



## Healthwatch In-Patient Survey

Healthwatch Croydon work to help local people get the best out of their local health and social care services. Whether it is improving them today or helping to shape them for tomorrow. Healthwatch Croydon gives people a powerful voice locally and nationally.

### Introduction

In February 2014, Mind in Croydon undertook a survey of the views of people using mental health day services in Croydon. The report from this survey "Somewhere to Go, Something to Do" made four recommendations. One of those recommendations were: Commissioners should work with local NHS Trusts, service users, carers and local voluntary sector agencies to ensure that robust data is collected about why people are being admitted to mental health in-patient beds from the service users' perspective.

Between December 2014 and June 2015, Mind in Croydon, on behalf of Healthwatch Croydon, conducted an anonymous patient survey. The purpose of the survey was to obtain the views of mental health service users and the reasons why they believed they had been admitted to hospital under the Mental Health Act 1983 (MHA).

The target group were Croydon residents detained under the MHA 1983 at in-patient services at the Bethlem Royal Hospital, South London & Maudsley NHS Foundation Trust.

The Mental Health Act Code of Practice (COP) 2015 provides guidance on the criteria for detention under the MHA 1983 (as listed below).

"An application for detention may only be made where the grounds in either section 2 or section 3 of the Act are met.

Criteria for applications

A person can be detained for assessment under section 2 only if both the following criteria apply:

- The person suffering from a mental disorder of a nature or degree which warrants their detention in hospital for assessment (or for assessment followed by treatment) for at least a limited period and
- The person ought to be detained in the interests of their own health or safety or with a view to the protection of others

A person can only be detained under section 3 only if all the following criteria apply.

- The person is suffering from a mental disorder of a nature or degree, which makes it appropriate for them to receive medical treatment in hospital.
- It is necessary for the health and safety of the person or for the protection of other persons that they should receive treatment and it cannot be provided unless the patient is detained under section and
- Appropriate medical treatment is available”.

*Chapters 14.3 – 14.5 Mental Health Code of Practice 2015 (DOH).*

“An application for detention may be made by an (AMHP) or a patients nearest relative.

An application must be supported by two recommendations given in a accordance with the Act.”

*Chapters 14.30 – 14.31 Mental Health Code of Practice 2015 (DOH).*

The Mental Health 1983 COP also provides guidance of clinically recognised conditions that could fall within the Act’s definition of mental disorder. Please find these attached in **Appendix 1**.

### **Administration of the Survey**

The survey asked participants to consider if any of the following range of areas contributed to their admission under the MHA 1983.

***Mental Health, Management of their Care, Physical Health,  
Housing, Finance, Social Networks,  
Relationships, Employment, Legal  
Recovery Planning / Care Programme Approach (CPA).***

Within these areas sub headings invited more detailed responses.

A Copy of the Healthwatch Croydon In-patient survey can be located in **Appendix 2**.

The interviewers approached 137 people who had been admitted to male and female acute admission units, Croydon Triage and Westways inpatient rehabilitation unit at the Bethlem Royal Hospital.

A total of 66 people participated in completing the survey and 71 people declined. Individuals were approached up to three times to ascertain if they wished to participate in the survey.

One to one interviews were conducted by three members of staff from Mind in Croydon. An introduction letter providing information about the survey and its purpose was provided to interview subjects, who gave consent to participate.

Completed surveys were entered into Survey Monkey for analysis.

The purpose of the survey was to obtain the views of people detained under the MHA 1983, to find out why they thought they were admitted into hospital. To obtain an accurate and reflective recording of patient's views, the interviewers accepted and recorded the information as stated by the participants.

### **Analysis of data**

66 people participated in the survey. People may have identified more than one issue (area) from the questions. Overall, the information collated from the survey was varied, and analysis has been both quantitative and qualitative. Not all participants responded to all of the questions. We endeavour to illustrate the trends from these 66 peoples varied responses.

