



For better
mental health

A close-up photograph of a hand holding a black marker, writing on a light brown folder. The folder has a silver metal handle. A red stamp is visible on the folder's surface.

Ward Watch

**Mind's campaign to improve hospital
conditions for mental health patients**

Executive summary

For mental health patients, a safe and comfortable environment with access to fresh air, exercise and recreation is critical in determining recovery.

Mind's Ward Watch report reveals two extremes of hospital conditions:

- For some patients, the hospital environment helps recovery.
- For others, poor accommodation and security, safety concerns, insufficient staffing levels and intense boredom exacerbate existing difficulties and create new ones, subjecting patients to an environment that is inhumane where it should be therapeutic.

Mind has identified some excellent examples of good practice regarding inpatient care in hospitals. The challenge is to make them the norm rather than the exception. Many solutions outlined in this report are cheap and simple. The economic case for replication is strong and the consequences of inaction potentially disastrous.

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Mind's key demands

Hospitals should treat the meeting of minimum standards as the starting point for providing a truly therapeutic environment and not as an end in itself.

Service users must be involved in the planning and delivery of proposed accommodation services.

The Government and Welsh Assembly Government must finally meet their own targets by ensuring that mixed sex wards are eliminated.

Urgent action must be taken to improve experiences and perceptions of safety in mental health wards.

Insufficient staffing levels and the reliance on agency staff, who may not have the training and/or experience to deal effectively with challenging patients and incidents, must be addressed immediately.

All patients must have access to fresh air, exercise and meaningful recreation.

Mind's key findings

- Two years after the Government's own target for the elimination of mixed sex wards and less than a year after it claimed that 99 per cent of NHS Trusts met Government targets, 23 per cent of recent and current inpatient respondents have been accommodated in mixed sex wards.
- A striking 31 per cent of respondents did not have access to single sex bathroom facilities. Only 30 per cent of respondents had access to single sex daytime facilities.
- Over a quarter of respondents (27 per cent) said that they rarely felt safe while in hospital. Only 44 per cent of respondents felt safe all or most of the time.
- A staggering 51 per cent of recent or current inpatients reported being verbally or physically threatened during their stay with 20 per cent reporting physical assault.
- Nearly one in five (18 per cent) respondents reported sexual harassment in hospital. Five per cent of respondents reported sexual assault.
- Seven per cent of respondents reported being subject to harassment because of their race while three per cent reported racially motivated assault.
- Ten per cent reported being subject to harassment because of their sexuality. Five per cent reported being assaulted because of their sexuality.
- Fifty-six per cent of harassment or assault episodes were perpetrated by a patient or service user. Thirty-one per cent of harassment or assault episodes were perpetrated by a ward staff member.
- Fifty-three per cent of respondents thought that the hospital surroundings had not helped their recovery. Thirty-one per cent thought that it had made their health worse.
- A mere one in five (20 per cent) of respondents felt that they were treated with respect and dignity by staff. Almost the same proportion (17 per cent) stated that they were never treated with respect and dignity by staff.

Introduction

Hospitals should provide a safe, comfortable and therapeutic environment for the 37,986 mental health patients who use them.^{1,2}

In 2000, Mind carried out a national survey of people with experience of hospital services.³ The results were alarming. More than half (56 per cent) of patients felt that the ward was a non-therapeutic environment, just under half (45 per cent) felt that ward conditions had a negative effect on their mental health, and almost a third (30 per cent) of patients found the atmosphere on the wards unsafe and frightening.

This survey of recent⁴ and current mental health patients reveals that despite the National Minimum Standards and guidelines

produced since 1997,^{5,6} little has improved. While some respondents described high standards of accommodation, staffing and activities, the experience of many others was characterised by safety fears, a poor physical environment, and intense boredom. See Appendix three for profile of respondents.

Patient safety, morale and recovery is being undermined by:

- **simplistic approaches to meeting Government guidelines**
- **high incidence of harassment and assault**
- **difficulties associated with low staffing and dependence on agency staff.**



¹ Number of unfinished episodes at 31 March 2003, Department of Health, 2003.

