mental welfare commission for scotland

What we should be looking at during a visit to a psychiatric ward

What people tell us

September 2020

Our mission and purpose

Our Mission

To be a leading and independent voice in promoting a society where people with mental illness, learning disabilities, dementia and related conditions are treated fairly, have their rights respected, and have appropriate support to live the life of their choice.

Our Purpose

We protect and promote the human rights of people with mental illness, learning disabilities, dementia and related conditions.

Our Priorities

To achieve our mission and purpose over the next three years we have identified four strategic priorities.

- To challenge and to promote change
- Focus on the most vulnerable
- Increase our impact (in the work that we do)
- Improve our efficiency and effectiveness

Our Activity

- Influencing and empowering
- Visiting individuals
- Monitoring the law
- Investigations and casework
- Information and advice

The views of people with lived experience of mental illness their friends and family

September 2020

The views in this paper are an expression of the opinions and experiences of people that the Mental Welfare Commission have consulted on a number of occasions but do not necessarily, in themselves, represent the Commission's view on any of these issues.

With thanks to the individuals and groups that helped with this report.

Contents

Summary

What were we trying to find out?

We were trying to find out from people with lived experience of mental illness what the Mental Welfare Commission should concentrate on during its visits to psychiatric wards and wanted this to enhance the knowledge our practitioners already had from their own practice.

Who did we speak to?

We met 185 people with lived experience of mental illness in 12 groups; included in this number were some carers and a small number of, mainly, advocacy workers. These meetings occurred in 2018 and 2019.

What did we find out?

People were keen that we looked at how involved they were in their care, what the physical environment was like, what there was for people to do, what treatments they could access and how much peer support existed and wanted us to check that there was acknowledgement of their own expertise.

People were very keen that we looked at the attitudes of staff and the atmosphere on the ward. They wanted to be sure that the needs of family members were catered for and that staff listened to families and patients, interacted with them, were visibly present on the ward, and that they were made to feel welcome from the moment they arrived.

They wanted the Commission to check how discharge was arranged and planned for, and what links there were with the community. They did not want the Commission to see patients solely in the context of their experience on the ward.

They wanted to be sure that staff were accessible and had the skills needed to do the job, that there were enough of them and that they were supported in their work.

They wanted us to look at the degree of restriction people faced and how safe they felt and how easy it was for them to access the outside environment, among many other suggestions.

Introduction

In late 2018 and up until the summer of 2019 the Engagement and Participation Officer (lived experience) met with advocacy and support groups across Scotland.

One of the discussion topics during these meetings was about what people thought should be the key things that the Commission should look at when it is carrying out visits to psychiatric wards.

We felt this would be a useful addition to the professional perspective provided by the practitioners at the Commission who are nurses, social workers and psychiatrists.

We met with 185 people, who were mainly people with lived experience of mental ill health but there were also family and friends involved and a small number of workers (who were mainly advocacy workers). Most of the meetings were group discussions but we met a small number of people separately who did not wish to attend group meetings.

We met with people with lived experience of mental ill health, their friends and family in 12 groups in:

- **Highland** (HUG action for mental health and Serenity, a support group for women with EUPD)
- **Argyll** (Mull Safe and Sound), Acumen, (Bute Link Club, and Dunoon Acumen members)
- **Glasgow** (Bipolar Glasgow)
- **Lanarkshire** (Lanarkshire Links)
- **Angus** (Angus Voices)
- **Borders** (Bipolar Borders)
- **Edinburgh** (Royal Edinburgh Patients Council)
- **West Lothian** (West Lothian involvement group)
- **Dundee** (Healthy Minds Network Dundee)

What we found out

We found a number of themes around our visits which included:

Patient and family involvement and participation	Mentioned in 12 groups 52 times
Culture	Mentioned in 11 groups 122 times
Systems	Mentioned in 11 groups 90 times
Environment	Mentioned in 11 groups 75 times
Staff	Mentioned in 11 groups 75 times
Activity and treatment	Mentioned in 10 groups 73 times
Safety	Mentioned in 8 groups 43 times

The themes presented below were summarised from meeting notes and are presented in order of how often they were reported in groups.

