.
4. The Findings

Item-total correlation coefficients within each of the dimensions ranged between .47 and .85 [item to scale correlations between 0.30 and 0.60 are considered sufficient (Nunally & Bernstein, 1994)].

4.10 Predicting Overall Satisfaction Levels

Using logistic regression analysis, an attempt was made to examine predictors that were associated with overall service satisfaction. 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 introduced into the model based on past research in the field and descriptive statistics run with the current dataset. These were (a) Gender, (b) Age, (c) Payment Status (i.e. Public or private patient), (d) Legal Status (i.e. Voluntary or involuntary patient) (e) Frequency of contact with Consultant Psychiatrist (f) Provision of a discharge plan, (h) First or Subsequent Admission (i.e. Past experience of mental health inpatient services), and (i) Health status following hospital stay. Table 27 below presents the findings.

<table>
<thead>
<tr>
<th>Table 27: Predictors of Overall Satisfaction with Service Received</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Exp(B)</strong></td>
</tr>
<tr>
<td>B</td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td>Gender</td>
</tr>
<tr>
<td>Age (Centred)</td>
</tr>
<tr>
<td>Payment Status</td>
</tr>
<tr>
<td>Legal Status</td>
</tr>
<tr>
<td>Frequency of Contact with Consultant Psychiatrist</td>
</tr>
<tr>
<td>Provision of a Discharge Plan</td>
</tr>
<tr>
<td>First/Subsequent Admission</td>
</tr>
<tr>
<td>Health Status following Hospital Stay</td>
</tr>
</tbody>
</table>

Adjustment has been made for the effects of clustering by Approved Centres. The adjustment was made using the 'Complex' option in Mplus (version 6.1). The Robust Maximum Likelihood (MLR) estimator was used.

Inverse of the odds shown in brackets. The inverse odds will be used for the purposes of explanation and interpretation.
4. The Findings

a) **Gender**
   Male participants were taken as the reference group in this analysis. Female patients were more than twice as likely (odds ratio: 2.45) than male patients to express overall dissatisfaction with the service they had received.

b) **Age (Centred)**
   The average age of those included within this analysis was 45.41 years. In order to centre the age data, this value was subtracted from each respondent’s age, so that a person with an age of 50 years was recorded as 4.49; while a person aged 40 years would be recorded as -5.41. The odds of expressing satisfaction with the overall service were not statistically significantly affected by age.

c) **Payment Status**
   Participants who reported to be public patients were taken as the reference group. Private patients were more than twice as likely (odds ratio: 2.17) than public patients to answer “Yes” to the survey question: *Overall, were you satisfied with the service you received?*

d) **Legal Status**
   Participants were asked whether their admission had been voluntary or involuntary. Those who reported to have been admitted voluntarily were taken as the reference group. Involuntarily admitted service users were significantly more likely to express overall dissatisfaction with regard to the service they received as an inpatient (odds ratio: 2.68).

e) **Frequency of contact with Consultant Psychiatrist**
   Participants who regularly saw their Consultant Psychiatrist (i.e. everyday/most days) were taken as the reference category. Participants who rarely or never saw their Consultant Psychiatrist were more than five times as likely (odds ratio: 5.50) to express overall dissatisfaction with the services they received in comparison to those who saw their psychiatrist regularly.

f) **Provision of a Discharge Plan**
   Respondents were asked if they were provided with a discharge plan when leaving the hospital. Those who had a discharge plan were taken as the reference category. Those who reported not being given a discharge plan when leaving the hospital were more than twice as likely to be overall dissatisfied in comparison to the reference group (odds ratio: 2.26).

g) **First/Subsequent Admission**
   Participants who reported that their most recent inpatient admission had been their first were taken as the reference category. This variable did not emerge as a significant predictor of overall satisfaction.

h) **Health Status following Hospital Stay**
   The survey asked participants for information about their health status following their hospital stay using a 7 point scale ranging from *Greatly disimproved* to *Greatly improved*. For each unit increase on the scale (e.g. from *Greatly disimproved* to *Disimproved*) participants were significantly more likely to express overall satisfaction with the services they received (odds ratio: 1.35).
4. The Findings

4.10 Summary of Findings

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 to hospital or not 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.

