

Stakeholder perceptions of older adult mental health NHS day services in Huddersfield

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Abstract

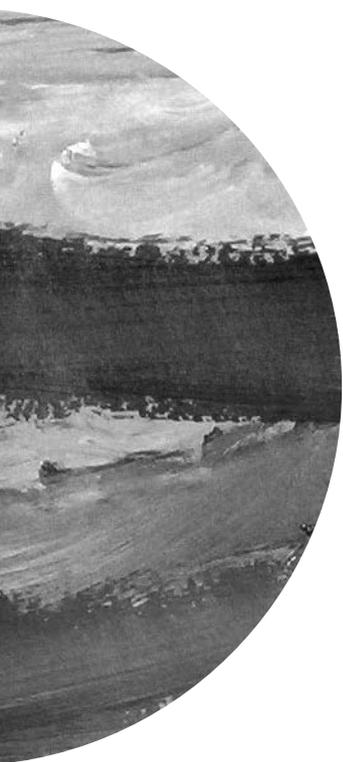
This report presents the findings of a qualitative inquiry into the purposes, processes and outcomes of NHS day services for older adults with mental health problems in Huddersfield. The study canvassed a variety of viewpoints amongst patients, carers and staff as a first step to developing further research into NHS and social day services for this patient group. All interviewees perceived help with mental health problems as the main purposes of attendance. Other views diverged: patients and carers stressed help with physical health problems and other practical assistance whilst staff chose process-related variables such as assessment and monitoring. The divergence between patients, carers and staff was even stronger when we asked about the processes and the perceived outcomes of these facilities. These different views of purposes, processes and outcomes provide a starting point for developing further exploratory and evaluative research of different NHS day services for this patient group. This may also be useful in future comparisons between NHS and social services day provision.

Keywords: Day hospital, day care, partial hospitalization, geriatric psychiatry

Background

Day hospitals have been regarded as a core part of old age psychiatry (Baker and Byrne 1977, Wattis, Wattis & Arie 1981, Wattis 1988, Wattis, Macdonald & Newton 1999). They are usually divided into separate days or units for people with "organic" (mostly dementia) and "functional" mental illness, (mostly depression but including a wide spectrum of disorders) (Rosenvinge 1994). Functions vary depending on client group and location. Local provision and the relationship with social services day care vary and opinions have been expressed for and against their usefulness (Howard 1994, Fasey 1994). Published work has been almost entirely anecdotal (Rolleston 1994), or focused on a particular issue such as carer strain (Cantley 1983, Gilleard 1984), or how to improve attendance (Wright, Lunt, Harris & Wallace 1995). An old but detailed study published in 1985 (Smith and Cantley 1985) looked at day hospitals from user, carer and provider viewpoints. A national multi-disciplinary network of Day Hospitals, initiated by the Royal College of Psychiatrists Faculty for the Psychiatry of Old Age, provides a vehicle for future research (Wattis, Wilson and Curran 2004).

The current project was suggested by a number of factors. These included the emphasis on intermediate care in the National Service Framework (NSF) for older people (Department of Health (Department of Health) 2001), research on the effectiveness of psychiatric day hospitals for working age adults (Creed, Black & Anthony 1989, Creed, Black, Anthony, Osborn, Thomas & Tomenson 1990) and the results of a survey presented at a the first national network conference in June, 2001. Furthermore, given the current emphasis on research-based evidence (Department of Health 1997), it is important to determine whether services do in fact benefit service users and carers. In 2000 the NHS Plan (Department of Health) set out the vision of a service where care would be shaped around the convenience and concerns of service users, and where users, carers, and the public would have more say over their own treatment and more influence over the way in which the NHS worked. Involving the public, service users and carers therefore became an important element of clinical governance (Department of Health 1999) and today is central to the planning and provision of services.



Methodology

The Study

The aim of this study was to identify patient, carer and staff views about the purposes and outcomes of NHS day services for older adults with mental health problems in Huddersfield.

