Evolved to involve

How do you discover the standards that clients expect of their mental health services? Phil McSweeney and Maureen Smith explain

How do you know if you are giving high quality mental health care? How do you know if your clients think you are? Purchasers and providers of care are being urged to involve users and seek feedback from them about the services they receive.

The Patient’s Charter is a central plank in delivering quality services by making explicit the rights that all users of services have and the standards of service they should expect. But is it always clear what some of these standards mean in practice in mental health?

We undertook a project to explore what some of the standards might mean in practice. We chose to explore seven broad themes in this project. Five are directly related to Patient’s Charter standards, one to the qualities and skills needed by psychiatrists and the last to client involvement.

Quality themes explored:

- Information to clients and carers
- Privacy and dignity needs for patients and clients receiving community care
- Meeting clients’ religious and cultural beliefs
- Arrangements made for clients with special needs
- The qualities and skills needed by key workers/named nurses
- The qualities and skills needed by psychiatrists
- Involvement of clients in their treatment/care.

Here we explore what client involvement in mental health means in practice.

Our method involved two stages. The first was to send a questionnaire with open questions to the sample. One question, for example, asked: in a quality mental health service list the key ways in which you think people should be involved in their treatment/care?

For the first stage 52 people were included in the sample – 21 were service users, with the rest being roughly equal numbers of purchasers, professional care-givers, carers, CHC representatives, people working in voluntary organisations and social services.

The second stage involved producing a closed questionnaire analysis of the comments on the first-stage questionnaire. For the client involvement section this resulted in 17 statements.

The second questionnaire was offered to a larger sample (n = 90) which included 56 users and 34 others. From this questionnaire the respondents had to select approximately half the statements and reject the other half.

Both questionnaires were sent out with covering letters explaining the purpose of the exercise, Freepost reply envelopes, and guarantees of anonymity. We had a 50 per cent response rate from the second questionnaire, of which 15 out of 45 were users and five of the other 30 had also been users of mental health services.

We were unable to chase up non-respondents, as we had guaranteed anonymity at the outset. However, we had not intended to produce a statistically reliable set of responses from the small sample, only to identify a range of ways that users and informed others could identify examples of high quality client involvement.

The table shows the 17 statements which originated from the first-stage questionnaire. Respondents were asked to identify which nine out of the 17 they thought were essential for high quality mental health care services. The ranking is based simply on the frequency with which each statement was selected. A wide degree of consensus emerged between users and informed others about what is important. There were, however, one or two differences to explore.

The first statement: ‘I should be talked with not about,’ was chosen by over 90 per cent of the sample. It probably speaks for itself in terms of clients wanting to be shown respect. Both groups recognised the need to involve users in care planning, decision making, case conferences, explanation of rights, discharge planning and so forth.

There were a few statements which users rated more highly than others, notably, they said they did not want to be palmed off with leaflets about treatment options but given proper explanations. The statements which the informed others rated more highly than users seemed to be about individualising care and treatment options and giving choices about these. It is possible that users are less well informed about the range of ways that their presenting problems may be managed.

We are now working on ways in which this tool can be used with users in practice as a checklist to see how well they are being involved in treatment and care. Furthermore, by using it as a monitoring tool we hope to be able to identify priority issues which service areas need to address to demonstrate improved client involvement. We would see these standards as being applicable equally in hospital and community settings.

References

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