

## Background

Clinical experience suggests that many decisions about patient pathways in mental health services may not be clearly defined or operationalised, and that there may be significant variation between clinicians in the way similar decisions are approached. When making decisions around whether to admit a service user to an inpatient psychiatric ward, the key factor a mental health professional should consider should be clinical risk. However, in a previous Partner Priority Programme evaluation performed in a separate study (intern Sean Boyle), carried out with staff, to understand what factors affect the decision-making process of mental health professionals when deciding whether to admit or not admit a patient to an inpatient psychiatric ward, eight factors were identified (figure 1). There is also evidence that service users and carers are not actively involved in decisions whether to be admitted to inpatient psychiatric wards. The aim of admitting a service user should be to aid their recovery. It appears that use of coercion in the admission process may have a key role in forming service user experience. Coercion can come in many forms which could include NHS staff or carers persuading a service user to agree to admittance or carers 'demanding' a service user is admitted. Other forms of coercion could include service users being told they may be sectioned under the Mental Health Act (1983) if they do not agree to an admission. The relationship between coercion and outcome remains controversial (Luciano et al. 2014). This coercion could lead to unsuitable and avoidable admissions and disrupt therapeutic alliance and cooperation. Service users may experience numerous care episodes and transitions into and out of hospital. As there is the potential for these encounters to have a lasting effect, the importance of ensuring service users have a voice in what is happening to them is crucial in enhancing their experience (Wright et al. 2015).

An earlier study also showed that patients in psychiatric hospitals and their relatives experienced indignity. Staff members need to be aware of this and expand their own understanding of dignity and its possible influence on a service user's experiences and recovery. (Skorpen et al. 2014).

## Aims and Objectives

This evaluation aims to build on the study already performed by understanding how involved service users are in decisions to admit them to inpatient psychiatric wards. The study also aims to understand the experience of service users once a decision has been made to admit them to an inpatient ward. The findings of this may help improve decision making by mental health professionals when deciding whether to admit a patient to an inpatient psychiatric ward, and in turn improve outcomes and care for service users.

## Figure 2: Methods

### Ethics

- Write research protocol and gain ethics approval.

### Interviews

- Interview 15-20 service users until thematic saturation point is reached. Transcribe service user interviews.

### Thematic analysis and interpretation of data

- Perform a thematic analysis of transcribed interviews to identify key themes using NVivo software to code interview data.

### Results and Next Steps

- Identify results of research and conclude on next steps e.g. changes in service delivery plan.