Patient and family involvement and participation

Overview

We were asked to check that the expertise that patients had about their lives and treatment was acknowledged, that care was patient centred, and that the support patients can offer each other was supported and encouraged. We should also check that patients are encouraged to take responsibility for their actions when they can.

People said we should look at how they are involved during their/or their relative's stay in hospital, we should check that they are able to and helped to participate in decisions about their own care as well as participate in wider discussions around the running of the ward or hospital.

Main issues

Patient centred

We should look for evidence that the ward is patient centred; that staff find out what works for individuals, respond to personal requests, accept people for who they are and see if there is a personal touch to treatment.

Peer support

The support patients can offer each other is often very valuable. We should see if formal peer support services exist on the ward and whether informal peer support is encouraged by staff. Are there places and environments where this is can happen easily? We should ask patients if they get support from each other.

We should check if there is a sense of community among patients and if staff help this happen.

Patient expertise

We should check that staff acknowledge that patients can be experts in their own condition and that this expertise is taken seriously.

> *'Hospital can have its own idea of what recovery is and what doing well is and this might not fit with your own views. They may be thinking everything is great but you yourself could have been thinking 'I could have done this' and they sometimes miss things that are important.'*

Involvement of patients

This included the need for us to check that people are involved in their own care, care planning, ward rounds and also in ward meetings involving patients discussing decisions being made about the ward and hospital.

People were keen that effort was made to involve people who struggled to engage and some people remarked on how involvement did not always happen.

> *'Are people who struggle to be included on the ward able to be, and encouraged to be.'*
>
> *'Regular 'community meetings' where patients can air their grievances about housekeeping issues or offer ideas and suggestions on how things can be improved.'*

Involvement of family and friends
The involvement and support of friends and family should also be looked at by us when we visit; both checking the practical arrangements such as having family rooms to meet in on the ward but also checking that friends and family are involved in care and support.

This includes seeing if friends and family are involved in therapy, especially if some of the problems arise from the family situation and seeing if there is education for them about what their friend or family member is going through.

We should check if people have support from friends and family and find out what support people who do not have friends or family get.

We should also check that friends and family are themselves getting support and see what help has been given if relationships have been damaged in the lead up to admission, that reconnecting is encouraged and that work is going on to heal this damage if possible.

> *'Having visitors was considered central to people's recovery. Open visiting was the preferred option. It was noted that the wards did not have a visiting room where patients could sit and talk to their family.'*

Mentioned less frequently
We should also make sure we ask patients directly about they think might improve the ward and check that patients have the chance to be in each other's company if they want.

Some people also said that we should check that the ward fosters an attitude where patients, as far as possible, remain accountable for their behaviour.

The culture in a hospital

Overview

The culture that can be found in a ward or hospital was the most frequently mentioned thing that we were asked to look at. This could vary from the attitude of staff, to the welcome people got on arrival, to the 'atmosphere' of a particular ward and could include such things as whether there is evidence of kindness or whether the place feels like an institution.

Main issues

Attitudes

The attitude of staff was seen as very important by many people. People felt we should check that staff were approachable and treated patients as 'people'. They wanted to be sure that they were not treated as a commodity; that staff were not bored by patients and that there was not a 'them and us' atmosphere. They wanted staff to be approachable, to smile and look at people, to laugh and make jokes and have empathy.

People wanted to know who the staff were and for it to be possible for staff to like them, to ask them if they can help. They did not want staff to remind them how expensive it was to keep them in hospital and wanted to feel sure that they were treated with kindness.

However, some people made the point that a ward should not have to rely on the staff being 'nice' people and that a nurse who appears callous to someone may be perceived differently by other people.

> *'I found the staff especially, were really good. I was in ward X for 5 months. They took me as a person and I could talk to any of the staff and made a lot of good friends there. There was nothing bad about it at that time.'*
>
> *'I was told 'I am not here to listen to you.' He was rude and abrupt and yet some were good; they sat with you and laughed with you. I didn't know why I was there. I was very psychotic but I got better.'*
>
> *'Sense of care from the staff; that they care about people, that they know the person by name and their family and carers and their extended circumstances.'*

Atmosphere

Whilst maybe hard to demonstrate, we were told that we should look at the atmosphere when we come onto a ward; not just the atmosphere the environment fosters but also the atmosphere that staff and patients create:

