

## A SURVEY ON THE LEARNING DISABILITY SERVICE USER'S VIEW OF ADMISSION TO AN ACUTE PSYCHIATRIC WARD

### Introduction

The prevalence of mental illness in people with learning disability (LD) is higher when compared to the general population (Corbett, 1979; Lund, 1985; Deb et al., 2001; Taylor et al., 2004). Although the current trend is focused on "treatment in the community", at times this is no longer a viable option and inpatient treatment becomes a necessity. The model of inpatient care for people with learning disabilities could vary from utilization of generic services (Nolan et al., 1992; Singh et al., 1994) to being admitted to specialist LD units (Xentidis et al., 2004). The recent Government document "Valuing people" (Department of Health, 2001) advocates the principle of people with learning disabilities accessing mainstream services with the support of the specialist learning disability teams.

The advantages of these service users receiving treatment in general psychiatric inpatients units include lack of discrimination and stigmatization (Chaplin, 2004) and perhaps accessing a service which is more local and closer to home.

The potential lack of an appropriate peer group leading to rejection, isolation and at times exploitation of this vulnerable group of individuals (Kwok, 2001), the unsettled environment, lack of staff skills in communicating and identifying signs and symptoms of mental illness (Bouras and Holt, 2001) as well as negative attitudes of the staff are some of the disadvantages.

*Inappropriateness of a busy, noisy environment and lack of adequately trained staff in LD issues often makes the generic units an inappropriate admission unit for people with more severe degrees of LD.*

*For many years in North Hertfordshire the established practice has been an "integrated model of care" i.e. service users with learning disabilities and mental health problems being admitted to "inpatient beds" in the mainstream mental health unit. During the inpatient episode, the LD psychiatrist maintains clinical responsibility for these patients.*

### Aims and Objectives

*This study was designed to examine the subjective experience of a service user with learning disabilities when admitted to a general psychiatric ward. The study was also intended to establish areas for improvement in the provision of this service.*

### Method

*A semi-structured questionnaire was designed, adapted from a pre-existing satisfaction questionnaire for the NHS trust in question (the Hertfordshire Partnership NHS Trust Inpatient Questionnaire). This was simplified and made user friendly for*

LD patients. Additional questions regarding patient's subjective feelings of safety on the ward were prepared. The patients were interviewed using the questionnaire and the data collected by the authors.

All patients admitted to the acute ward between 1st April 2003 and 31st March 2004 were included. Patients were excluded if it was not possible to contact them or they refused to participate in the survey.

## Results and Discussion

There were 8 LD patients admitted to the ward during the time frame explored. Their ages ranged from 16 to 44 yrs. There were 5 women and 3 men. 6 patients agreed to complete the questionnaire. Of these one was interviewed on the ward during their inpatient admission, the others were interviewed in the community. All had mild learning disability. Two had been admitted on an informal basis, with the remainder being detained under the Mental Health Act 1983.

Due to the small number in the recruited group it is not possible to make a firm statistical analysis of the data. Neither the mental state nor the psychiatric diagnosis was taken into consideration when the findings were interpreted. One has to acknowledge that both these factors could have had some influence on the answers provided. There were, however, a number of observations that can be made with respect to the trends shown by the available data. All patients reported being worried about coming into hospital, whether detained or informal, with three of them (50%) reporting feeling frightened when they left the ward (TABLE I). It could be inferred that perhaps the ward had offered them a safe and secure environment which was less so in the community and hence they felt frightened and vulnerable at the point of discharge. Although

4 individuals (66.6%) recalled being given an explanation as to the reason for their admission, one individual reported that he was unable to understand the reasons (TABLE I). This pattern of explanation to understanding was also shown for the ward round. When asked about the Care Programme Approach (CPA) meetings 3 patients (50%) reported understanding the CPA although 2 (33.3%) of these qualified this by reporting partial understanding, this was despite 5 (83.2%) of the 6 having spoken to someone about the CPA before the meeting (TABLE I). A similar finding was reported by (Longo and Scior, 2004) where it was reported that the service users did not quite understand the CPA meetings.

