Service User Acute Psychiatric Inpatient Survey Online

1. Are you?

answered question **14**
skipped question **0**

	Response Percent	Response Count
Male	35.7%	5
Female	64.3%	9

2. Age?

answered question **14**
skipped question **0**

	Response Percent	Response Count
16-17	0.0%	0
18-21	0.0%	0
22-25	0.0%	0
26-30	28.6%	4
31-45	42.9%	6
46-60	21.4%	3
over 60	7.1%	1

3. Which ward were you a patient in?

answered question **12**
skipped question **2**

	Response Percent	Response Count
Lomond Ward, Stratheden Hospital	33.3%	4
Rothes Ward, Whyteman's Brae Hospital, Kirkcaldy	16.7%	2
Woodbank Ward, Whyteman's Brae Hospital, Kirkcaldy	8.3%	1
Ravenscraig Ward, Whyteman's Brae Hospital, Kirkcaldy	25.0%	3
Ward 2, Queen Margaret Hospital, Dunfermline	33.3%	4

4. When were you an inpatient of an acute ward?

answered question **12**
skipped question **2**

	Response Percent	Response Count
In the last year	41.7%	5
From one to two years ago	25.0%	3
From two to five years ago	16.7%	2
From five to ten years ago	8.3%	1
Over ten years ago	8.3%	1

If more than one stay in an acute inpatient ward please give details:

"Three times in total: 1) May 2005, for roughly three weeks;
2) September/October 2008, for roughly four to six weeks;
3) June/July 2010, for roughly nine weeks"
30/9/2011 16:43

"I have been in the wards many times since 2002."
8/7/2011 20:20

"Ward 19, Stratheden Hospital and IPCU"
8/7/2011 13:56

5. How were you referred to acute inpatient care?

answered question **12**
skipped question **2**

	Response Percent	Response Count
GP	33.3%	4
Psychiatrist	25.0%	3
CPN (community psychiatric nurse)	41.7%	5
Social Worker	8.3%	1
MHO (mental health officer)	0.0%	0
Police	0.0%	0
Other means of referral? Please comment on the referral process		
"Both stays were after an overdose - transfer from Ninewells. First was after the psychiatrist spoke to my CPN who recommended in-patient stay. Second was when CPN was not available so referral was made by Ninewells' psychiatrist" *7/9/2011 9:12*	8.3%	1

6. How long were you in an acute inpatient ward?

answered question **12**
skipped question **2**

	Response Percent	Response Count
under 4 weeks	50.0%	6
4 weeks to 3 months	33.3%	4
3 months to 6 months	16.7%	2
more than 6 months	0.0%	0

"Much too long."
30/9/2011 16:44

"too long"
22/9/2011 9:55

"First stay - Lomond ward 8 days Second stay - Ward 2 Queen Margaret's Four days Both stays just right. First stay should've been better if it was a good hospital but the care was appalling and it was making me worse, so although I could've benefited from more in-patient care it was best that I was let go. I was discharged when the nurses knew that I was very suicidal and distressed and was discussing killing myself that night, however, and the nurses did not care, and this was very concerning. Second stay in Ward 2 just right. I asked to be discharged. Ward 2 Queen Margaret's a million times better than Lomond Ward, but I only really needed to be kept while I was very suicidal and so wanted to leave after this time had passed."
7/9/2011 9:12

