

Better Mental Health in General Hospitals

“Service Delivery and Organisation”
project 2008-2011

<http://www.netscc.ac.uk/hsdr/>

08/1809/227

Overall

- Explain and understand hospital care of older people with “mental health problems”
- Everyone is anxious
- Depressive symptoms were almost as ubiquitous, but largely features of physical illnesses
- Depression and delirium were the problems: we focussed on them
- “Care of older people with cognitive impairment in general hospitals”

Design

- Staff interview study
 - 60 interviews
 - 5 ward types (respiratory, diabetes, rheumatology, orthopaedic, geriatric medicine)
 - 12 per ward type (3 doctors, 5 nurses, 2 healthcare assistant, 1 physio, 1 OT)
 - all levels of seniority
 - Consensual Qualitative Research
- Patient and carer observation and interview study
 - 72 hours of observation
 - 35 interviews
 - ethnographic, grounded theory approach

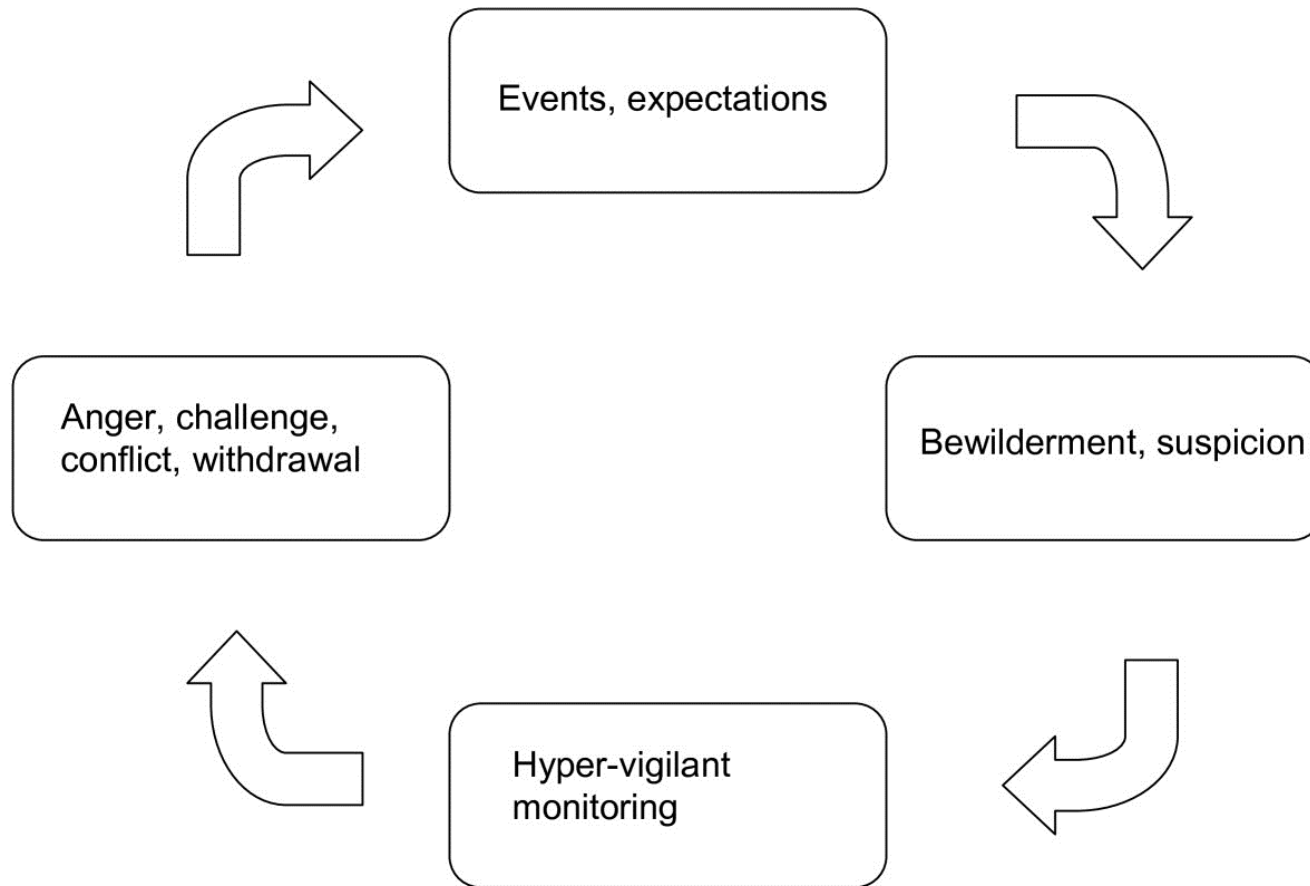
What we found

- “Disruption of routine” characterised the illness and admission process
- Attempts to “restore routine” characterised behaviours of patient and carers
- These could be helpful, or harmful
- In the short, medium and longer terms

And an interesting revelation

- Why do some carers get very angry?
- And they (some) do!
- Not the majority, but their distress is very profound
- They figure highly in the media, websites, complainants, etc
- A “cycle of discontent”

Cycle of discontent



Staff study

- On commencing work on acute wards, staff were often surprised to find such a large proportion of confused older people among their patients.
- There was little to suggest systematic or fundamental disregard for older patients.
- Staff from all disciplines and levels of seniority reported that education, induction and in-service training left them ill-equipped to care for this group.
- Training curricula were considered out of date in terms of core competencies and coverage of mental health conditions.
- Most staff were well aware of their lack of knowledge and skills, and felt frustrated at not being able to provide better care.
- Workplace-based training; more support from senior colleagues on the ward; and faster access to specialist mental health services were identified as priorities for action.

Where next for this study?

- Publish it in bits
- BITE (s)
- Let the NIHR website and mechanisms work
- Regional mechanisms for implementation
 - Local Education and Training Board
 - Strategic Health Authority
 - Academic Health Science Network
- But still a bit passive