4.11 Priorities for Improvement

The following section identifies priorities for improvement in patient care based on the dimensions presented earlier. For each dimension (excluding the Global Satisfaction dimension) an average satisfaction score and an impact score were obtained. The satisfaction score for each dimension represents the level of satisfaction with the areas of care represented by that dimension. It is found by calculating the average percent of agreement reported for survey items falling within that dimension. The impact score identifies the relative relationship (correlation) between each of the first six dimensions of care and the final dimension: Global Satisfaction. The impact score demonstrates which dimensions of care are most strongly associated with global evaluations of satisfaction such as confidence in health care treatments received, the extent to which the service met expectations, and willingness to return to, and/or recommend the service.

Table 28 gives the range of values for the satisfaction scores (0.76 to 0.88). The lowest satisfaction score was for the Patient Participation dimension of care; on average 76% of participants expressed agreement with the items in this dimension of care. The highest level of satisfaction was for the Care Providers Competencies dimension with an average of 88% satisfied.
4. The Findings

The correlation values produced estimating the strength of the association between each of the dimensions of care and the Global Satisfaction dimension ranged from 0.58 to 0.81 and demonstrated a positive association in all cases. These relationships were each significant at a 0.1% probability level.

Table 28: Overall Satisfaction and Impact Scores

<table>
<thead>
<tr>
<th>Dimension of Care</th>
<th>Satisfaction</th>
<th>Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Environmental Structure</td>
<td>0.87</td>
<td>0.75</td>
</tr>
<tr>
<td>Patient Focused Care</td>
<td>0.85</td>
<td>0.81</td>
</tr>
<tr>
<td>Care Providers Competencies</td>
<td>0.88</td>
<td>0.81</td>
</tr>
<tr>
<td>Communication</td>
<td>0.82</td>
<td>0.76</td>
</tr>
<tr>
<td>Patient Participation</td>
<td>0.76</td>
<td>0.74</td>
</tr>
<tr>
<td>Patient Safety</td>
<td>0.82</td>
<td>0.58</td>
</tr>
</tbody>
</table>

A priority for improvement graph (see Figures 1 and 2) was generated by plotting the impact scores (Y-axis) and the average satisfaction scores (X-axis) on a scatter plot. Dimensions falling into the top left quadrant (labelled Top Priority) have relatively low satisfaction scores and relatively high impact scores. Dimensions in the top right quadrant (labelled Second Priority) have relatively high satisfaction scores and relatively high impact scores. Although satisfaction levels are high for dimensions of care in this quadrant, care must be taken to maintain these levels as these dimensions also have high impact scores. Dimensions in the lower quadrants (labelled Room for Improvement) have relatively lower impact scores. Figure 1 displays the scatter plot which has been divided up into these quadrants. Each point on this scatter-plot represents one dimension.
4. The Findings

As illustrated in Figure 2, Patient Participation fell into the Top Priority Quadrant, suggesting that patient participation is an important determining factor of global satisfaction, but has a low score in terms of current patient satisfaction relative to the other dimensions.

The dimensions falling into the Second Priority Quadrant - Patient Focused Care, Care Providers’ Competencies, Environmental Structure and Communication - enjoy high levels of patient satisfaction. However, it is important to focus on maintaining these scores, as their influence on global satisfaction is relatively high. In particular, the Communication dimension should not be neglected since it falls on the border between the Top Priority and Second Priority Quadrant.

The remaining dimension of Patient Safety presents with lower impact levels than those previously discussed, falling into the Room for Improvement area of the graph.
SECTION 5:
Discussion
5. Discussion

The main aim of this survey was to assist the Mental Health Commission in carrying out its regulatory functions by gathering information on the quality of mental health service provision from the perspective of service users. The findings represent the views of 710 service users who received inpatient care from mental health services between 2010 and 2011. The results clearly indicate that most service users report positively on their experience of being an inpatient in a mental health service. It is heartening to see that a large majority of participants (85.9%) would prefer to return to the hospital they attended if they had the choice, and a similar proportion reported that they would be willing to recommend the hospital to family and friends. This clearly shows that many service users consider inpatient services to be of a high quality and standard.