² Statistical bulletin, census of patients at 31 March 2003, The National Assembly for Wales, 2003.

³ Baker, S, 2000, *Environmentally friendly? Patients' views of conditions on psychiatric wards.*

⁴ 'Recent' is defined as patients who at the time they completed the questionnaire had been inpatients in the past two years.

⁵ Department of Health, 2000, *Safety, Privacy and Dignity in Mental Health Units.*

⁶ Department of Health, 2002, *Mental Health Policy Implementation Guide. National Minimum Standards for General Adult Services in Psychiatric Intensive Care Units (PICU) and Low Secure Environments.*

Accommodation

“Is it beyond the...wit of the Government and the health administrators to deal with that problem?”¹

Tony Blair, then Leader of the Opposition, referring to mixed sex wards, 1996.

“As a minimum requirement, male and female patients should have separate sleeping accommodation, separate toilets and separate washing facilities.”²

Department of Health, 2000.

“Mixed wards are wholly unacceptable. We are committed to ensuring that those wards...disappear by 2002.”³

Lord Hunt of Kings Heath, then a Health Minister, 2000.

“Where possible, women patients should have the opportunity to associate together in women only lounge areas.”⁴

Department of Health, 2000.

There is consistent research showing that patients dislike mixed sex accommodation, and that it compromises their dignity, privacy and safety.^{5,6} The Patients' Charter 1996 sets out rights and standards for preserving the privacy and dignity of patients⁷ and this is reinforced by Department of Health guidelines. The Government has repeatedly claimed that it is committed to phasing out mixed sex hospital accommodation. The extent to which National Health Service Trusts meet the commitment to eliminate mixed sex accommodation is measured annually at Trust level.

According to Health Minister Rosie Winterton, by December 2003:

- Ninety-nine per cent of all NHS Trusts provided single sex sleeping accommodation for planned admissions and had robust operational policies in place to protect patients' privacy and dignity.

- Ninety-nine per cent met the additional criteria set to ensure the safety of patients.
- Ninety-seven per cent provided properly segregated bathroom and toilet facilities for men and women.⁸

According to the Government, mixed sex provision is a rarity. This research demonstrates that it is widespread.

As quotes from respondents highlight, measuring the extent to which hospitals comply with National Minimum Standards should not be governed by a simplistic 'tick box' approach. Department of Health statistics show that the vast majority of hospitals apparently meet the standard, and yet patients' testimonials reveal a difference between theory and practice.

¹ *Report*, 19 November 1996, vol. 285, c. 832.

² Department of Health, 2000, *Safety, Privacy and Dignity in Mental Health Units*.

³ *Official Report, House of Lords*, 19 January 2000, vol. 608, c. 1118.

⁴ Department of Health, 2000, *Safety, privacy and dignity in mental health units*.

⁵ *Consumer Concerns*, Nursing Times, 3 September 1994.

⁶ *A Consumer view of health services, the report of an RSL survey, 1998*, National Consumer Council.

⁷ Patients' Charter, 1996.

⁸ House of Commons Written Answer, 21 June 2004.

Key findings

Two years after the Government's own target for the disappearance of mixed sex wards, and less than a year after it is claimed that 99 per cent of NHS Trusts met Government targets, this research reveals that:

- Almost a quarter (23 per cent) of recent and current inpatient respondents in England and Wales have been accommodated in mixed sex wards.
- A striking 31 per cent of respondents did not have access to single sex bathroom facilities.
- Just 30 per cent of respondents had access to single sex daytime facilities.

"My bed had just a curtain around it. Even though facilities were segregated, male patients and male visitors were still allowed in the female half of the ward. There also seemed to be fewer staff because of the arrangements."

"There's supposed to be one female and one male corridor but they often fill up. People get fitted into spare rooms so there's often men on the women's corridor."