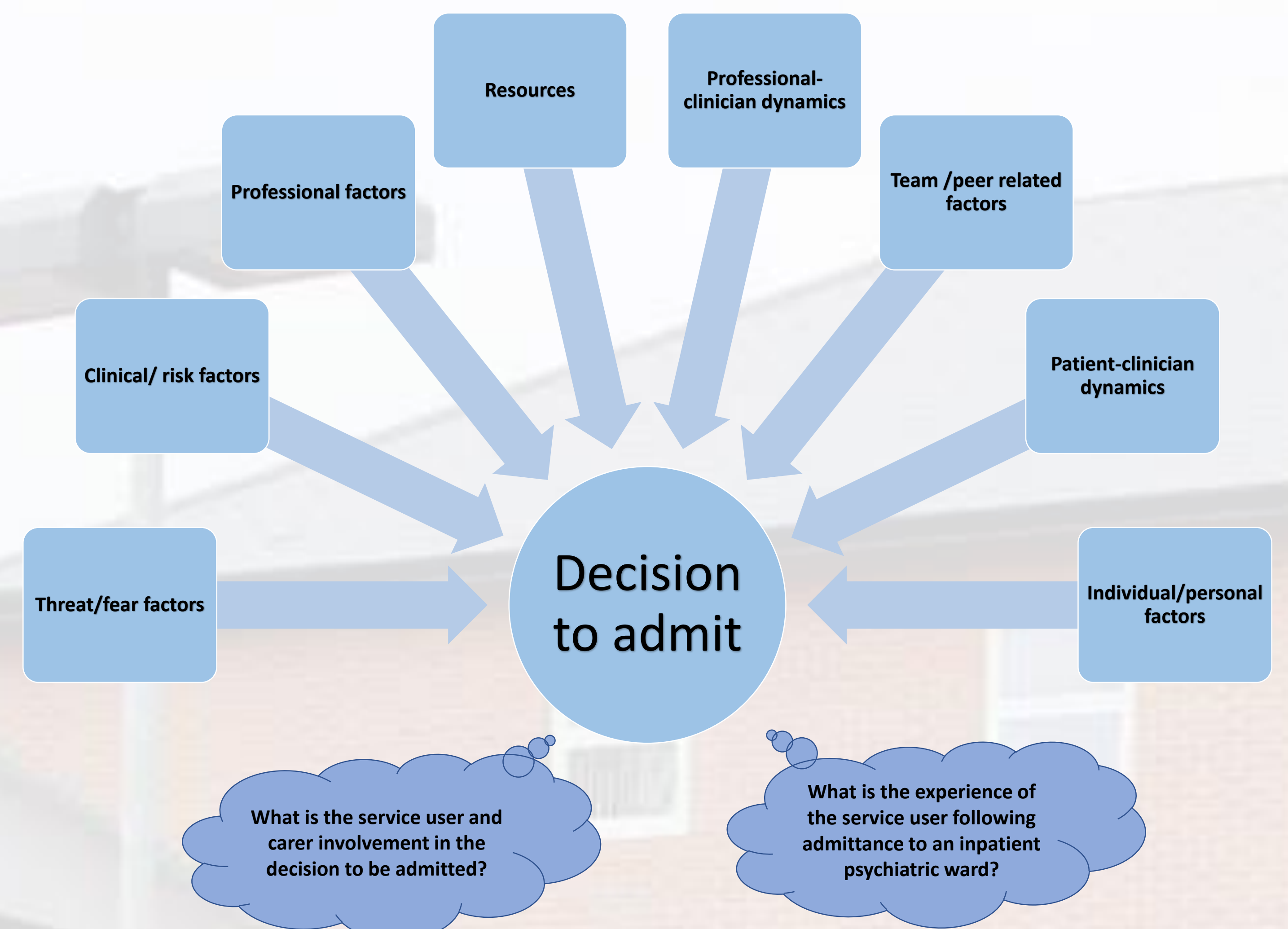
### Dissemination Plan

- Write final report and decide on dissemination plan. Disseminate results.

## References

- Gale, N., Heath, G., Cameron, E., Rashid, S., & Redwood, S. (2013). Using the framework method for the analysis of qualitative data in multi-disciplinary health research. *BMC Medical Research Methodology*, 13(1). doi: 10.1186/1471-2288-13-117
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- Skorpen, F., Rehnsfeldt, A., & Thorsen, A. (2014). The significance of small things for dignity in psychiatric care. *Nursing Ethics*, 22(7), 754-764. doi: 10.1177/0969733014551376
- Wright, N., Rowley, E., Chopra, A., Gregoriou, K., & Waring, J. (2015). From admission to discharge in mental health services: a qualitative analysis of service user involvement. *Health Expectations*, 19(2), 367-376. doi: 10.1111/hex.12361

Figure 1: Factors that influence mental health clinicians decision making regarding acute psychiatric admissions



## Methods

The methods adopted to perform the study are summarised in Figure 2. The study will use a qualitative approach to find out about people's experiences of the admission process, their views upon how best to achieve meaningful involvement in decision making and recovery, and how they make sense of all of this. This approach is justified in this context as it attempts to explore complex situations and circumstances in depth with a view to contributing to an understanding of the wider issues of shared decision making or recovery in mental health care without claiming to produce generalisable findings.

The project design was decided upon after preliminary meetings with the senior Trust personnel, experts by experience and academic supervisors. Service user involvement in the design and drawing up the proposal was provided in consultation with public advisors to the Collaboration for Leadership in Applied Health Research and Care North West Coast (CLAHRC NWC) and experts by experience allied to the Trust. This group has also advised on strategies for encouraging participation in the study and recruitment of participants. Ethics approval for the study has been applied for and approval is still outstanding. The CLAHRC NWC intern who is leading this study and the lead public advisor supporting the study are both persons with lived experience of mental health care who also have expert by experience roles within the Cheshire and Wirral Partnership NHS Foundation Trust. Both the CLAHRC NWC intern and supporting public advisor will be performing interviews which will further ensure lived experience throughout the study.

Qualitative data collection will comprise individual interviews with service users who have experienced admission to one of the Trust's inpatient wards within the last 6 months.

## Analysis

The recorded interviews will be transcribed. The transcribed data will be analysed using an adapted Framework Method for the analysis of qualitative data by multidisciplinary research teams (Gale et al. 2013), involving 6 steps: 1) transcription 2) familiarisation with interviews 3) coding 4) developing a working analytic framework 5) applying the analytic framework 6) interpreting the data.

## Results

The results will be presented to Cheshire and Wirral Partnership managers, staff, service users and carers in a final report.

## Further information

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