"Too short as I came out still unwell and in crisis"
8/7/2011 20:20

7. Please describe your experience of acute inpatient care

answered question **12**

skipped question **2**

	strongly agree	**agree**	**neither agree nor disagree**	**disagree**	**strongly disagree**	**Response Count**
The nurses listened to and supported me	25.0% (3)	16.7% (2)	16.7% (2)	25.0% (3)	16.7% (2)	12
The psychiatrist(s) listened to and supported me	16.7% (2)	25.0% (3)	25.0% (3)	16.7% (2)	16.7% (2)	12
Advocacy was available when I asked for it and was helpful	25.0% (3)	33.3% (4)	25.0% (3)	16.7% (2)	0.0% (0)	12
I was invited to multi-disciplinary (staff, carer, advocate) meetings to discuss my care plan	8.3% (1)	33.3% (4)	25.0% (3)	0.0% (0)	33.3% (4)	12
I felt safe and secure in the ward	8.3% (1)	16.7% (2)	41.7% (5)	16.7% (2)	16.7% (2)	12
I was happy with the medication given to me	8.3% (1)	8.3% (1)	41.7% (5)	16.7% (2)	25.0% (3)	12
I agreed with the diagnosis given to me	8.3% (1)	16.7% (2)	33.3% (4)	8.3% (1)	33.3% (4)	12
I had access to occupational therapies	9.1% (1)	18.2% (2)	36.4% (4)	18.2% (2)	18.2% (2)	11
I had access to psychological/talking therapies	8.3% (1)	8.3% (1)	41.7% (5)	8.3% (1)	33.3% (4)	12
I was encouraged to discuss my hopes and plans for the future	8.3% (1)	8.3% (1)	50.0% (6)	8.3% (1)	25.0% (3)	12
There was a focus on recovery	8.3% (1)	8.3% (1)	33.3% (4)	33.3% (4)	16.7% (2)	12
The acute inpatient stay was a positive one	8.3% (1)	8.3% (1)	50.0% (6)	0.0% (0)	33.3% (4)	12

8. What would have improved your acute inpatient experience? Please let us know your suggestions.

answered question **4**
skipped question **10**

"Over my three stays in the Lomond Ward in 2005, 2008 then 2010, the quality of care has greatly diminished. It started off as moderately helpful although verging on incompetent, and has gone rapidly downhill since then. In 2005 there were a few members of staff within the ward who engaged with me and other patients, but by 2010 the only time the nurses spent time with you was to administer medication, of which I received an awful lot, regardless of the fact that some of the time it had not necessarily been okayed by my psychiatrist. Medication: as discussed below (in 'meetings with psychiatrists') at no point in any of my stays have I been consulted regarding going on to psychiatric medication, nevermind which medication I would like to go on if I had a choice; in each case when I have been administered medication, I have not been given an information sheet about the medication unless I have asked for one, and in those times when I have asked for and been given a leaflet, the leaflet has been a poor quality black and white photocopy, most of the text on which I cannot make out; on some occasions I have been given injections against my will, and in those cases I have been held down by several members of staff, with my trousers and underwear around my ankles while I am lain across the bed on my belly, and my arms are held behind my back in such a way that if I were to resist they would break; funnily enough, in these cases of forced injections, when they have taken place, my carer has been told that I 'was fine receiving the injection', and also advised to refrain from visiting me in those times that the drug is active, because I will be sedate - the truth is rather that one of the prominent side effects of the drug I was injected was aggression, and when my carer came in to see how I was doing after the injection, initially I attempted to start a fight with them, before accompanying them to the dining room to chat, at which point I repeatedly banged my head on the surface of the dining table we were sat at. My carer was not informed that aggression and heavy sedation were side effects of this injection, and only found out their self through carrying out their own research. Occupational therapy: I received an assessment then received OT in 2005; I requested and filled out a self assessment then eventually received OT in 2008; in 2010 I requested a form for self assessment several times and was eventually given one, after which point when I filled it out and returned it to the Lomond Ward staff, my having filled in the self assessment was not acknowledged until a day or so before I was discharged, and I never received any OT in the nine weeks that I was in the ward. The OT self assessment form that I had to fill in for my stays in 2008 and 2010 was terrible, basically consisting of around fifty questions which had a five point scale that I had to answer (strongly agree, agree, etc); the form was inappropriate firstly because I was on medication which impeded my concentration and motivation, meaning it was really an effort for me to sit down and work my way through the many repetitive questions, and secondly because a certain quantity if not all of the questions on the form were not applicable to my situation, in the sense that it seemed that the OT department was limited to providing me with support in which I did not need. The activities that took place in 2005 and 2008 were not really conducive to my health, my recovery, or my increasing my skills in any given area; the activity that most sticks in my mind is relaxation therapy, which I am not comfortable participating in, and which seemed to be the most frequently occurring therapy within the ward. I do not think that it is a coincidence that this therapy was also the easiest for the