When analysing the data we need to consider that participants may have provided multiple combinations of answers to some of the questions. **Throughout the survey 100% will relate to the 66 participants. We will state when this is not the case by providing actual number of participants.**

### **Who answered the survey?**

#### **Gender**

|                    |                 |
|--------------------|-----------------|
| <b>Male</b>        | <b>56% (37)</b> |
| <b>Female</b>      | <b>42% (28)</b> |
| <b>Transgender</b> | <b>2% (1)</b>   |

#### **Age**

|              |                  |
|--------------|------------------|
| <b>18-24</b> | <b>16 % (11)</b> |
| <b>25-34</b> | <b>16% (11)</b>  |
| <b>35-44</b> | <b>23% (15)</b>  |
| <b>45-54</b> | <b>29% (19)</b>  |

|                 |            |            |
|-----------------|------------|------------|
| <b>55-64</b>    | <b>12%</b> | <b>(8)</b> |
| <b>65+</b>      | <b>2%</b>  | <b>(1)</b> |
| <b>Declined</b> | <b>2%</b>  | <b>(1)</b> |

### **Ethnicity**

|                                    |            |             |
|------------------------------------|------------|-------------|
| <b>White UK</b>                    | <b>27%</b> | <b>(18)</b> |
| <b>White Other</b>                 | <b>7%</b>  | <b>(5)</b>  |
| <b>White &amp; Black Caribbean</b> | <b>2%</b>  | <b>(1)</b>  |
| <b>Black UK</b>                    | <b>16%</b> | <b>(11)</b> |
| <b>Black Caribbean</b>             | <b>3%</b>  | <b>(2)</b>  |
| <b>Black African</b>               | <b>11%</b> | <b>(7)</b>  |
| <b>Black Other</b>                 | <b>2%</b>  | <b>(1)</b>  |
| <b>Asian UK</b>                    | <b>5%</b>  | <b>(3)</b>  |
| <b>Asian Other</b>                 | <b>3%</b>  | <b>(2)</b>  |
| <b>Other</b>                       | <b>18%</b> | <b>(12)</b> |
| <b>Declined</b>                    | <b>6%</b>  | <b>(4)</b>  |

### **Main Findings**

#### **When asking the question “Why were you admitted to hospital?”**

100% (66) participants provided a response.

When analysing the data we need to consider that we received 66 individual and varied responses. Whilst we have endeavoured to illustrate commonality and trends, some responses did not fit in any data trend.

- 15% (10) of people indicated that they were not aware of the reason why they were in hospital.
- 14% (9) of people indicated that they had been admitted due to their mental health.
- 12% (8) of people indicated that their admission related to drug or alcohol usage.

•12% (8) of people indicated that their admission to hospital was as a result of the professionals involved in their care.

•11% (7) of people indicated that their admission related to issues with their family members.

## **The Results**

### **Mental Health**

42/66 (64%) participants identified that issues relating to their Mental Health contributed to their hospital admission.

Of the 42 people, 40 people provided an indication of a specific area relating to their mental health.

The top 3 issues identified in mental health were:

1. Medication 65% (26/40 participants)
2. Treatment 33% (13/40 participants)
3. Access to services, GP, Care Coordinator 28% (11/40 participants)

***\*\* Please note that participants may have provided multiple combinations of answers to this question. Therefore, the number of responses is not representative of the total number of participants (66).***

\*\* Where indicated, please refer to statement above.

**When asked, “What do you think could have been in place that may have prevented your hospital admission?”**

40 participants provided a response which included the following feedback. The main theme was **medication**.

***“Better understanding, better medication and treatment options, better therapeutic approach”***

***“I believe taking medication for my mental health makes me worse. I don't think I should be here”***

***“Support in taking medication”***

***“Information on how to cope with depression and other mental health issues”***

***“Earlier help from mental health services”***

*“Because of the side effects of meds I stopped taking meds and was not offered an alternative”*

*“Finding out the right medication for me – taking my views into account and listening to me as a person.”*

*“Quicker access to talking therapy”*

### **Management of your Care**

38/66 (58%) participants identified that issues relating to the Management of their Care contributed to their hospital admission.