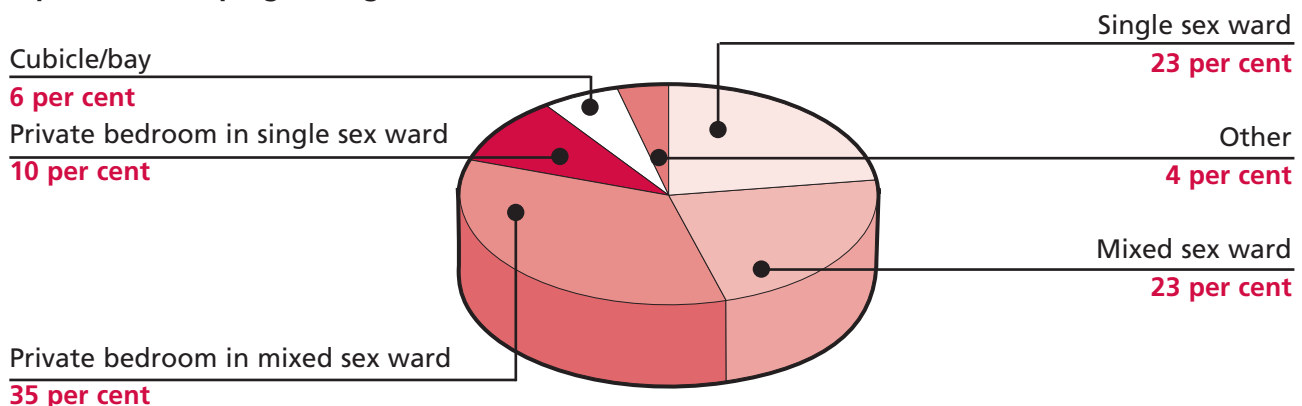
"I had to spend the first night on a fold up bed in the male wing because there were no beds on the female dormitory."

"The whole 'women's area' thing is badly thought out...the majority of the daytime women's area is a smoking room, which automatically excludes all non-smokers. To make the women's only space, they used the only quiet area so there is now no quiet area and I would happily go into seclusion to get away from the noise."

Almost a third of respondents did not have access to single sex bathroom facilities, despite this being set as a 'minimum' requirement in 2000.¹ Access to single sex daytime facilities remains a lottery for patients rather than the norm. It is unacceptable that single sex facilities are developed at the expense of other essential accommodation, and are not accessible to all patients. The involvement of service users in the planning and delivery of proposed accommodation changes is an effective method for addressing this.

Single sex accommodation in itself does not guarantee safety for patients. Harassment, including homophobic and racially motivated incidents, can occur on single sex wards. Hospitals need to take a flexible approach to accommodation to provide for the changing hospital population and varying needs of patients (for example, following a harassment incident) in order to maintain a safe and comfortable environment for all. Focus group members mentioned that staffing levels had not been adjusted to take account of accommodation changes. If patients are accommodated in smaller units or single rooms, staffing levels must be sufficient to provide care and support for all patients.

Inpatients' sleeping arrangements:



Source: Mind survey, 2004

- The Government and Welsh Assembly Government must finally meet their own targets by ensuring that mixed sex wards are eliminated and that single sex facilities are made available.
- Hospitals must not take a mechanistic approach to single sex provision but ensure that accommodation for all patients meets required standards.
- Hospitals must take a flexible approach to accommodation to provide for the changing hospital population and varying needs of patients (for example, following a harassment incident) in order to maintain a safe and comfortable environment for all.
- Staffing levels must be adequate to meet the needs of all patients, even if they are accommodated in smaller units or single rooms.
- It is essential that service users are involved in the planning and delivery of proposed accommodation services to ensure that all patients are accommodated in safe, therapeutic and comfortable surroundings. Effective mechanisms for achieving this include Patients Councils, user focused monitoring and the development of a user led Charter of Standards, which sets out what patients can expect from their time in hospital and is incorporated into the care planning process.
- Government and Welsh Assembly Government guidelines and targets on accommodation provision must not be met by removing other necessary facilities. For example, designating the 'quiet' room as the 'women's' room cannot be viewed as an acceptable means of meeting Government standards.