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occupational therapist to carry out, given that for the sessions I attended, all that happened was the therapist sat back and played an audio recording to whoever was participating in the group. Across 2005 and 2008 there was also the pattern that the numbers who participated in OT increasingly diminished; in 2005 the therapist asked everyone within the ward if they wanted to take part in relaxation therapies, and the main lounge was used, whereas by 2008 only people who had been interviewed by an OT staff got to go to the relaxation, and the room that was used was less than one quarter the size of the main lounge. I cannot trace this pattern to 2010 by the fact that there were no OT activities happening in the ward that I could compare 2005 and 2008 to. In 2010, when the occupational therapist eventually got back in contact with me, they said to me that essentially by the time that they would be able to provide me with OT I would already be discharged from Lomond Ward, so there was not much point in continuing our interview. In each of my stays in the Lomond Ward I have taken up smoking because there is so little to do on the ward. Community meetings within the ward: in 2005, even though I was only in a few weeks, there was at least one or two community meetings, it may even have been a weekly occurence, however the nurses who ran the meetings seemed resentful of having to spend their time facilitating the meeting, and additionally they did not facilitate so much as dictate what was on the agenda; in 2008, in the several weeks I was in, two community meetings took place in total, and again the staff seemed resentful of having to spend their time doing this; in 2010, when I was in for nine weeks, no community meetings took place in the time that I spent in the ward - this is not however to say that there were none in that time, rather I (and possibly only I) consistently and frequently asked for a community meeting to take place, and the one meeting that I was aware took place in the nine weeks, funnily enough was carried out one afternoon when I was out for an hour on a pass. I was not informed that this meeting was going to take place, neither was I informed after it had taken place, I only found out by chance when a fellow patient informed me by chance. Meetings with psychiatrists: at no point in any of my meetings with psychiatrists, in or out of the ward, have I been informed that I am entitled to independent advocacy; there has never been any agreement after my initial assessment and first few days in the ward, and after the psychiatrist has prescribed me psychiatric medication, that I am going to take my medication, in the sense that I have never been consulted regarding whether or not I want to go on medication, neither have I been consulted regarding which medication I would like to go on. The choice has always taken for me and most of the time I find out I have been prescribed medication when the night medications are given out, and I go and stand in the long medication line to receive other non psychiatric medication that I have been on, and am told there and then that I have to take whatever psychiatric drugs have been unilaterally administered. My care plan: I was given one of these in 2005 and then another one in 2008, and did not have one in 2010. At no point for either of my care plans were my carers, guardians, parents or family involved. Other comments: during one of my stays, when I was heavily smoking because there was nothing else to do, and I was not allowed to leave the ward nor be accompanied by a member of staff to buy cigarettes from the shop which was less than twenty metres away, there were numerous times when I resorted to picking up everyone else's cigarette butts and attempted to smoke these - aware that I may be putting my health in danger, I asked, similarly numerous times, to receive blood tests, and was simply ignored, without discussion of why I was asking; for one of my stays when I was in under a compulsory treatment order, although I was not allowed to leave the ward, I still managed to do so on four occasions, in

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which times my thought processes were not clear and I may have represented a risk to myself - on one such occasion I travelled to a city 30 miles away without the aid of footwear, my shoes being back in the ward."
30/9/2011 17:47

