



Special Enquiry Report on Mental Health Discharge from a Health or Care Setting.

Written by James Buist
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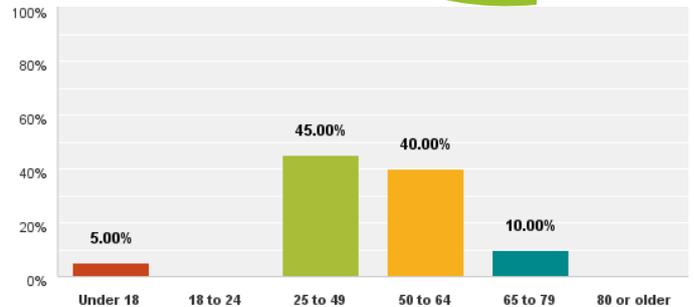
Healthwatch Cornwall (HC) collects patients experience of publicly funded health and social care that the Cornish population uses.

In partnership with Healthwatch England a special enquiry was conducted across England, which looked at the patients journey through the discharge process. The enquiry focused on the experiences of 3 groups of people; older people (over 65), mental health patients and the homeless. HC focused on one of the three groups of people (mental health patients) and conducted shallow dive research, meaning small numbers questioned to highlight any themes or trends of concern, with a view to conduct more research if issues are raised. Primary data was collected through a electronic questionnaire containing 19 questions which covered gender, age, through to recent experiences and wish list to improve services.

This report breaks down responses to those questions and examines specific feedback from service users. We asked respondents to feedback about their most recent experience of being discharged that had occurred in the past 18 months. The way the questionnaire was constructed is shown below:

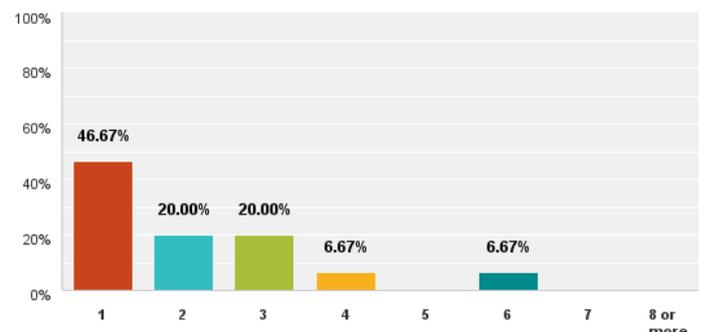
- 3 questions regarding demographics
- 4 questions around General Discharge from Health or Care Setting.
- 6 questions on experience of discharge from a Health or Care Setting.
- 5 question on post discharge from a Health or Care Setting.
- 1 question on how to improve the discharge process.

23 people responded to this shallow dive research with 64% of respondents being female. One can see from the chart on the top right that respondents to the questionnaire were from a multiple of age ranges with number of those ranges without a respondent. The third question asked for the location where the patient lived. The



responses were not used in the current analysis of this data.

The graph below shows peoples response to the question; ‘how many time were you discharged from a health or care setting in the past 18 months?’ This represents 32 discharge experiences from 15 people

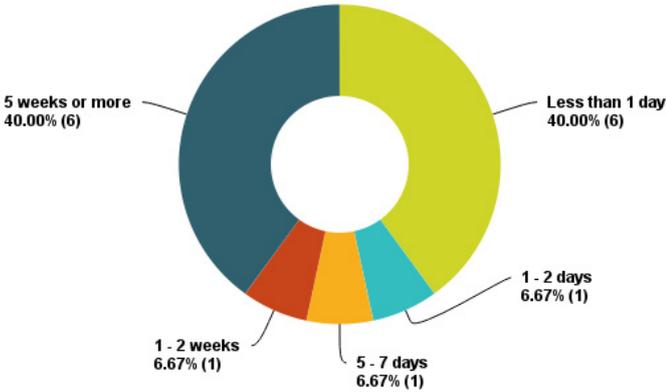


that completed this question. 1 person had reported being discharged 6 times in an 18 month period. HC wanted an understanding of where these discharges occurred so that one could identify good or bad practise in a particular service. 50% of the respondents most recent discharge experience was from a mental health unit (Longreach) and the other 50% was from the large hospital like Treliske and Derriford.

HC wanted to know why people were being admitted into a health care setting so question 6 asked; ‘what were you admitted for?’ 28% of the respondents were admitted due to attempted suicide, 36% were admitted due to their mental health condition and last 36% were admitted due

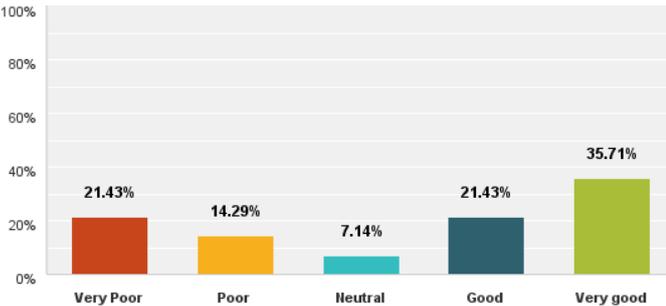


to physical ailments (cancer, hernia etc.). The last question which aimed to get an initial understanding of the patient asked how long they stayed in the health or care setting. One can see from the graph below that 15 people responded to this question with 40% saying they stayed less than a day and another 40% saying they stayed in that setting for over 5 weeks. Of the 40% that



stayed less than a day, 50% had attempted suicide.