Design

The study used qualitative in-depth interviews to investigate participants' perceptions of the following:

1. Purposes of attendance
2. Service processes
3. Outcomes of day attendance

Sampling and participants

At the time of the study, NHS day services for older people with mental health problems in Huddersfield were provided in three main settings. These comprised an acute day hospital for people with functional mental health problems, a longer term day hospital for people with chronic functional disorders and an assessment unit for people with dementia. The sample was essentially an opportunity sample of staff and patients/carers in the three day hospital settings. An attempt was made to include staff in a variety of settings and grades.

Patients who appeared to have capacity and willingness to participate were nominated in all three settings by staff. Those who could not communicate verbally and were judged unable to give valid consent or did not have a carer who could potentially be interviewed were excluded. Patients were otherwise unselected and were provided with information about the aims of the study and confidentiality. Those interested in participating in the study were asked to send their signed consent forms back to the research team in the enclosed pre-paid envelopes. The first seven patients to give valid consent were interviewed by the researcher. The carers of these patients and the professionals also involved in their care were also approached, given information and invited to be interviewed. Seven interviews were conducted with carers and eight with staff members.

The limited time and funding available meant that a wider and more systematic sample could not be obtained. However, as the study was qualitative in nature and intended as a first stage in elucidating different stakeholder views about the purposes, processes and outcomes in day hospital services, the adopted sampling method was considered acceptable.

Interviews

In total, twenty-two semi-structured interviews were conducted using an interview schedule covering topics about day service attendance, purpose, service processes and outcomes. The tape-recorded interviews lasted twenty to forty minutes and were transcribed verbatim.

Ethical considerations

The local research ethics committee approved the study, and participants gave informed consent after receiving assurances about anonymity, confidentiality and the right to withdraw at any stage of the research process without prejudice.

Data analysis

Qualitative content analysis of the anonymised text was conducted (Downe – Wamboldt, 1992). Each transcript was read and considered by the principal researcher. The text from each of the twenty two transcripts was then divided into units of meaning i.e. groups of words/statements, using Nvivo 2.0 (QSR International Pty Ltd, Cardigan, UK). The meaning units were then coded inductively, allowing the

text to dictate the emergent themes. The codes were arranged into categories and subcategories, which were then organised in relation to the themes. As a dependability test, some of the text was coded again according to these categories by other members of the team. Minor discrepancies were discussed until agreement was reached (Lincoln & Guba 1985).

Findings

We aimed to give equal weight to the views of patients, carers and staff in achieving a view of why older people with mental health problems attended NHS day facilities in the area, what happened in these facilities and how outcomes could be assessed. This was intended as a first step towards facilitating future research. In each of the areas examined there was an overlap between patient and carer perceptions with a lesser overlap with staff perceptions. Staff views were largely related to concepts of complexity and risk, referring to prospective attending patients as requiring something more intensive than “outpatient” but less demanding than “inpatient” care. Apart from the fact that Day Hospital attendance is not rigorously time-limited, this fits well with the concept of “intermediate care” in the NSF for older people.

Our findings regarding stakeholder perceptions of NHS day services for older adults with mental health problems are summarised into three main categories. The categories are labelled: reasons for referral/ purpose; day service processes; and outcomes. The various subcategories describe different aspects of these categories.

Table 1. Stakeholder perceptions of NHS day services for older adults with mental health problems: Categories and subcategories of the data analysis.

Categories	Subcategories
1. Reason for referral/purpose	<p>Staff</p> <p>1.1 Assessment</p> <p>1.2 Ongoing monitoring, support and maintenance</p> <p>Patients & Carers</p> <p>1.3 Mental and physical problems</p> <p>1.4 Respite</p>
2. Day service processes	<p>Staff</p> <p>2.1 Treatment (including therapeutic activities)</p> <p>2.2 Tests and assessments</p> <p>2.3 Needs led programmes</p> <p>2.5 Therapeutic relationships</p> <p>2.6 Monitoring/supervision</p> <p>Patients & Carers</p> <p>2.7 Medical/expert attention</p> <p>2.8 Social interaction</p>
3. Outcomes	<p>Staff</p> <p>3.1 Appropriate referral within system</p> <p>3.2 Recovery/discharge with care plan</p> <p>Patients & Carers</p> <p>3.3 Respite</p> <p>3.4 Satisfaction</p> <p>3.5 Increased motivation</p> <p>3.6 Education</p>

The categories and subcategories are presented in table 1.