Positive reports were given with reference to the helpfulness of staff and information about day activities being given. This indicates that the staff attitude to this group of individuals is positive. This may well be due to the fact that this model of care has been established for many years. There has been a considerable amount of staff training by the Community LD team in the inpatient setting and hence the staff feel competent in dealing with this client group. In addition, there is a designated inpatient nurse who takes the lead / key worker role for these patients.

When reviewing the data with respect to the aims of Valuing People it is important to look specifically at the areas in common for both the disabled and non-disabled patient group. Five (83.2%) of the respondents reported making friends whilst on the ward which is an encouraging sign indicating that there is integration of these individuals within the generic patient group (TABLE I). In addition, five (83.2%) of the respondents reported that they played games whilst on the ward and four (66.6%) reported being involved in Occupational Therapy (OT) groups, both of which show a degree of interaction and integration with the ward community (TABLE I). However, it is interesting to note that five

**TABLE I**  
**Service Users Responses to Questions**

	Yes	No	Can't Remember	Understood explanation given
Worried about coming into hospital	6	0	0	na*
Able to tell who the nurses were	3	3	0	na
Shown around the ward	3	2	1	na
Explanation given re admission	3	1	2	3
Explanation re: why admission	4	0	2	3
Felt safe on the ward	3	3	0	na
Felt scared on the ward	3	3	0	na
Talked to nurse regularly	4	2	0	na
Was it the same nurse	4	2	0	na
Saw Doctor when wanted to	3	3	0	na
Ward Round explained	4	2	0	3
Ward round discussed beforehand	2	4	0	na
Community nurse visited whilst on ward	4	2	0	na
Introduction to ward staff	4	2	0	na
Introduction to other patients	3	3	0	na
Informed about advocates	3	3	0	na
Informed about visiting times	5	1	0	na
Informed about day activities	6	0	0	na
Doctors and nurses helpful	6	0	0	na
Were you frightened when left ward?	3	3	0	na
Made friends on ward	5	1	0	na
Liked food	3	3	0	na
Clean ward	2	4	0	na
Did you go on trips off ward?	3	3	0	na
Understood CPA meeting	3	3	0	2 (partially)
Spoken to about CPA before meeting	5	1	0	na
Played games on the ward	5	1	0	na
Felt alone on the ward	5	1	0	na
Did you go to OT groups?	4	2	0	na
Lots of time doing nothing	4	1	1	na

\*na indicates not applicable

(83.2%) stated that they felt alone on the ward, despite having made friends and participated in activities (TABLE I). One wonders if this is a reflection that this service user group do not feel that they are an integral part of the non disabled peer group. This contrasts to the observations made by (Longo and Scior, 2004) when people admitted to “specialist LD units” reported to have felt more isolated due to other people’s disabilities and those in generic settings reported more supportive relationships and more integration. It is important when addressing this to assess the possible risks of exploitation in this context.

In contrast with the reported engagement with OT, four (66.6%) of the respondents stated they had lots of time doing nothing (TABLE I). This was also shown by some of the additional comments reported (TABLE II), specifically that weekends were boring or that more activities at the weekend would be appreciated. One individual reported that “all I do is watch TV and smoke” and, as such, the authors propose that additional structured day programmes, perhaps at a level to meet this service user group’s needs, including weekend programmes would be of interest in this setting.

A common thread in the comments made by respondents and in the questionnaire was the lack of cleanliness of the ward. This is of importance, not only with reference to hospital acquired infections, but also with the sense of feeling comfortable within the ward environment. Similarly, comments on the poor physical environment was noted in the study by Longo and Scior (2004). Perhaps this is more a reflection of a wider problem of a generic inpatient psychiatric setting.

Of note, the LD service in the trust in question operates an Intensive Assessment and Treatment service which offers an intensive multidisciplinary support for individuals with learning disability both in the community, and input into the inpatient setting, specifically attendance at ward rounds and CPA meetings in order to facilitate early discharge and immediate follow up. This link between community and inpatient services is indicated by four of the respondents to the questionnaire reporting that a community nurse visited them on the ward.