‘How would you rate your treatment by health care staff (nurses, doctors and health care assistants etc.)?’ is question 8 of the questionnaire. One can see from the graph below that the general feeling towards staff was positive with 57% saying their treatment was good or very good. Breaking this down to look at peoples condition and their



experience of staff shows a different story. Mental health patients being admitted for physical or general mental health problem had a positive experience from staff. People who were admitted for attempted suicide felt their treatment from staff was very poor.

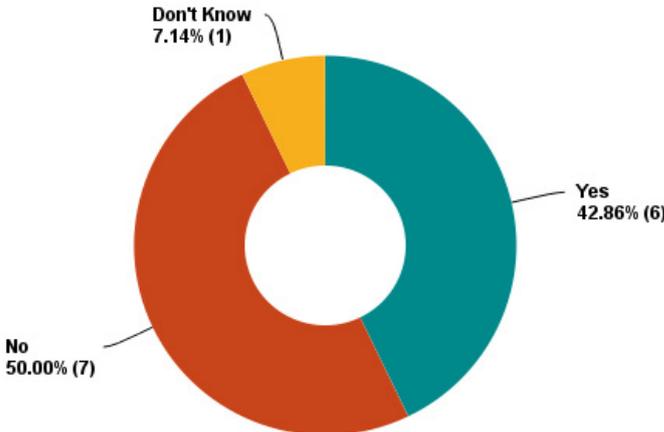
Question 9 looked at if patients had multiple conditions were they all considered in the discharge process. 50% of respondents felt that they weren’t all considered and

a number of feedback comments were submitted to support their response (see below):

“Depression was not recognised. Asperger’s Syndrome not recognised, Pleas for support and help ignored, discharged against my will left terrified and vulnerable on numerous occasions, notes and reports were inaccurate, misdiagnosis on more than one occasion, poor help and support lead to more feelings of suicide.”

“Not taken seriously, not understood, no empathy. Living alone means I have to cope alone, unable to care for myself ie. shop for food, cook, take all meds properly as prescribed. Had to travel home alone on buses whilst still under influence of tablets taken to end my life and I was most definitely still in shock at what I had done and how I had ended up at Treliske and mainly at how awfully I felt I had been treated.”

HC wanted to know whether patients were involved in their discharge process. Therefore question 10 asked ‘Did you feel involved in the decision making process to leave the hospital?’ One can see from the chart below that 50% of people felt that



they weren’t involved in the discharge process. Like the last question respondents

left additional feedback to support their response (see below):

“Abuse of Power, there is no room given to disagree with any decision made by the professional. What they say goes, they make that very clear in abrupt, inhumane ways and manners.”

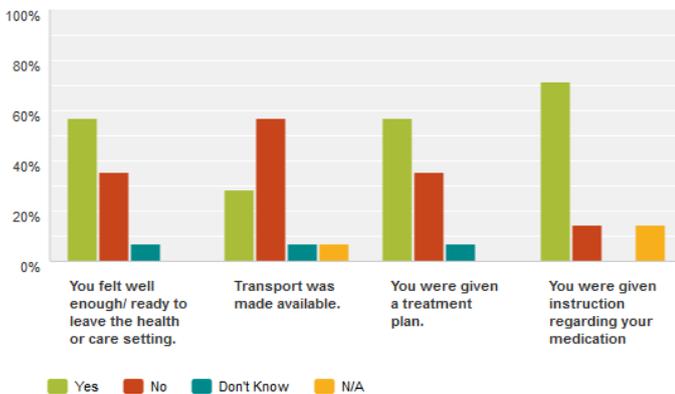
“It happened too fast!”

“I wasn’t asked, besides how could the hospital keep me in?? I wasn’t physically ill.”

“Were you offered any rehabilitation or therapy services?” was question 11. With over 61% saying ‘No’ one needs to consider that a service wasn’t offered as there was no need or that patient was already involved with a rehabilitation or therapy service. Of the patients that were offered additional service, BeMe, home treatment team and Fettle House were the services offered.

Question 12 was made up of 4 questions that looked at important parts of the discharge process. The results to these questions are shown on the graph below:

‘Transport was made available’ was the most negatively responded to question with almost 60% saying ‘No’ to this question, see feedback comment below;



“I was left discharged with no transport money after overdose the next day, sometimes wet clothes from being in the sea suicidal, sometimes with blood on my clothes from self harm.”