Of the 38 people, 36 people provided an indication of a specific area.

#### **Of those people: \*\***

20/36 (56%) participants identified that the problem related to taking their views and wishes into account.

18/36 (50%) identified that the problem related to being offered choices

18/36 (50%) identified that the problem related to being listened to.

17/36 (47%) identified that the problem related to being involved in the decision making process.

12/36 (33%) identified that the problem related to being treated with respect

**When asked, “What do you think could have been in place relating to the management of your care that may have prevented your hospital admission?”**

36 participants provided a response which included the following feedback. The main theme for this question was ***Being Listened To.***

*“Listened to more. Presented with more options rather than just medication”*

*“24 hour crisis centre attending an A &E instead of Hospital”*

*“Care coordinator taking my views more seriously, being provided with options other than having to take medication and being told if I don't I will be brought back to hospital”.*

***“For the doctor to take my views into account, the doctors don’t know what medication is best for me until they have tried it.”***

***“If I had a care plan in place and my family were part of it and they communicated with the mental health team and had a better understanding of my mental health.”***

***“I had support from my care coordinator to the best of her time constraints. I needed more intervention before things got out of hand.”***

### **Physical Health**

23/66 (35%) participants identified that issues relating to Physical Health contributed their hospital admission.

Of the 23 people, 20 people provided an indication of a specific area.

#### **Of those people: \*\***

9/20 (45%) identified mobility problems

8/20 (40%) identified medication

7/20 (35%) identified weight problems

**When asked the question, “What do you think could have been in place relating to your Physical Health Care?”**

22 participants provided a response which included the following feedback.

***“Better Care and Support”***

***“My GP could have done something more than giving me ibuprofen. To be given the opportunity to be referred to pain clinic”***

***“Having access to the gym”***

***“Coming off clozapine affected my physical health.”***

***“Ambulance service to treat me at home rather than bring me to hospital”***

***“Because I had a bad leg I couldn’t run away from the policeman.”***

### **Housing**

34/66 (52%) of participants identified that issues relating to Housing contributed to their hospital admission.

Of the 34 people, 23 people provided an indication of a specific area.

**Of those people \*\***

9/23 (39%) identified that the problem related to Neighbour Issues

5/23 (22%) identified Noise, Homelessness and Repairs

4/23 (17%) identified Evictions and Practical Help

**When asked the question, “What do you think could have been in place relating to your Housing?”**

34 participants provided a response which included the following feedback.

*“This was because the stress of moving. The bedroom tax was causing me financial worries”*

*“More engagement with my housing officer”*

*“Having my own flat rather than living in shared accommodation”*

*“I could live like George in the jungle. My life’s been planned for me and I am making my own steps. I am alive 96% of the time. A house is a necessity I am homeless.”*

*“If my neighbours could offer me support. They don’t understand my mental health problems”*

*‘My property is overcrowded, noisy and rough. I don’t like it, it stresses me out.’*

**Finances**

25/66 (38%) of participants identified that issues relating to Finance contributed to their hospital admission.

Of the 25 people, 22 people provided an indication of a specific area.

**Of those people: \*\***

17 /22(77%) identified that the problem related to Benefit Issues

10 /22 (45%) identified Bills and Debt Issues

7 /22 (32%) % identified problems with Budgeting



**When asked the question, “What do you think could have been in place relating to your Finances?”**

24 participants provided a response which included the following feedback. The main theme was ***Support and Benefits.***

***“Acceptance from my family in understanding my finances and that this is not related to my mental health.”***

***“Support to access right level of benefits. Practical support in dealing with bills, debt & budgeting. If I had access to my money I would not have been admitted.”***

***“Having someone other than my Care Coordinator to talk to about problem. My Care Coordinator is never available.”***

***“Benefits advice”      “My benefits were stopped”      “Help with saving”***

***“I am still waiting for a PIP application to be decided after 1 year. I am only on ESA.”***

***“As I was 19-21 years old, I could have done with more practical help with finances. Better management of people who are dependent on statutory incomes.”***

### **Social Networks**

26 / 66 (39%) of participants identified that issues relating to their Social Networks contributed to their hospital admission.