> *'Ward X is horrible; a clinical box, not a friendly environment, it is cold and old; not just the architecture; it is the staff, it doesn't feel safe: it is unwelcoming.'*
>
> *'I would look for a feeling – I know you can't go into somewhere and everyone is happy but the staff, for one, should be happy – their persona; that they are usually dealing with people in a good way.'*
>
> *'Some patients can be more intimidating or commandeering than others – they may decide what people can watch and what they cannot watch on TV.'*

Welcome
We were told we should look at the welcome people got on admission and whether the ward felt like a welcoming environment that they could feel at home in. Was it friendly? Did people get explanations of what would happen when they were admitted?

> *'Are people offered a cup of tea and given an explanation of what is going on when first admitted?'*
>
> *'Is there an induction; a 'who's who' and where things are on the ward and how to use them? When is food served? Also is it written down?'*
>
> *'Staff introduce themselves and do not assume you know their names.'*

Respect
People said we should check that patients felt respected and valued by the staff.

Patients are listened to
People said that we should look for evidence that patients are listened to and taken seriously, that their concerns are understood and heard including when these are about their treatment.

Is it Institutional?
We should check how institutional the ward and hospital feel, does it have a personal touch or is it just functional?

Issues around culture mentioned less frequently
Other things mentioned less often around the culture of a hospital and a ward were the need for people to have some sense that there will be hope of recovery; that it is a place where people can look forward to the possibility of healing and the sense that, in the future, they might thrive.

We wanted to be sure that people had private places that they could go to but also that people did not become too isolated and that patients who are less vocal or active are not left alone due to the fact that staff are busy with other patients. We wanted patients to have things to look forward during their stay, perhaps treats or outings.

We wanted to be sure that patients were believed when they said that they had things like advance statements and that people were not frightened of any particular shift. A test of the culture of the hospital or ward would also be to check that it generally has a good reputation.

We need to be sure that people feel that they are treated with kindness, compassion and honesty and without judgement. And that those patients who were wary of other people knowing they had been admitted could be sure that this was the case.

Systems, procedures and organisation

Overview

There are a variety of things that people think we should look at, which vary from discharge and procedure being followed to the links with community and looking at the person not the just the ward. People want us to check there is good leadership, that information is provided in an accessible way and that equalities issues and finance issues dealt with.

Main issues

Discharge

Alongside looking at the ward environment we should look at the community; both what happens when people are discharged and what preparation has been made for discharge. We should also look to see if people have been repeatedly admitted and then discharged and query why this is. We need to look at the support people get on discharge; both the support people are likely to get for their mental health but also the practical support they will get during and prior to their return to their home. People made the point that we need to be person centred and that this means looking at people's treatment and lives rather than just the ward they are on.

> *'We need support when leaving hospital; you need someone to get in tea, milk, bread, clean bedsheets; a warm house.'*
>
> *'There needs to be a written discharge plan in place and staff in the community are involved and fully engaged so support is in place for when the person is discharged.'*
>
> *'Time should be taken to talk the patient through their admission/discharge packs as soon as possible after admission and at regular intervals during their time in the ward. Carers should be included in this process to keep them informed of their loved ones progress, plans being made for discharge and what community resources are available to them when they are allowed home.'*

Involvement of outside organisations

We should look to at the connection between hospital and the local community. Do outside organisations, groups and volunteers come into the hospital and ward? And are there community facilities that people can go to from the hospital?

> *'Most staff in X do not know what the community facilities are or what is available – there is a lot of ignorance from hospital staff – with staffing being so tight on the wards it is hard to let them know what is there.'*
>
> *'Regular accesses to Advocacy, Housing, Citizens Advice Bureau and Money Matters should be in place.'*

Information about treatment

We should check that staff have explained the purpose and aim of treatment and what they are doing and made efforts to make this understandable even when it appears people do not initially understand.

We should check that people feel encouraged to ask about their treatment and that information is also provided in written form, both in the form of the plan for their care and in the form of leaflets and booklets that will help patients with understanding.

> *'Do the patients know what is happening and what the staff plan to do – have they explained what they will do and what therapies they will put in place and how they will get you ready to face home.'*
>
> *'Have staff explained to you why you are in hospital and what the plan for your care is?'*

Finances
We should check that patients have access to money and benefits, that they can get to the bank and that those confined to the ward have access to money.