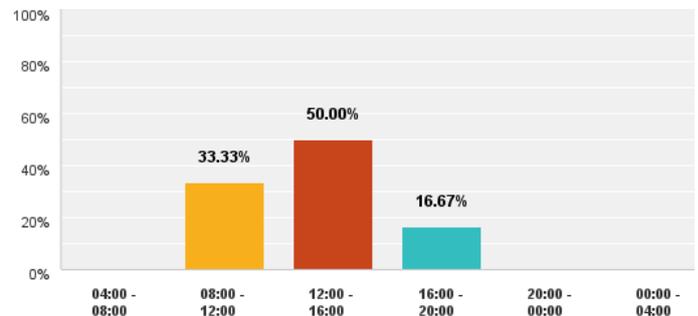
‘You were given instruction regarding taking your medication’, had the most positive responses with over 70% saying they received suitable information about their medication. The 2 patients that responded by saying ‘No’ to this question had been admitted into hospital for attempted suicide.



Almost 60% of patients discharged felt well enough/ready to leave the hospital or care setting with 35% not feeling well enough/ ready to leave, see feedback comment below;

“Did not want to leave safety of hospital, although ready, this is linked to MH diagnosis, but extending stay in hospital is likely to worsen behaviours.”

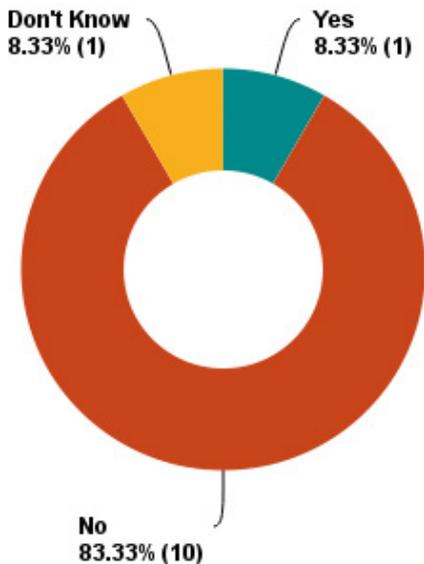
HC had received feedback to say that people had been discharged at unsociable hours. Question 13 looked to address this feedback, which asked ‘what time were you discharged from your health or care setting?’ Respondents didn’t raise any issues in regards to discharge time.



85% of respondents to question 14 (where were you discharged to?) went home while the remaining percentage went to a care home.

Question 15 asked ‘If drug or alcohol dependent, were you offered support or treatment following discharge?’ From the chart on the opposite page only 40% of people were offered this support.

12 people responded to question 16, which looks at readmittance within 28 days of discharge with the same or related problem. Only 8.33% (1 patient) said they had been re-admitted (see graph on opposite page).



Question 17 (did you have support from any health or social care service once you were discharged, if so what?) had an even split between having support and not. The support that people did receive after discharge was; home treatment team, social worker and day centre.

HC wanted to know whether a social care professional (nurse, GP, social worker etc.) visited or make contact with the patient in the following weeks after discharge. The response to this question showed that 62% of respondents hadn't heard from a professional. Of those that had heard from a professional, they had been contacted by their GP, CPN or the Home Treatment Team.

'What would you do to improve the discharge process? Can you give any examples of when it went well for you? What support would you of liked from entering the health or care setting to leaving it?' This was the last question and below are listed some of the feedback:

"Empathy, somewhere to stay until feeling well enough to cope living alone again, even if for 24 or 48 hours and at the least having somebody visit on those two days afterwards or at the very least a phone call or two a day would have made all the difference! And having transport provided on discharge is a must. Counselling for the aftermath could have been useful too. I

know its not up to anybody to provide shopping, or cooking support but when I'm so unwell and cannot cook or eat properly to have one meal and definitely a hot one this can be such a positive help and a good step back onto the road to recovery."

"Ongoing support was still provided for me even though I was discharged."

"On leaving I'd have liked to have had transport home."

"Poor transport arrangements. Felt rushed to clear the space."

"I would have found a follow up phone call or contact helpful after discharge from CMHT. Also I was told that discharge would not accept the groups I could attend from my CPN. It turns out that I cannot access any of these."

"Treated with more respect and understanding if in for overdosing by staff at Treliske hospital."

"Up-to-date emergency numbers, the one I had for the mental health team in Pydar House had changed."

"This is the first time that I was discharged to Fettle House. Before I was just discharged to life in community resulting in readmission to hospital several times over a period of 9 years. Lost years of my life."

"I needed it to slow down. Most of the contact was made by phone and I had to go through the process over and over, I would have like to have just sat down with someone and go through options that are available that I could achieve."

"It needs to be humane. I am still too distraught by poor discharge. I was ignored, I tried to explain my depression and it was ignored. Absolutely dreadful, awful experiences of care, there was no care. None. It was very very cruel."



Summary:

This shallow dive research was carried out to highlight any trends that could be investigated further. Though the number of mental health patients that took part in this research were low there are a number of trends that are evident.

The discharge experience for patients that were admitted for attempted suicide appears to be different than being admitted for another condition. Patients felt that treatment from staff was poor, a lack of information about being discharged and what happens next.

There is a common consensus from the respondents around transport and the assistance needed to leave a health or care setting. Is there consideration around the patients mental state before discharge? Is it suitable to catch public transport or drive?

The last part of the questionnaire looked at the process after being discharged and the data collected shows this part of the discharge process is the most problematic. With too few people getting support from health and social care professional after discharge in regards to face to face consultations and advice. Though as a positive readmittance rate is low at 9%.

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