

Background

Performance

Disability

Impairment

Social

Daycare

Placement

Argyll & Clyde Health Board

Balance of Care Study (Mental Illness)



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Atterbury & Olyyala

Research Report

Volume 1 of 2

(Final Report)

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CHAPTER 1 - THE SURVEY

1.1 *Introduction*

This report summarises the findings of the Argyll and Clyde Balance of Care Survey. The survey was conducted in order to assess the residential and day-care needs of the patients currently resident in Argyll and Bute, Dykebar and Ravenscraig hospitals. The aim of the survey was to aid the Health Board in planning local services for the patients, some of whom had been resident in the hospital for many years.

The data was collected during May and June 1994 using the Community Placement Questionnaire (see Section 1.3 below).

The questionnaire generates a large amount of data on each individual, only some of which it is possible to summarise in a report such as this. The completed questionnaires on each patient are also available as an initial data set for considering particular individuals. These will be useful as both an aid to the planning of new facilities and in the development of individual placement plans.

1.2 *The Hospitals*

Three hospitals were included in the survey: Ravenscraig, Dykebar and Argyll and Bute. Ravenscraig Hospital provides local mental health services for Inverclyde Local Authority District. Dykebar provides local mental health services for Renfrew Local Authority District and for an additional 77,000 population in Eastwood catchment area, Glasgow. Argyll and Bute Hospital provides for the Argyll and Bute Local Authority District and for half of the catchment area of West Dumbarton.

1.3 *The Community Placement Questionnaire*

The Community Placement Questionnaire (formerly called the Psychiatric Patients' Needs Questionnaire) is designed specifically to assess the needs and abilities of the chronic long-stay group of patients rather than those on psychogeriatric or acute wards. It was initially developed for use in a survey of Cane Hill hospital in 1985. Only items of proven reliability were included in the final version. It has subsequently been further revised and used in at least 28 other surveys of long-stay hospitals planning for rundown or closure, including hospitals in Greece, Italy, South Africa and Australia.

The design of the questionnaire reflects the view that the assessment of patients' future service needs should involve proper consultation with the people who work most closely with them: the nursing and other professional staff. It is important to

stress that it is intended to produce data suitable for service planning purposes rather than to enable a decision to be made about the placement of individuals.

The latter is the job of the clinical team in conjunction with the patient. Nevertheless, the questionnaire does produce a reasonably detailed picture of each individual, which indicates the types and scale of problems that need to be addressed and is suggestive of further lines of enquiry that may be necessary before a final decision on placement is reached.

1.3.1 **Format and Content**

The questionnaire is divided into three parts:

Part 1: BASIC DATA.

This provides basic demographic data on age, sex, diagnosis, length of stay, marital status, and address on admission.

Part 2: PERFORMANCE.

This consists of ten items covering basic practical living skills such as the ability to shop, cook, converse and dress. Patients are rated by ward staff on a scale from 1 to 4 on each item. A score of 1 indicates a very poor level of functioning in that area whilst a score of 4 indicates that the patient is able to function in that area with little or no supervision. The scores on each individual item are summed and a mean score calculated for each patient. This score (the 'Mean Performance' score) may be taken as an indicator of that person's level of social functioning. These individual scores may themselves be summed and averaged to obtain an estimate of the level of functioning or dependency of a whole population. This enables interesting comparisons to be made between different groups of patients.

Part 3: PLACEMENT IN THE COMMUNITY.

This is divided into five sections covering areas which may affect the possibility or outcome of community placement: social support, physical disabilities, programmed activities, accommodation and problem behaviour. Included in this part of the questionnaire are nine key questions, such as choice of type of residential placement, which are completed by the multi-disciplinary team (in practice often the nurses, ward doctor and possibly one other professional). The range of residential settings from which staff could select are detailed on p.21 The descriptions were designed to give a general guide to the environments, levels of support and care that patients may be most suited to.

This part of the questionnaire also asks staff to rate the most appropriate daytime environment for each patient, on the assumption that they were placed in the community and a full range of sheltered work and day care options were available. The categories from which they could choose are detailed on p.29 and 30.

The Placement section also helps identify individuals who may be particularly hard to place or for whom special plans may need to be made. These include patients

with severe behavioural problems, with a serious history of violence or other criminal activity or patients with physical handicaps or multiple disabilities. It is important to re-emphasise that identification of such problems, and of patients who may be hard to place, can only give general guidelines of the possible future provision needed to offer an appropriate service to this group of patients and that detailed individual assessment by the team involved in their care, in consultation with the patient themselves, will be needed before any firm decisions on individual placement are made.

1.4 **Procedure**

Nine key questions were completed by the multi-disciplinary team. The rest of the questions were completed by the nursing staff, except for the questions concerning diagnosis which were completed by a psychiatrist. Staff received training in the use of the questionnaire. A surveyor was present at the completion of some questionnaires on each ward involved in the survey and was available throughout the survey period to monitor progress and answer any queries.

1.5 **Comments**

There are a number of points worth making about the questionnaire. First, it can be seen that it is more extensive than would often be used in a brief 'head-count' survey of a population. This is partly because an historically unique opportunity to develop new services should not be jeopardised by a lack of solid data; and partly because it is felt to be important to include the staff in the planning process by allowing them to express their views in some detail. The concern for accuracy manifested by most staff fully justified this approach.

Secondly, the questionnaire includes items with a 'subjective' component, such as asking staff to decide the benefit to the patient of placement near an existing contact in the community. A common objection to asking the staff of long-stay institutions such questions is that they may be biased towards institutional solutions to patients' difficulties and therefore be unable to make the imaginative leap necessary to envisage a community-based service. Whilst it must be accepted that staff judgements are necessarily subjective, it is they who are expected to make decisions about placement in the normal run of things. The questionnaire is therefore only asking them to do what would be done in a less structured way anyway. Furthermore, the inclusion of more objective measures of patient functioning enables some checking of the internal consistency of the judgements made. In fact, the experience of the survey was that staff were rather less inclined to espouse the virtues of hospital care than may have been anticipated.

Thirdly, there is the question whether judgements about patients' present functioning, however accurate, may be taken as a reasonable indication of how they are likely to function outside of a hospital environment. The answer to this question