Furthermore, almost three quarters (73.4%) of respondents reported some level of improvement in their health status following their hospital stay. Although almost one third of respondents reported that their health was *Fair or Poor* when they completed the survey, which would have been between two and eight months after their discharge, it is encouraging to note that well over two thirds (68.1%) of respondents perceived their health status to be *Excellent, Very Good or Good*. Admission for inpatient care should therefore not be seen as a barrier to the attainment of good health given these findings. Some of the main findings emerging from the survey are discussed below using key themes from the *Quality Framework for Mental Health Services in Ireland*.

5.1 Theme 1: Holistic seamless service – Admission

For many, admittance to hospital can be a daunting experience; feeling ill often means that we feel vulnerable. Therefore, it is important that access to inpatient care is made as easy as possible with greater planned admissions where possible. A large majority (83.6%) of respondents to the survey agreed that their admission had been well organised. While in hospital, just over half of respondents indicated that they had a care plan, which is to be welcomed. However, almost one third of respondents indicated that they did not have one. The absence of proper care planning has been an ongoing area of concern for the Commission as the Inspector of Mental Health Services has consistently highlighted poor levels of compliance with the relevant Article 15 of the Mental Health Act 2001 (Approved Centres) Regulations 2006. This finding provides further evidence of the need for this issue to be urgently addressed by services.

Approximately one third of respondents reported that they were not appointed a key worker on admission, which is disappointing given the emphasis placed on this aspect of care by the Commission in the quality framework and the *Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre* (MHC, 2007a; 2009b). Access to social workers, psychological therapies and community teams was reported as *Poor or Very poor* (between 27% and 30%) by a relatively high proportion of respondents. This is consistent with findings of the Inspector of Mental Health Services relating to compliance levels with regulations on staffing and provision of therapeutic services and
programmes in recent years (MHC, 2010; MHC, 2009c). Limited access to a range of psychological and social therapies relevant to service users’ needs, is only likely to hamper their recovery. Nevertheless, it is to be welcomed that around three quarters of respondents reported that there was a focus on recovery in the care and treatment offered to them as an inpatient.

5.2 Theme 2: Respectful, empathetic relationships

Respondents to the consultation exercise carried out to inform the development of the Quality Framework for Mental Health Services in Ireland regarded being treated with dignity and respect as one of the most important features of a quality mental health service (Mental Health Commission, 2005). It is reassuring to note that this survey found that a large majority (86.8%) of service users agreed that they were always treated with dignity and respect.

A substantial majority of respondents agreed or strongly agreed that privacy (93.6%) and confidentiality (92.4%) were always afforded to them and a large proportion (87.2%) placed a high degree of trust in their healthcare team. Similarly, the findings clearly show that service users found staff to be very responsive to their needs. However, over one quarter of respondents reported that they rarely saw their consultant. As our results indicate that a service user is more than five times as likely to be dissatisfied overall with a service if he or she reported that they rarely or never saw their consultant, services should also focus attention on this issue.

5.3 Theme 3: Empowering approach to service delivery

It is important that staff appreciate the need to involve service users in their care and treatment so that any questions or concerns they may have can be addressed in an appropriate and timely manner. The National Strategy for Service User Involvement in the Health Service 2008-2013 recognises that “the service user should be central to their own care” (Department of Health & Children and HSE, 2008). Nearly two thirds (63.2%) of respondents reported that hospital staff encouraged them to voice their opinions about the services they received and just over three quarters (75.6%) stated that they were involved in decisions made about their care and treatment as much as they would have liked. However, over one third of respondents reported that they were not encouraged to voice their opinions and almost one quarter of respondents would have welcomed greater involvement in decisions about their care.

There are several ways that service users can become involved in their care and treatment. The provision of information, which is easily understood by the service user at all stages of their care and treatment, can ensure a basic level of involvement. This is vitally important, particularly as it relates to communicating with vulnerable people on issues such as their admission to hospital, their rights, complaints procedures, and explaining medications and other treatment interventions. The survey highlights information provision as an issue in need of much attention, with approximately half of
5. Discussion

respondents reporting that they did not receive any written information about the hospital or its routines on admission. Service users need to be given sufficient information on medications and other treatment interventions, given that 42.7% of respondents stated that the side effects of medication were not explained to them and almost one quarter (24.1%) stated that the purpose of tests/procedures/new medications was not always explained to them. Service users also need to be empowered to make complaints where necessary as over one half of respondents were not aware of a complaints procedure in the hospital they had attended. The Priority for Improvement analysis classified the dimension of patient participation as a top priority area. This suggests that if approved centres prioritise improving patient experiences in areas such as information provision and involvement in the development of care plans, there should be a significant improvement in terms of overall patient satisfaction with the service received.