"more training for staff, less noisy , less rules"
22/9/2011 9:57

"I used the last section to describe my stay in Lomond Ward which was appalling. My stay in Ward 2, Queen Margaret's was the opposite, and I cannot praise Ward 2 highly enough. I had to make a complaint after my stay in Lomond, in the hope that something would get made better for others. I arrived in Lomond Ward and spent 6 hours waiting to be assessed by a doctor. I spent much of this time lying over the seating area in the corridor distressed crying. Nobody offered to keep me company at any stage. I was not offered any food or drink. My bag was not checked to see if I had anything of danger (Ward 2 was the opposite of this and was the way it should be). After admission to the ward, it was after 11.30pm. I was given a bed and told nothing of the layout of the ward, when meals were served, where to find stuff, whether I could leave the building, anything I needed to know. The next morning the first I knew of breakfast being served was when a nurse popped her head in and shouted at me and the other new girl 'hurry up or you'll miss breakfast', and walked away. We had not even been told where to find it. I had no money to go to shop, and didn't even know if I was allowed. A fellow patient told me that I could ask the nurses for a toothbrush. I did but was told that they would give me one, but that they were normally for emergency use only, and that I should bring my own. I had been brought from Ninewells after taking an overdose. Bringing my toothbrush wasn't the priority when I went to Ninewells. I asked on either the second or third day if I was allowed to go to shop. I was told by the nurse that he thought I had to stay on ward for first 72 hours, but that he would go and check and come back to let me know. He has not yet come back to me. On the second night my meds were changed. I was given the leaflet with the info of my new meds. I asked how many times a day I would get it and when. Nurse said she would go and check and come back to tell me. She did not come back. I figured it out based on when the nurses called me to nurses station. On the fifth day I made a nurse aware of my experiences and how lost I felt. He admitted that most of the patients are returners and that they forget to tell new people the procedures. He said that people are assessed for first 72 hours and then reviewed. This was on my fifth day and it had not happened, and did not. On the fourth night I was let go out with friends for food. I brought magazines and a book back from the supermarket in a bag. The next day I started to feel very unsafe as I realised they had not checked my bag on my return so I could've easily brought something dangerous in with me. This made me feel very unsafe. There were drawing pins on the noticeboard. I used these to self-harm. I later made the charge nurse aware of it and recommended that they used blu-tac instead. His response was 'We expect you to take some responsibility for yourselves. Bar lock you all in padded cells there's not much we can do. People can always find something to hurt themselves with'. Whereas I considered the suggestion of changing to blu-tac a small change but effective change to make. I was very distressed on the saturday night. Mainly because I felt so unsafe. No staff member asked me if I was ok, just kept treating me like a naughty child and telling me to go for my meds like I was supposed to, or to go to bed. I