Transport
The journey to hospital can be difficult and expensive; especially in rural areas. We were asked to find out how people, including carers, were helped with this and how they found the journey to hospital.

The rules and organisation of the hospital
People can be very confused by the hospital environment; we should check that this is explained: such things as where to find the nurses, when food is served, what people can and can't do and whether this information is also provided in written form.

Equalities and gender issues
The issues of how people with other conditions and disabilities such as physical disabilities or autism are treated and catered for should be looked at as should the differing needs of men, women, and trans people.

> *'The issue of mixed wards made some female delegates feel vulnerable. This was thought an additional concern for women when they had been sedated and were asleep at night.*
>
> *Male delegates felt equally strongly that women should not be able to come into their space. It was suggested that as there are two wards in X and X that they be made into one female and one male ward.'*

Mentioned less frequently
People said that although following procedure was important that they could get frustrated when staff seemed to give more priority to writing up notes and organising things than being with patients, we should check the balance is right.

They wanted to be sure that there were enough beds for people to be admitted easily and how many people were boarded out and what arrangements were made for family and friends to keep in touch with people in this situation.

Confidentiality is an issue for some people and can extend to other people being aware of what medication they are taking when it is provided on the open ward. We should check how this is safeguarded.

We should be sure that care plans are accurate and positive in their language about patients and that they incorporate the wider aspects of people's lives and circumstances.

We should check the hospital is trauma informed, that people have access to physical activity and that there were clear ways of dealing with access to the internet and that people could access advice about any issues affecting their stay in hospital.

We should try to see that good practice exists and is shared, that there is evidence of good leadership and that staff feel supported by management and that complaints are dealt with well.

The ward and hospital environment

Overview

People wanted to be sure that we paid attention to the physical state of the ward but also to other issues around the building, like access to the natural world, checking the noise level, that possessions are safe and that necessities will be provided to those patients admitted in crisis, we should look at cleanliness, food and issues like access to the internet.

Main issues

The hospital environment

This was mentioned frequently. People were keen that the ward was pleasant and comfortable; they wanted single rooms, places to speak to each other comfortably and privately, and places specifically for friends and relatives to meet them in, and provision made for children to visit. Some people did not experience a pleasant ward environment when they were patients.

> *'For recovery to work in its broadest terms you need a safe, warm, inviting environment where people feel comfortable and can talk or draw or get out. And find out what is going on for them in their own time.'*
>
> *'Is the environment comfy and pleasant with break out areas?'*
>
> *'Are there places where family or patients can be upset and cry without being exposed?'*
>
> *'Are there toys and colouring books for children?'*
>
> *'Are there pleasant grounds to walk in?'*
>
> *'Small touches that make a place homely, like flowers and signs that people care about where they are.'*

Natural world and getting off the ward

We should check that people have chances to get into the natural world, to have things to do outside, which may include outdoor activities but also getting taken on trips to the shops or gym or for coffee outside the hospital.

Mentioned less often

We should check how noisy the ward is: on some wards it is easy to hear through bedroom walls or people can hear the television when they don't want to. Visiting time, where it exists, can be difficult for noise too. Allied to this is the need to check that there are quiet and private spaces for people to go to.

We should check that people like the food and that it is healthy, alongside that we should check that people can obtain drinks and snacks outside of meal times and at night time and that the time for an evening meal suits patients and is not too early.

People said it was important to have single rooms and that dormitory accommodation should become a thing of the past (although in contrast, a small number of people said that they needed company in their rooms when they were patients). Some people also said that wards should be single sex ones. We should also check that the wards are clean, especially the

showers and toilets and see if there are systems to demonstrate when cleaning last took place.

Some patients are admitted in an emergency without any possessions; we should check there is a way of providing them with basic necessities and that this actually happens. We should also see how people's possessions are dealt with and if patients feel these are safe. The facilities the ward has such as books, internet, television, music and computers should also be checked.

We should check that there are facilities for people to keep themselves and their clothes clean and that they are assisted with this if necessary. We should also check that there are facilities for physical exercise.