Case study: Swindon Acute Unit

Swindon Mind and Swindon Community Health Council, in partnership with service users, ran a successful campaign to alter the initial design proposals for a new psychiatric hospital in Swindon. Concerns regarding the initial proposal included the lack of natural light, the poor accessibility of the building, the lack of designated space for women and the failure to consult meaningfully with stakeholders on the design. Campaigners argued that a building was a tangible representation of how a service is valued and that the proposed design gave the impression that patients' interests were not of concern.

Through extensive research and numerous meetings with Trust officials of the hospitals they persuaded the Trust to review the design and a redesign team was formed to develop a new proposal. The new proposal was subsequently put to extensive public consultation and adapted accordingly. At a final meeting of the Trust Board, members were required to make a decision between the original new designs. Presentations were made to the Board on each design and key stakeholders were asked in advance to

state their preference. The overwhelming majority of stakeholders voted for the second design, including the vast majority of Trust staff. Significantly, the Health Authority and Social Services favoured the new design. Their comments included:

"It is not institutional in character."

"It creates a positive vision and environment within which service can be delivered by staff, given the right operational policies."

"It has widespread support among most stakeholders."

The Board opted for the revised design, which has subsequently been built and now serves the Swindon community. Service user involvement in the design of the building has continued and the Trust is now in the process of developing segregated male and female bath and shower facilities and separate women's sitting rooms in each of the acute houses.¹

¹ Barnard, H., *Changing Minds*, unpublished paper.

Safety

According to the NHS Executive, "Trust Chief Executives should ensure that:

- Speedy and robust arrangements are in place to deal effectively with staff, visitors or patients who sexually or physically abuse or harass patients, staff or visitors.
- All incidents of violence or threatening behaviour towards patients should be reported by staff and recorded. Trends in incidents should also be assessed and reported to the Trust Board regularly.
- Training policies should be in place, which address the protection of patients, assist staff to be more aware of the safety and special needs of women patients, to understand and appreciate ethnic, cultural and gender differences, and to address any concerns relatives may have about these issues."¹

"Social skills training, including anger management, should be provided where appropriate."²

The Department of Health, 2002.

A higher proportion of respondents who did not have access to single sex bathroom facilities "rarely" felt safe in hospital (37 per cent) than respondents who did (23 per cent). Conversely, respondents who did have access to single sex bathroom facilities were more likely to think that the hospital environment helped their recovery (49 per cent) than respondents who did not (35 per cent).

Fifty-three per cent of respondents who had access to single sex daytime facilities felt safe all or most of the time compared to 40 per cent of respondents who did not have access to single sex daytime facilities. Respondents who did have access to single sex daytime facilities were more likely to

feel that the hospital surroundings helped their recovery (58 per cent) than respondents who did not (45 per cent).

Most respondents attributed their safety concerns to the behaviour of other patients. However, other explanations included increased sensitivity caused by their own illness, staff shortages, poor security and insufficient understanding and support from staff regarding safety concerns. Conversely, many patients who did feel safe attributed this to the support and understanding of nursing staff, and to mechanisms and procedures put in place by the particular hospitals, such as lockable rooms and patient alarm systems.



¹ NHS Executive, 2000, *Safety, privacy and dignity in mental health units. Guidance on mixed sex accommodation for mental health services.*

² Mental Health Policy Implementation Guide. National Minimum Standards for General Adult Services in Psychiatric Intensive Care Units (PICU) and Low Secure Environments. Department of Health, 2002.

Key findings

Over a quarter of respondents (27 per cent) said that they rarely felt safe while in hospital.

This figure increased to 46 per cent for non-White British respondents¹

Only 44 per cent of respondents felt safe all or most of the time.