Reason for referral/purpose

Older adults suffering from a variety of problems, depth or persistence of difficulties, which could be physical, psychological or social, as well as their presenting mental health problem are most often referred to day hospital care. The facilities under study each had different remits:

'The broad aim is that we are an assessment unit for ladies and gentlemen having some sort of memory problems and it's a holistic assessment which is basically looking at their mental health needs. How we can best support them now and in the future' (Staff member).

And

'The functional day units... the aims are to deliver some kind of therapy and make major changes in people's symptoms, functioning and coping' (Staff member).

And

'Our aim and purpose, as far as I understand, is assessing and ongoing treatment of acutely ill people. Partly helping to fast track discharging them from hospital and partly to keep people out in the community and prevent admission' (Staff member).

Staff

All stakeholders described the day units as relaxed settings. Such an atmosphere was cultivated to allow staff to make naturalistic assessments of patients, monitoring and supporting their everyday needs:

'A lot of it is observational and actually seeing how people interact in a one to one with nurses and in group activities and situations such as having lunch... simple things like that' (Staff member).

There was strong agreement on the need for social interaction to support this group of patients, emphasising the therapeutic value of peer relationships, more easily delivered in a group setting than in the patients' homes: 'Apart from anything else they make friends here, they make social friends, they arrange things between themselves and it's a nice day out for them' (Staff member). This was an area where there may well be overlap with the function of social services day care.

Patients and carers

In the area of purpose of attendance there was strongest agreement about the need for help with mental health problems. However, it was apparent that a high proportion of patients attending day hospitals and indeed those patients interviewed, suffered from a combination of mental and physical problems: 'I am on medication for my heart, cholesterol, arthritis and I'm on medication for my nerves' (Patient). And 'A community nurse came to see me to look at my mental illness as well as my medical problems and they thought it would be good for me to come here' (Patient). Carers and particularly patients put more emphasis on physical health problems than did staff. However, staff probably took these physical problems "for granted" in a setting where the more acute day facilities had good access to medical attention and where staff emphasised assessment, treatment and meeting individual needs.

The importance of how day hospitals provide respite for carers of patients with such complex needs was recognised by all: 'It gives me a chance to be separated from her... we are together twenty four hours a day and we get on top of each other' (Carer). And 'It gives my husband a rest' (Patient). Again, this is probably an area of overlap with social day care.

Day service processes

In this area there was no overt overlap between staff perceptions and those of patients and carers. However, this may have reflected different ways of conceptualising similar processes.

Staff

Staff when questioned about processes within the day hospital, mainly discussed patterns of treatment, therapeutic activities and methods of assessment. 'The nurses do some core assessments' (Staff member). These discussions centred on the benefits of day hospital provision in delivering a service not met by other forms of provision: 'We treat people with mental health problems that are too complicated in one way or another to be dealt with merely on an outpatient basis' (Staff member). It was claimed that such provision promoted therapeutic relationships between patients and practitioners and allowed practitioners to observe and monitor patients more closely in order to make more accurate assessments of their well-being. The flexibility of the teams working within these centres was emphasised. Staff promoted day hospital provision as providing patient-centred care and needs-led programmes: 'We try and find out what personal needs there are and use a person centred approach' (Staff member) And 'We will follow various tests and assessments depending on the client's problem' (Staff member). However, although half of the staff mentioned that the services they provided were client centred, one participant urged caution regarding uncritical acceptance of this view

'I mean it is very easy to say that they are client centred, but actually they are still, in many ways, service focused. They are designed to make the clients fit to that rather than the other way round and it is very easy to think that you are providing a client centred service when it is not necessarily' (Staff member).

Whatever the situation may be, there was patient support in comments pertaining to staff being very flexible, accommodating and meeting their requested needs.

Patients & Carers

In contrast to the staff interviews, patients and carers focused on the processes of day hospital services in relation to the medical and expert attention they received, rather than specific interventions and in relation the kindness of the professionals they see: 'The doctor, she tells you things, which help you ... you can go to her and talk to her and when you come out you feel one hundred percent better. She's really good' (Patient). And 'They look after you here and the carers are nice people, cheerful people' (Patient).