We should check issues around smoking are dealt with appropriately and sensitively and that people acknowledge that having a cigarette can be one of the only social activities they have access to and that, when denied cigarettes or given access to them at specific times, people can feel extremely stressed.

We should also check access to facilities; for instance does everyone get a chance to listen to the television program they want or is the choice dictated by the loudest and most assertive patients?

We should check that when repairs are needed to the ward that they are carried out promptly.

Some people remember times when hospitals had cinemas and farms and miss such things, we should see if there are modern equivalents such as access to nature or animals or gardens that people can use.

Staff

Overview

People wanted us to check that there were enough staff, that they weren't too busy and had time to interact and be with patients. They wanted to be sure we checked they were supported and had their own wellbeing looked after, that they worked as a team and could highlight bad practice if they saw it. People wanted to be sure that they were accessible and tried to understand people's needs, fears and wider circumstances and had the skills to do their jobs and that the Commission asked staff for their opinions.

Main issues

Do staff interact with patients

We should check that staff engage with and talk to patients; do they join in and do they make efforts with those patients confined to the ward?

> *'Every time ask the nurses if they speak to the patients and know what the problems are that they are going through?'*

Busyness of staff

People said we should look to see how busy staff are and whether this busyness detracts from patient care.

> *'The board in the ward said there were seven nurses on duty but three of them were away on training and another two were with people on constant observations; so really there were just two nurses to go round.'*

Staff wellbeing

People said we should try to see if staff feel they are being treated well. We should look at how much pressure they are under and how secure they feel.

> *'Are the staff happy or are they stomping around and hacked off?'*
>
> *'Is there a high turnover of staff?'*
>
> *'How much staff sickness is there?'*
>
> *'There should be no stigma attached to staff that experience stress at work. Staff should be encouraged to access supports through occupational health.'*

Access to staff

People wanted us to check how easy it is to see staff and how often staff saw patients and what effort they made to engage with patients who were isolating themselves.

> *'Are the staff approachable and is it easy to see them?'*

Staff numbers
We should check that there are enough staff.

> *'Less bank staff.'*
>
> *'Managers must ensure there are staff enough to care for all the patients in the ward.'*

Visibility of staff
We were asked to see how visible staff were on the ward and if they were sitting with patients.

Understanding needs and fears
We should understand that some patients may be very worried about a hospital admission; they may think they are an unfair burden on resources and people's time, they may be worried about the effect of an admission on their work prospects or they may have particular nurses they are comfortable speaking to and others they can't speak to. Is there evidence that staff get to know patients well enough to find out and are able to discuss these and other issues?

Team work
We were asked to look at how staff worked as a team and how they interacted with each other.

> *'Do the best that they can by working as a team to provide excellent treatment and care.'*

Other staff
We were told to speak with 'other' staff such as domestic staff and porters to find out their opinions although we were also told that it would interfere with the time that they had to do their work. We were also told that we should see that other staff had enough knowledge and to acknowledge the value they could give to patients.

> *'I spent time with nursing assistants and nurses and psychiatrists – I got way more humanity from the nursing assistants who would take us out for walks and sit and talk with us – there was lived experience too and they were interested in who you were as a person.'*

Doing what they say
People asked us to see if staff commit to doing something; does it actually happen?

Consistency
We should check that there is consistency and continuity in treatment and that there is a consistency to the way wards and hospitals are run in a particular area.

Things that were mentioned less frequently
We should check whether patients have access to Occupational therapy and how often it is available and should also check that they are happy with the amount of contact that they have with clinicians.

We should check that staff have enough skills and support to do their job and see if they see it as 'more than just a job.' We should check that staff are willing to raise issues of concern and to act as advocates for the proper treatment of patients.

We should check the dress code for staff and be mindful that some patients like staff to be in uniform while others see it negatively and unnecessarily symbolic of authority.

We should check that staff provide guidance to patients about the treatment they are providing and are able to and willing to help and follow up patients who are in distress.

We should take time to see if any staff want to speak to us privately about their views of the ward and treatment on it.

Activity and treatment

Overview

We were asked to check that things were happening on the ward, that there was access to a range of activities every day of the week and in the evenings and that there was access to therapies and treatments that went beyond medication. We should also check that there are volunteering and maybe work opportunities to help people build up their skills and some structure and routine on the ward.