5.4 Theme 4: A quality physical environment

Many of Ireland’s older approved centres are in very poor physical condition, a point which has been repeatedly made in the reports of the Inspector of Mental Health Services. It is therefore encouraging to note that almost nine out of every ten respondents reported that the hospital facilities were of a clean standard. A quality hospital environment should promote good health which includes the provision of wholesome and nutritious food. Approved centres have always had relatively high levels of compliance with the regulations relating to food and nutrition and food safety in recent inspections (MHC, 2010). It is reassuring that a large percentage (82.6%) of respondents agreed or strongly agreed that the food that they received was of a high quality and standard.

5.5 Theme 5: Access to services

The Quality Framework also highlights the importance of mental health services being accessible to the community. Mental health service users can be particularly vulnerable when they need to access inpatient services and so they should be assessed appropriately and as quickly as possible. In this respect, more than seven out of ten respondents (71.7%) reported that they were seen by a psychiatrist within three hours of arrival at hospital, although 8% of participants reported that they had to wait six hours or more. Similarly, it is important that service users are facilitated to re-access services if needed through the provision of appropriate information. Approximately one quarter of respondents reported that they were not given any information on how to contact their local mental health service if they required help urgently following discharge. This is contrary to the provisions of the Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre. Where sufficient information is provided on support services, it may reduce the likelihood of re-admission.
Also of interest in terms of access to services are the findings in respect of public and private patients. The results show that respondents who accessed approved centres in the private sector were more than twice as likely as public patients to report that they were satisfied overall with the service that they received. The performance of approved centres in the private sector in terms of compliance with regulations, rules and codes of practice tends to be better than that of their counterparts in the public sector (MHC 2007-2010).

5.6 Theme 6: Family/carer/advocate involvement
Appropriate family, carer and advocate involvement can facilitate a service user’s recovery from ill health and is given due recognition through a number of standards in the Quality Framework. Many respondents indicated that families, carers and advocates were involved as much as they would have liked in the admission process. The findings also indicate that there is a need to greater support some service users with one in five indicating that members of their healthcare team were not at all helpful in assisting them to keep in contact with their friends or relatives. Approximately two fifths of respondents also reported that they did not have access to an independent advocacy service during their stay. Every service user has the right to be informed about the type of information that is disclosed to his/her family. Maintaining service user rights and confidentiality is something that services should be mindful of as a large minority of services users disagreed that they had been consulted regarding what information should be disclosed to family members.

5.7 Theme 1: Provision of a holistic seamless service – Discharge
In order to ensure continuity of care, service users should be given as much notice of discharge as possible. The Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre recommends a minimum of two days notice (MHC, 2009b). A high proportion (84.4%) of respondents felt that they had been given enough notice of their discharge. However, more than one quarter of respondents were given less than one day’s notice with almost 8.9% of participants reporting that they only received between one and three hours notice. Just under two thirds of participants reported having had a discharge plan while over one third did not. It is imperative that all service users have a discharge plan considering that the results show that a service user who was provided with a discharge plan was more than twice as likely to report that he or she was satisfied overall with the service received.
5.8 Next Steps

This survey has provided invaluable information on the quality of service provision in line with many of the standards in the quality framework from the perspective of service users. We intend to further explore this data resource in order to develop a more in-depth understanding of the inpatient experiences of service users. In particular, we intend to:

- Further explore similarities and differences between the experiences of mental health service users and users of acute general hospitals based on the ISQSH (2010) survey ‘Measuring the Patients Experiences of Hospital Services’. This comparison research is aimed at reducing stigma associated with receipt of mental health services;

- Explore some of the interesting findings emerging relating to the differences reported between voluntary and involuntary patients and also public and private patients; and

- Consider the future roll-out of the survey on an ongoing basis nationwide. This would facilitate mental health services in regularly capturing the views of service users regarding the quality of service provision.
SECTION 6: Conclusion
6. 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’ (DOHC, 2006). *Your Views of Mental Health Inpatient Services* represents the first large in-depth nationwide survey of service 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. We have gained a greater insight into what service users value and the factors positively contributing to their journey through inpatient services. These insights provide a basis for mental health services to improve that experience over time.