All patients and carers also discussed the benefits of the social interaction patients participated in whilst there: 'You can talk and have a bit of fun. People all don't sort of talk so you don't annoy them, but otherwise they like to listen to you' (Patient). And 'Helps me to be amongst company and talk over things' (Patient). And 'He's feeling more of a man again and it's all come from people communicating with him. I think so anyway, I mean a wife can only do so much' (Carer). And 'I think it does him good to see other people and hear what they have to say' (Carer). It was evident that morale was increased amongst patients through the structured daily routine of the units aiding social interaction with peers and professionals

Outcomes

There was a difference in language between staff and other groups with staff tending to see outcomes as completed processes whilst patients and carers took a more immediate view of improvement in well being, increased motivation and relief of pressure. One outcome that was implicit in all groups was a sense of the importance of enduring relationships in mental health services.

Staff

Staff understandings of outcomes were more concerned with completing processes and care planning. The two main points of discussion referred to the success of day hospital provision leading to appropriate referral and care planning: 'There's a much closer level of monitoring and supervision than there is if someone is discharged to say community follow up generally' (Staff member). And: 'The best outcome would be that they finish attending the hospital with a treatment plan that included the other support they needed and perhaps drugs if appropriate' (Staff member). Professionals stressed day attendance helped them to better organise a future pathway of care for the patient and their carer where the day hospital staff could be

still accessed for support and used as a resource if any problems were encountered after discharge: 'We always do leave them the number to say that we could easily pick up whenever. So although we are saying goodbye we are there for a phone call if they need us or there are problems' (Staff member).

Patients & Carers

There was agreement between patients and carers regarding increased motivation, satisfaction with health care services and improved respite and care arrangements as day service outcomes. Resolution of problems were reported: 'They've done fine for him, they've done fine for us both' (Carer); 'I'm not as depressed as I was' (Patient). And the level of ongoing support provided after discharge relieved any anxieties or worries patients and carers may have held about the future:

'They've arranged for home helps to come out and get us up and things like that because there is no way he could go in a shower without some help. I mean we could manage when I was alright, but as I say I broke my hip, I can't cope because I couldn't manage if he fell'. (Carer).

Patients and carers did not always go into any detail about their discharge from day care and their current care package but instead spoke of their satisfaction with the day service they attended and the support and knowledge they had received whilst attending.

Discussion

The study focuses on the personal perceptions of NHS day services for older adults with mental health problems, and has combined the views of stakeholders to achieve an understanding of why older adults with mental health problems attend these facilities, what happens within these facilities and how outcomes could be assessed. The in-depth interviews produced rich and interesting data, and the qualitative content analysis method (Downe-Wamboldt 1992) was found to be useful in consideration of the aims of the study. Most importantly it was evident that these units were able to meet the spectrum of needs of patients and carers; delivering health care and psycho-social support during attendance and in organised care plans after discharge. It is apparent that day hospitals are well suited to providing relationship framing aspects of care.

Generalisability to other day hospital settings would have to be established by further studies. However, the study has helped define some of the areas where further research could inform service development. The findings also support the notion of the importance of seeking service user views in order to appropriately evaluate and develop services (Department of Health 1999, 2000). Future research in this area needs to encompass a variety of different domains to do justice to the varied perceptions of patients, carers and staff. For example, a future study could address the following questions:

- Is it appropriate to try to meet physical as well as mental health needs?
- How can we identify which patients are likely to benefit most from social interaction and how do we measure this benefit?
- Can we identify the staff qualities that are important in the day hospital context and whether they differ from staff qualities needed in other parts of the service?
- Which specific activities have most benefits for particular patients?
- How important is access to medical and other specialist intervention?
- How can we measure outcome including measures of overall improvement in well-being, motivation and activation for the patients?

Areas such as needs and outcomes have been the subject of recent research in the day hospital context (Ashaye, Livingston & Orally 2003). Some questions are specific to day hospitals (such as whether certain staff qualities are especially useful in this setting). Others concern the wider health system (for example is it useful to try to meet physical as well as mental health needs: at least one day hospital provides both specialist medical and psychiatric input at www.dayhospitals.net). Funding limitations have stopped us from exploring the differences between different NHS

and social services facilities but an appreciation of the costs and benefits of such services in relation to one another is needed for future service development.

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