Of the 26 people, 24 people provided an indication of a specific area.

#### **Of those people: \*\***

13 /24 (54%) identified that the problem related to Friendships

12 /24 (50%) identified that the problems related to the Neighbourhood, Isolation and Loneliness

10 /24 (42%) identified that the problems related to Accessing Services, Boredom and Confidence.

**When asked the question, “What do you think could have been in place relating to your Social Networks?”**

22 participants provided a response which included the following feedback.

***“I did not know what services I could go to.”***

***“Before my accident I was a normal physically able person this has affected me in every way. My friends have bad attitudes towards disabled people.”***

***“Appropriate support not just what other people felt like I needed.”***

***“I recognise that my friends influence me as I do them. We all use drugs; I don't want to change my friends though.”***

***“Having a better group of friends around me. I want to feel useful.”***

***“Doing more stuff, keeping busy more around the house and voluntary work, putting that in place.”***

***“To play football.”***

***“Living in a different area where there is access to more activities; being closer to friends who live in other parts of London. The friendships I have, have been affected by me having mental health problems.”***

### **Relationships (Personal)**

39 /66 (59%) of participants identified that issues relating to Relationships contributed to their hospital admission

39 people provided an indication of a specific area.

Of those responses:\*\*

24/39 (62%) identified that the problem related to Family

15/39 (38%) identified that the problem related to Friends

10/39 (26%) identified that the problem related to Partners and Breakdown of Relationships

**When asked the question, “What do you think could have been in place relating to your Relationships?”**

38 participants provided a response which included the following feedback

*“My family should have better appreciation and understanding of my mental health problems. I know how my illness affects me day to day. They don’t.”*

*“Having a better group of friends.” “More support as a carer.”*

*“Better understanding from family & friends about my mental health & experiences. Professional support to talk issues through as a family.”*

*“Access to talking therapy to talk about breakdown of relationship.”*

*“If it was in a relationship, I think it would help my situation, somewhere to share a problem with.”*

*“If my family didn’t put me into care and I had a stable family life and constructive role models than I would have been protected from abuse. I would not be in hospital.”*

*“Going to another place with people around, to speak on the phone and to socialise.”*

*“I was agoraphobic and isolated. Better support and contact from others may have helped”.*

*“Better relationships with ex-partner and children and more support from Care Coordinator”.*

### **Employment**

23 /66 (35%) of participants identified that issues relating to Employment contributed to their hospital admission.

Of the 23 people, 18 people provided an indication of a specific area.

#### **Of those responses \*\***

11/18 (61%) identified that the problem related to Unemployment

3/18 (17%) identified that the problems related to Employment, Return to Work and Discrimination

**When asked the question, “What do you think could have been in place relating to your Employment?”**

22 participants provided a response which included the following feedback.

***“I work from home; this can make me feel isolated. Ideally finding a balance between working at home and an additional job outside the home.”***

***“Doing a vocational course or job would help.”***

***“Employer could have done more to support me.”***

***“Part time job would have helped financially.”***

***“I was banned from the jobcentre. I have nothing to do. I feel discriminated against because of my mental health. I feel judged. I want to work.”***

***“Better occupational health support. I have not worked for 3 years.”***

### **Legal**

32 /66 (48%) of participants identified that issues relating to Legal matters contributed to their hospital admission.

Of the 32 people, 29 people provided an indication of the specific area.

Of those responses:\*\*

20 /29 (69%) identified that the problem related to the Police

15/29 (52%) identified that the problems related to the Mental Health Act

7/29 (24%) identified that the problems related to Local Authority (including safeguarding).

**When asked the question, “What do you think could have been in place relating to your Legal issue?”**

30 participants provided a response which included the following feedback.