Main issues

Activity

People repeatedly talked about the need to look out to see if there are activities on the ward. They said that hospital wards could be very boring. A number of considerations in relation to activities were mentioned that should be assessed:

- Is there structured free time?
- Are there activities for wellbeing?
- Are there patient led activities?
- Are there things to do off the ward?
- Are there recreational activities and places to engage in them?
- Are people encouraged to take part in activity?
- Make sure that activity on offer is not patronising
- Is there a wide variety of different activities?
- Are there activities in the evening?
- Does any member of staff determine when and what activities can be done – do they act as a barrier?
- Are there physical activities such as yoga?
- Are publicised activity schedules actually happening?
- Is activity stimulating and enriching?
- Is it possible to play games in the evening and have drinks, is there music?
- How are activities advertised?

> *'If everyone is sitting round doing nothing that would get me asking questions.'*
>
> *'There needs to be more activities at all times of the day, week and weekend for those who feel up to and want to be involved. The boredom and monotony is soul destroying.'*

Treatment

We were asked to see what treatments are being given and particularly, to look into the existence of psychological treatments and whether there is access to hearing voices groups, open dialogue, accepting voices therapy, avatar therapy, music and art therapy and therapeutic activity.

> *'All the wards should be able to provide therapeutic groups and activities every day of the week. All wards should have rooms where these can be carried out.'*

Mentioned less frequently

Some people want more than activity, they want meaningful activity that helps give a sense of purpose, this could vary from volunteering opportunities in the hospital to help with getting back to work or actual work opportunities in the hospital. These could all help people regain and enhance the skills that they have and may add to any other opportunities around skills development.

Some people like to see structure and routine on a ward and can enjoy having chances to set their own goals for the day.

Some people gain great comfort from having access to therapy animals; we should check if any of these are on the ward or come onto the ward.

Safety and restriction

Overview

We should check that patients feel safe on the ward, both from their own actions and those of other people, that they have safe spaces to go to and that they can be sure of the safety of their possessions. We should also check the degree of restriction that people are under and if this has been explained to people. We should see how much personal autonomy and freedom is given to people and how risk is dealt with.

Main issues

Safety

We should check that people feel safe on the wards: that they are not frightened, ligature risks are minimised, there are enough staff to provide a safe environment, that any restraint is carried out safely and any patients self-harming are supported and looked after.

We should check possessions are kept safe, that assaults are dealt with appropriately and that people can lock the doors to their rooms.

Special attention should be paid to the use of drugs and alcohol on wards, especially on wards where people have been admitted due to addiction problems. Some patients on these wards feel unsafe and worry about their personal safety, exploitation and theft, when mixing with people with addiction problems. They also resented attempts by fellow patients and visitors to sell them drugs and alcohol.

Some people worry about the people who may walk onto the ward unnoticed when the doors to the ward are unlocked.

> *'Staff to care when you are assaulted not 'That didn't happen' or 'Stay away from them.'*
>
> *'A safe environment was considered essential for people when they are unwell and vulnerable. This applied to both men and women. Many felt they were already sick, vulnerable, and in a dehumanising hospital environment.'*

Freedom

We were asked to look at how much freedom people had and if there were patients facing restrictions to their freedom and how trapped this might be making them feel. We should also check if there are more general restrictions like the ward having its doors locked.

> *'Is the door locked? – if it is; it feels like a prison.'*

Risk and restriction

It was suggested that we look at risk and restriction, looking at how much people can get off the ward unsupervised and how much responsibility people are given to look after their own safety as well as having a look at the tools that are provided to people to help keep themselves safe and look after themselves.

'Are people overmedicated due to their behaviour? I have witnessed this.'

'I have been in a locked ward and it is a horrible environment to be in, it can be harsh treatment – they need to watch how they decide how much restriction you are under.'

'Have restrictions been explained to you – I had not harmed myself and was not a threat to anyone else but I was in a secure ward.'

Mentioned less often

We should check if people felt that they were made to do things rather than encouraged to do things and also check that people feel a sense of control over what happens to them. We should check that patients feel they have places they feel safe in, on the ward and that if they are a risk that staff pass this information on.

We should also check if people have advance statements and if these are readily available.

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