"I did not feel safe because there were no locks on the bedroom doors and other patients entered other people's rooms. There were lots of incidents where belongings 'disappeared'."

"Other patients' behaviour can be unsettling and there is a lack of resources, which means that patients who are acting in a threatening manner are not constantly supervised."

"I was too scared to sleep."

"The nature of my hallucinations/delusions made me feel unsafe, actually terrified."

"There are a lot of very ill people on the ward together but staffing levels have not been adjusted to take account of this."

"I felt safe because I was able to lock myself in my room by pressing a button. Only staff could gain entry with a card, the other patients could not gain entry. I did not feel safe in the old style dormitory. The new unit is much better."

A staggering 51 per cent of recent or current inpatients reported being verbally or physically threatened during their stay with 20 per cent reporting physical assault.

Nearly one in five (18 per cent) respondents reported sexual harassment in hospital. Five per cent of respondents reported sexual assault.

Seven per cent of respondents reported being subject to harassment because of their race, while three per cent reported racially motivated assault.

Ten per cent reported being subject to harassment because of their sexuality. Five per cent reported being assaulted because of their sexuality.

Fifty-six per cent of harassment or assault episodes were perpetrated by a patient or service user.

Thirty-one per cent of harassment or assault episodes were perpetrated by a ward staff member.

"Someone entered my bedroom and urinated in it."

"Another patient began following me around...she threatened me verbally and then attempted to strike me."

"I was disgusted by the way I was treated by my consultant. I felt bullied and threatened. I was a voluntary patient but when I decided to leave the hospital I was threatened with being sectioned."

"I was a voluntary patient and was physically dragged up stairs by two nurses with no dignity or respect at a time when I had been violently sick and was physically ill."

"A staff member said 'cheer up, at least you're not black or gay'."

Just 37 per cent of respondents who had been threatened, or who had been the victim of verbal abuse, violence, racism or sexual harassment while in hospital, reported this incident to a staff member.

Respondents' explanations for not reporting incidents to staff focused on a fear of reprisal, a lack of confidence that staff would act to improve the situation and the mental health difficulties of the other patient involved.

"I didn't think any complaint would be taken seriously."

"I was too frightened that staff would not listen to me and that if the patient involved found out I would get beaten up."

¹ Respondents who identified themselves as Black or Black British, Chinese, White Irish, Mixed Heritage, Asian or Asian British, Other White or Other Ethnic Group.

"I was on a section and worried about being perceived as 'difficult'."

"The person concerned was ill."

"I did not report my experiences of harassment and sexual assault to staff because I felt as if they would not be interested, would do nothing."

Of those respondents who did report incidents to staff members only 30 per cent were satisfied with the action taken.

"The ward manager did not attempt to interview witnesses, did not feedback on the investigation and provided nothing in writing to me."

"They said that the patient could not help her behaviour because of her condition. I felt worse after the incidents and could not sleep."

"It was treated as an everyday occurrence, nothing special. It's a different world in there. Things that are unacceptable outside are seen as par for the course in there."

"They did absolutely nothing when I was sexually molested and didn't even write it down."

"The hospital took six months to reply to my complaint."

Individuals choose to be admitted to hospital or are sectioned because they are in acute need of support and care. It is appalling, unacceptable and counterproductive if they do not feel safe and are harassed or assaulted. Fifty-one per cent of recent or current inpatients across all geographical areas of England and Wales reported being verbally or physically threatened during their stay, with 20 per cent reporting physical assault and nearly one in five (18 per cent) respondents reporting sexual harassment in hospital. This demonstrates that incidents are not exceptional. Urgent action is required to ensure that hospital contributes to recovery, rather than undermines it.

The experience of mental distress in hospital can be a frightening one. An individual's

illness can make them more sensitive to their surroundings and the behaviour of others, and the mental health difficulties of some individuals can lead them to behave in an unusual manner, which can be disconcerting for fellow patients. It is essential that the hospital environment provide a safe and therapeutic environment for all patients.