***“The police brought me into hospital – they could have just left me at home. The SW and Dr turned up at my home without an appointment. I didn’t know why they were there.”***

***“The change in Mental Health Act, not forcing medication on us but treating me more holistically. The police don’t understand mental health; they need training to know about peoples behaviours”***

***“The process of waiting in A & E was confusing and distressing. I was sitting and waiting for about 10hours at psychiatric liaison before they sectioned me.”***

***“I felt vulnerable, emotional because of my family. The way the police picked me up, they treat me differently because they have arrested me before. They try to show their authority over me. I am not a threat.”***

***“Over reaction from family and police.”***

***“I was sleeping, the police came and Drs they put fear into me. There is stigma, the police have the power to bring me into hospital. I don’t like it.”***

***“Help for women to leave abusive relationship regarding their finances.”***

***“More respect from the police, listening to me, checking out facts rather than jumping to conclusions, listening to both sides.”***

***“A bit more of an adult system, the professionals that came to my house treated me like an unfair part of the system.”***

***“Unlawful arrest, false imprisonment, breach of Police and Criminal Evidence Act (PACE) and police codes of practice, denial of all rights and my wishing to complain led to them detaining me further under the Mental Health Act.”***

***“Not to be stigmatized by police as being mentally unwell.”***

***“Discrimination and use of minimal force.”***

### **Recovery Planning**

**When asked the question, “Are you aware if you have a Recovery Plan or Care Programme Approach (CPA) Care Plan?”**

64 participants provided a response.

Of those responses

45 / 64 (70%) of participants indicated NO or Don’t Know

19 / 64 (30%) of participants indicated YES.

Only 5 /64(8%) of the participants indicated that they were:

- A) Aware they had a CPA / Recovery Plan, AND
- B) Were involved in their development of the CPA, AND
- C) That professionals consulted their CPA prior to their admission.

## **Greatest Contributory Factor**

**When asked the question to rank, in priority order, “What were the greatest contributory factors that led to your hospital admission?”**

58 /66 participants (88%) provided a response to the question, 8 did not enter any data.

From the analysis the top 3 areas that were identified as the greatest contributory factors to someone’s hospital admission were:

1. Mental Health 20% (11/58)
2. Legal 17% (10/58)
3. Relationships 14% (8/58)

**When asked the question “On reflection, what is your opinion about your current circumstances?”**

64 participants provided a response which included the following feedback.

The qualitative data collated provides variable responses to the question which make it difficult to identify trends or themes. Overall there appears to be a 50 / 50 split in positive / negative feedback.

***“I am angry at being forced to stay in hospital.”***

***“I have been in hospital for 10 months. I have been transferred to another ward and I have to start all over again. I have been told I won’t be here for very long, then I’m being given different information when I ask.”***

***“I feel much better, I’m going to be moving out soon.”***

***“Fed up with all of this. I don’t want to be taking medication all the time.”***

***“Safe – no longer a danger to myself.”***

***“I want to go home, but recognise I should have been in hospital.”***

***“I am powerless to change what’s happened to me. I cannot control my emotions or mental health wellbeing. My behaviour is modified with medication.”***

***“No difference.”***

***“Its pathetic, my leave off the ward is getting less and less. I have been in hospital for months & months. It is one rule for one and another rule for others.”***

***‘I shouldn’t be in hospital based on misunderstanding from people.’***

***“Very disappointed with local authority, feeling like I have lost 6 months out of my life. I have put on 1 stone in weight.”***

***“It’s opened my eyes to see that drugs are not the way to cope with depression.”***

***“I feel generally positive, getting positive feedback from staff. But previous to this I consider some of my records are misconstrued, information taken out of context.”***

***“I know what I would like to be doing/getting involved in, but I feel I have little control over my situation. I feel captive within the mental health system.”***

***“Situation good - changed meds - but need access to therapy.”***

***“Not good. Feeling vulnerable and unsafe on the unit which I have raised as a complaint.”***

***“It was not necessary for the police to remove me from my home. Poor judgement and excessive force by officer. Collusion and poor judgement by police doctor and mental health workers who attended police station.”***