The Irish Society for Quality and Safety in Healthcare since 2000 has worked continuously to develop valid and reliable tools to measure service users’ experience of healthcare services. Demonstrating the psychometric properties of the *Patient Perception of Care Scale* used in this survey enables it to be incorporated by mental health services across Ireland into service user satisfaction surveys as a standardised measurement tool. The ability to continuously monitor service user satisfaction would represent a step forward in the measurement of 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. The survey may similarly enable key performance indicators to be measured, thus highlighting issues healthcare providers and policy makers may wish to address.

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, and that their views will be used to inform the development of service provision models; thus enabling their needs to be greater met.
References


References


References


<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>DOHC</td>
<td>Department of Health and Children</td>
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<tr>
<td>ECT</td>
<td>Electroconvulsive therapy</td>
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<tr>
<td>HSCRF</td>
<td>Health and Social Care Regulatory Forum</td>
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<tr>
<td>HSE</td>
<td>Health Services Executive</td>
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<tr>
<td>ISQSH</td>
<td>Irish Society for Quality and Safety in Healthcare</td>
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<tr>
<td>MHC</td>
<td>Mental Health Commission</td>
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<tr>
<td>OECD</td>
<td>Organisation for Economic and Co-operation and Development</td>
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<tr>
<td>PPC</td>
<td>Patient Perception of Care</td>
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<tr>
<td>UU</td>
<td>University of Ulster</td>
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**List of the participating Approved Centres**

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<th>Centre</th>
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<tr>
<td>Acute Mental Health Admission Unit, Kerry General Hospital</td>
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<td>Acute Psychiatric Unit AMNCH</td>
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<tr>
<td>Acute Psychiatric Unit, Carnamuggagh</td>
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<tr>
<td>Acute Psychiatric Unit, Cavan General Hospital</td>
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<td>Acute Psychiatric Unit, Midwestern Regional Hospital, Ennis</td>
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<td>Adult Mental Health Unit, Mayo General Hospital</td>
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<tr>
<td>Ballytivnan Sligo/Leitrim Mental Health Services</td>
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<tr>
<td>Centre for Mental Health Care &amp; Recovery, Bantry General Hospital</td>
</tr>
<tr>
<td>Department of Psychiatry, County Hospital Roscommon</td>
</tr>
<tr>
<td>Department of Psychiatry, Midland Regional Hospital, Portlaoise</td>
</tr>
<tr>
<td>Department of Psychiatry, Our Lady’s Hospital, Navan</td>
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<tr>
<td>Department of Psychiatry, Waterford Regional Hospital</td>
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<tr>
<td>Elm Mount Unit, St Vincent’s University Hospital</td>
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<tr>
<td>Jonathan Swift Clinic</td>
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<tr>
<td>Lakeview Unit, Naas General Hospital</td>
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<tr>
<td>Newcastle Hospital</td>
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<td>Hospital Name</td>
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<td>St Aloysius Ward, Mater Misericordiae University Hospital</td>
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<td>St Brigid’s Hospital, Ardee</td>
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<td>St Brigid’s Hospital, Ballinasloe</td>
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<tr>
<td>St Davnet’s Hospital - Wards 4, 8 and 15</td>
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<tr>
<td>St Edmundsbury Hospital</td>
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<td>St Ita’s Hospital - Mental Health Services</td>
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<td>St John of God Hospital Limited</td>
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<td>St Loman’s Hospital, Mullingar</td>
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<td>St Michael’s Unit, South Tipperary General Hospital</td>
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<td>St Otteran’s Hospital, Waterford</td>
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**Additional Second Order Factor Model Information**

**Model Description**

The first six dimensions of the Patient Perception of Care Scale (Environmental Structure, Patient Focused Care, Care Provider Competencies, Communication, Patient Participation and Patient Safety) were grouped together under the second order factor: *Aspects of Inpatient Stay*.