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ended up screaming crying in tv room, and nobody was really bothered. They were more bothered about keeping me quiet than about my welfare. On the day I was discharged I had a bad meeting with psychiatrist Dr N who really is a terrible person to be caring for anyone. He said he wanted to discharge me and asked how I felt about that. I said I wanted to go home but was concerned by how bad my thoughts still were, made him aware of how distressed i had been on the saturday night, and how suicidal I had been. He said that they would look after me in community. I advised that I agreed with this, but that this was only a one hour appointment here and there, and that the times when I most needed help was out of hours. He said to ring Samaritans. I said that I agreed with him, but that when I was suicidal I believed that suicide was the best option and was very unlikely to reach out for help, so did he have any advice. His response: 'Yes a lot of people are like that', but no advice. When I spoke to CPN about it she was also unhappy that he did not introduce any of the several people in the room to me. I broke down as soon as I left the meeting. The reasons were: 1. I felt that Lomond Ward was my last hope and that I was leaving there the same as or worse than when I was admitted. So I felt that there was no hope for me. and 2. irrational I know but I had tried to get Dr N to help me and he didn't and wouldn't, so I thought irrationally 'well if my psychiatrist doesn't care if I kill myself then I may as well just go and do it'. So I got very upset crying hysterically. The nurses insisted that I must be upset because I had been discharged. I had been discharged then I was upset, that must therefore be the reason. They kept insisting this was the reason even though I told them otherwise. Added to the fact that Dr N had said I should go home the next day, but actually told nurses and written down that I should leave that evening. I got very very distressed. Nurses kept coming in asking why I was upset that I was discharged. I kept telling them it wasn't the case. I couldn't calm down. Nurse came in and told me that 'I'd want to get a grip of myself. That I can't be going just getting hysterical just because I'd been discharged when I hadn't been upset during my stay.' (Never mind the fact that I'd cried every day, and been completely hysterical on saturday night). I tried to storm off, she blocked my way. Asked where I thought I was going. I said that 'if she had any clue about mental health she would know that people can't just 'get a grip of themselves'. She said that she didn't mean it like that. She said that they could let me stay another night but that was all. I told her that I wasn't upset because I'd been discharged and didn't like that they kept saying that when I kept saying otherwise. I told her that I didn't even want to stay any longer. I told her that I didn't want to tell her my reasons for being upset because they were crazy but that i would if it meant that they would stop saying that it was because I'd been discharged. So I told her, admitting that I knew my thoughts were irrational but they were still my thoughts. She told me to stop being irrational and acting like everyone was against me. Oh if only it was so easy! I made her aware that I thought that since Dr N wasn't willing to help me, he obviously didn't care if I killed myself or not, so I may as well just do it. She suggested that that was up to me, but that he had discharged me so there was no more that she could do. I had a bit of a panic attack. Sat outside crying hysterically until my friend came to collect me. Left completely distressed planning to kill myself, but thankfully not long after I got home I tired myself out with crying, and the next day I was angry at all that happened and decided not to let them win. It's been a rocky road since with many other overdoses, self-harming etc etc, but that is the story of my stay in Lomond Ward. I do what I can to stay out of there now. Only give days ago I was so suicidal and felt so unsafe from myself that I begged my CPN to consider hospital for me. She didn't think it was right for me, and now that I'm over that little

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episode I'm so glad that she did keep me out of it, because i know it would have just made me worse. The next time I needed hospital Lomond had no beds and so I was sent to Ward 2, which were a million times better, and obviously the way it should be done. I'm sorry that was all so long, but I felt it necessary, and hope it helps."
7/9/2011 9:44

"Nurses having more time to talk to you. Having more of a say in the length of stay and treatment/care plan for the stay in hospital. More activities to do so that you're not just left sitting around bored. Being engaged in meaningful activities would be more beneficial. More single and double rooms. For someone with sleeping problems sleeping in a bay with 5 other people can be really difficult so any sleep problems can't be addressed well and so still left feeling drained from not getting any sleep. Having a separate ward for people who are in crisis because of problems such as depression, self-harm, suicidal thoughts, eating disorders and one for those who have a serious illness and who often kick off so that the nurses would have more time to offer them for talking and learning coping strategies rather than in a ward where there are some very ill people who are kicking off a lot and taking up staff time so that those who are "in their opinion less ill" get less help and without meaning to be nasty to those who kick off due to illnes it can make people who are feeling very low and unable to cope feel scared and unsafe in there. We need a safe place to be where we can try to get settled down and more stable again and get the time we need to talk about what is going on and how to cope with this and recover from the crisis."
8/7/2011 20:28

9. If you would like to discuss your acute inpatient experience in a one-to-one confidential interview please contact: Chrys Muirhead Convener Peer Support Fife Email: chrysmuirhead@gmail.com Tel: 01334 656341 or leave your name and contact details below

answered question	**2**
skipped question	**12**

Notes

- Respondent **3** ticked 'strongly agree' for every choice in Q7
- Respondent **6** ticked 'agree' for every choice in Q7
- Respondents **5** and **7** only completed Q1 & 2
- Respondent **12** said they were in Ravenscraig '5-10yrs ago' – the ward didn't exist then – they also ticked 'neither agree nor disagree' for every choice in Q7
- Respondent **14** ticked 'neither agree nor disagree' for every choice in Q7

Therefore I would suggest there were **8** 'true' responses to this online survey into the service user experience of acute inpatient care in Fife.