### **Interviewer’s observations**

1. We need to consider that the specific target group were currently detained under the Mental Health Act 1983 and maybe acutely unwell at the point of undertaking this questionnaire. This has presented challenges in obtaining qualitative and quantitative data.
2. The interviewers did not decide the point in someone’s admission, when they would be considered best able to participate in the survey.
3. The interviewers had no control over the numbers of people detained under the MHA 1983 during the research period.
4. Some participants provided a narrative story of their experiences rather than follow the format of the survey.
5. The information that participants provided did not always reflect the questions asked.
6. Some participants requested clarification on the meaning of some questions. This required the interviewer to consider rephrasing the question in order for the participant to understand and provide a response. When rephrasing a

question the interviewers were concerned this did not influence or mislead the participant in their answer.

7. During the survey, some participants would lose focus and did not provide an opinion either way.
8. Not everyone approached, consented to participate in the survey. In respecting a persons' right to decline to participate, the target of 100 people was a challenge to meet.
9. Some participants may have declined to answer a particular question including monitoring information. The interviewers did not consider it appropriate to pursue questioning a person as to why they had declined to provide a particular response. However one could take into account that the reasons may include:
  - Personal choice to decline,
  - No appropriate selection or choice that the person considered relevant,
  - No actual response provided by the client.

## Conclusions

From the survey data, we can conclude that the top 4 areas that were identified by participants why they were admitted into hospital were:

1. Mental Health 64%
2. Relationships 59%
3. Management of my care 58%
4. Legal 48%

This survey identified a number of additional trends and themes:

**Care Programme Approach (CPA) / Recovery Planning** - only 8% of the participants indicated that they were:

- A) Aware they had a CPA / Recovery Plan, and
- B) Were involved in their development of the CPA, and
- C) That professionals consulted their CPA prior to their admission.

When analysing this information we need to consider that some participants may not have had any previous contact with secondary mental health services (CMHT), and therefore would not have had a CPA / Recovery Plan prior to this hospital admission.

*'The Care Programme Approach is a way of making sure someone gets the best support and care for their recovery. Only people needing more than one service will have a named Care Coordinator. But the principles of CPA still apply and everyone should have their own Care Plan' – Working Together The Care Programme Approach (CPA) South London and Maudsley NHS Trust Foundation.*

Copy of South London and Maudsley The Care Programme Approach is available as a link in **Appendix 3**.

**2) Being involved and listened** to was a consistent theme from the patient perspective. In particular, when decisions are being made about their care and treatment, and how this may impact on them.



**3) Interface with police and initial process of MHA assessment** – A number of people stated they did not know why they were in hospital. The process in how they were admitted was considered a negative experience. In particular, the manner in which Mental Health Act assessments were conducted.

## **Appendix 1 Mental Health Code of Practice 2015 Chapter 2.5**

Clinically recognised conditions which could fall within the Act's definition of mental disorder.

- Affective disorders, such as depression and bipolar disorder
- Schizophrenia and delusional disorders
- Neurotic, stress-related and somatoform disorders, such as anxiety, phobic disorders, obsessive-compulsive disorders, post-traumatic stress disorder and hypochondriacal disorders
- Organic mental disorders such as dementia and delirium (however caused)
- Personality disorders
- Mental Behaviour disorders caused by psychoactive substance use
- Eating disorders, non-organic sleep disorders and non-organic sexual disorders
- Learning disabilities (including Asperger's syndrome)
- Behavioural and emotional disorders of children and young people

(Note: this list is not exhaustive)

## **Appendix 2 - Healthwatch Inpatient Survey – Mind in Croydon December 2014 – June 2015**

**Appendix 3 – Working Together The Care Programme Approach (CPA) South London and Maudsley NHS Trust Foundation. Kings Health Partners An Academic Sciences Centre for London. Date of Publication: 1/22/2009 Reference : 1c00001128.**

<http://www.slam.nhs.uk/media/28395/working%20together%20-%20the%20care%20programme%20approach.pdf>