The seventh dimension, Global Satisfaction, was represented as an outcome measure in the model since it looks at service users’ overall satisfaction with their care.

Predictors (i.e. variables which may influence patients’ rating of their hospital stay/satisfaction levels) were also added to the model. Predictors were added to the model since previous research has demonstrated that service users’ characteristics and other variables can impact on overall satisfaction with healthcare received.

Figure 3 demonstrates a simplified diagrammatic representation of the model — the seven scale dimensions are depicted within the red ovals (Global Satisfaction is presented as an outcome measure) and the predictors are represented within the green boxes.
Appendices

Global Satisfaction

Aspects of Inpatient Stay

- Health status following hospital stay
- First or subsequent admission
- Provision of a discharge plan
- Frequency of contact with Cons. Psychiatrist
- Legal Status
- Payment Status
- Age (centred)
- Gender

Figure 3: Aspects of Inpatient Stay
Model Fit

Acceptable Comparative Fit Index (0.983) and Tucker Lewis Index (0.983) values: Values that approach 1 indicate acceptable fit. In addition, the Root Mean Square Error of Approximation produced a value of 0.03 (p>0.05), with a narrow confidence interval (0.027-0.033) indicating a good fit. Although the Chi-Square test is significant, relative Chi-Square is less than 2 which is considered acceptable when the sample size is greater than 200 (Ullman, 2001). In this case: N=579.

The standard errors and Chi-Square were adjusted to take into account the potential effects of clustering due to the Approved Centre attended. The adjustment was made using the ‘Complex’ option in Mplus (version 6.1). The estimator used was Weighted Root Mean Square Residual (WRMR).

Factor Loadings

Standardised factor loadings within each dimension were above 0.70 (with the exception of three items that achieved factor loadings above 0.50) demonstrating that all of the scale items do a good job of representing the dimension of care to which they belong. Furthermore, factor loadings for each dimension onto the higher order factor Aspects of Inpatient Experience achieved values above 0.95, demonstrating that the dimensions themselves are highly associated and that the use of a higher order factor is useful and parsimonious.

Predictors

The predictors entered into the model (Gender, Age, Payment Status, Legal Status, Frequency of contact with Consultant Psychiatrist, Provision of a discharge plan, First or subsequent admission, and Health status following hospital stay) explained 33% of the variance in the second-order factor Aspects of Inpatient Stay.

On average:

- Service users who were female scored 0.16 of a standard deviation lower than males on the second-order factor Aspects of Inpatient Stay, indicating that females reported significantly less positive experiences as inpatients.

- Service users who were older reported significantly more positive experiences as inpatients. The mean age of the sample was set at zero. If a person was one year older than the mean age then their score on the second-order factor Aspects of Inpatient Stay increased, on average, by 0.10 of a standard deviation. Therefore, an individual 10 years older than the mean would score, on average, one standard deviation higher than an individual at the mean age.

- Service users who had a private payment status scored 0.14 of a standard deviation higher than those with a public payment status on the second-order factor Aspects of Inpatient Stay, indicating that participants in private care reported significantly more positive experiences as inpatients.
Service users who were involuntarily admitted scored 0.10 of a standard deviation lower than those who were voluntarily admitted on the second-order factor Aspects of Inpatient Stay, indicating that involuntary service users reported significantly less positive experiences as inpatients.

Service users who did not receive a discharge plan scored 0.25 of a standard deviation lower than those who did on the second-order factor Aspects of Inpatient Stay, indicating that participants who were not provided with a plan at discharge reported significantly less positive experiences as inpatients.

Service users who had past experience of mental health inpatient services scored 0.07 of a standard deviation lower than those whose recent inpatient stay had been their first admission on the second-order factor Aspects of Inpatient Stay, indicating that participants who were ‘repeat’ service users reported significantly less positive experiences as inpatients.

Service users whose health had improved since their hospital stay reported significantly more positive inpatient experiences. Health Status since hospital stay was measured on a 7 point scale ranging from Greatly disimproved to Greatly improved. For each unit increase on the scale (e.g. from Greatly disimproved to Disimproved) there is, on average, 0.17 of a standard deviation increase in scores on the second order factor Aspects of Inpatient Stay.