**TABLE II**  
**Additional Comments from Service Users**

1.	Frightened about going home
2.	Got locked in a toilet
3.	Would like access to a counsellor
4.	Support worker visited ward
5.	Showers unhygienic
6.	Helpful to know when the doctor is coming to review
7.	Some rooms not used as much as they could be
8.	More activities at weekend
9.	Would like to know staff: explanation about picture display
10.	Leaflet explaining roles
11.	Didn't pay much attention to staff badges
12.	All I do is watch TV and smoke
13.	Toilets not clean
14.	Weekends boring

## Recommendations

- 1) *Improve communication regarding the reason for admission and provide information regarding the unit in the format of user-friendly leaflets.*
- 2) *Make the CPA meetings a more meaningful experience with the care coordinator preparing the service user with the aid of the CPA booklet (Hertfordshire Partnership NHS Trust Learning Disability Service, 2001).*
- 3) *Integration of the service user in the ward environment further facilitated at the time of admission by making sure that they are shown around the ward, able to identify staff easily.*
- 4) *Regular one to one sessions preferably with the same member of staff.*
- 5) *Medical staff being more accessible to service users.*
- 6) *Better preparation prior to the ward rounds and helping the service user to bring relevant issues to be discussed to the ward round.*
- 7) *Regular visits/contact with community nursing staff during inpatient episodes.*
- 8) *Improve cleanliness of the physical environment.*
- 9) *Have more structured activities particularly at weekends.*
- 10) *Inform service users about the availability of Advocacy Services and empower them to access the service, if need be.*

*The authors are very mindful that this survey included people only with mild LD and the experience of those with more severe degrees of LD in a generic setting may be quite different and needs to be explored further. It would be also interesting to explore the experience of the "non-disabled group" in this same environment and a comparison of experiences of the two groups may provide more informative view of the data.*

*In conclusion, the above survey indicates*

*that the experience of this particular group of service users in North Hertfordshire has been reasonably positive. This may well be due to the fact that this is a well established model of care. Other studies which compared generic vs. specialist LD inpatient units have found the experience in the general unit less favourable (Longo and Scior, 2004). If one is to make a success of this integrated model of care as advocated by "Valuing People" careful planning and staff training by the LD team supporting the inpatient staff team needs to occur.*

## Summary

*The aim of this survey was to explore the subjective experience of admission to a general adult psychiatric ward for patients with a mild learning disability. All inpatients admitted to the ward in question over the course of 12 months, with learning disability, were identified and a semi-structured questionnaire was administered. 75% of the patients identified completed the questionnaire. Despite the small sample size, the trends in the data suggest that there is some integration of the learning disabled patients within the generic inpatient group. The positive reports regarding the helpfulness of the staff are also encouraging when addressing the integration of this patient group within the inpatient setting.*

*The sense of loneliness and boredom reported by some of the respondents should be addressed and more structured activities, particularly aimed at this client group, could be arranged.*

*It would be useful to repeat the survey with a larger sample size in order to help in generalizing any results. It may also be of interest to repeat the survey including those patients without a learning disability in order to clarify which areas of concern are generic to the in-patient experience.*

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### **Dr Adrian Vos, MRCPsych**

Specialist Registrar  
Royal London Hospital (St Clement's)  
East London and the City Mental Health  
NHS Trust  
2A Bow Road, London, E3 4LL UK  
Tel: +44 (0)20 8821 2007  
Email : adrian.vos@elcmht.nhs.uk

### **Dr Nimal Markar, MRCPsych**

Consultant Psychiatrist in Learning Disability  
Lister Hospital, Coreys Mill Lane Stevenage  
SG1 UK

### **Lesa Bartlett, Dip HE Nursing**

RMN Lister Hospital, Coreys Mill Lane  
Stevenage SG1 UK

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