As this research demonstrates, many people have felt unsafe in hospital with strong justification, given the alarmingly high levels of harassment and assault reported. The worrying levels of race and sexually motivated harassment and assault reported must also be investigated. Analysis of the relationship between mixed sex accommodation and safety re-emphasises the need for hospitals to ensure that the facilities experienced by all patients meet required standards. Perceptions and experiences of poor safety were particularly marked for those respondents accommodated in mixed sex wards and/or did not have access to single sex bathrooms and single sex dayrooms.

Currently, an inconsistent approach to the prevention and management of violence and aggression exists among mental health Trusts. According to the Commission for Health Improvement (CHI), now the Healthcare Commission, staff in some areas accept violent behaviour as the norm, where in other areas zero tolerance approaches are used.¹ Fewer than half of respondents reported harassment or assault incidences to staff and just 11 per cent of respondents to this survey were satisfied with the action taken by staff. This demonstrates a confidence failure in staff that must be addressed.

Insufficient staffing levels and the reliance on agency staff, who may not have the training and/or experience to deal effectively with challenging patients and incidents, can exacerbate safety problems on the wards and must be remedied immediately. In theory there are 'speedy and robust' arrangements in place to deal with sexual or physical abuse, and all incidences of violence or threatening behaviour towards patients are reported by staff and recorded. Failing even to record an incident of assault, or taking six months to respond to a complaint, demonstrate that in the experience of respondents in this research,

hospitals' definition of speed and rigour falls well short of acceptable standards.

Comprehensive minimum standards outline measures that ought to be in place in all hospitals to protect and support patients, but this research reveals an implementation failure. One focus group member mentioned that she was unable to alert staff when threatened because the alarm in her room was located at the entrance, which is where the perpetrator was standing. This epitomises the endemic problem of Trusts' mechanistic approach to meeting standards, which neglects the reality of patient experience.

Many patients become frustrated because they are bored and frightened, sometimes resulting in challenging behaviour which may impact negatively on other patients. The Government, the Welsh Assembly Government and Trusts must prioritise resources for activities on mental health wards, particularly since such a high number of patients are in hospital for long periods of time. In theory, social skills training, including anger management is provided to patients where appropriate.¹ Anecdotal evidence from Mind's networks suggests that this is often not the case.

Mind's demands - Safety

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- Urgent action must be taken to improve experiences and perceptions of safety in mental health wards.
- Harassment and assault should not be tolerated on a mental health ward when it would not be tolerated elsewhere.
- Insufficient staffing levels and the reliance on agency staff, who may not have the training and/or experience to deal effectively with challenging patients and incidents, must be addressed immediately.
- All front line staff should be trained to respond effectively to patients who express a concern regarding their hospital experience. If a patient expresses a concern to a member of staff, that staff member should record the concern and explain what can be done in the short, medium and long terms to improve the situation, making clear to the patient what actions will be taken.
- Trusts must take a proactive approach to dealing with safety issues on mental health wards by investing in staff training on dealing with challenging behaviour and providing support and instruction in anger management strategies for patients where appropriate.
- Clear written notices regarding hospital policy and procedure on harassment and assault should be displayed prominently and patients should be advised of these structures on arrival.
- Patients should have access to alarm systems so they can alert staff in an emergency situation. It is essential that these alarms are positioned appropriately to provide maximum protection for patients.
- Hospitals should provide comprehensive information specific to the individual hospital and local area, outlining patients' rights and the specific mechanisms available to them to express a concern, including promoting independent advocacy services available to patients.
- The Government and Trusts must prioritise resources for activities on mental health wards.

¹ Department of Health, 2002, *Mental Health Policy Implementation Guide. National Minimum Standards for General Adult Services in Psychiatric Intensive Care Units (PICU) and Low Secure Environments.*

Case study: Newport Mind mental health advocacy service

Newport Mind provides a mental health advocacy service for inpatients at their local hospital. A paid advocate, who has a legal qualification, is complimented by a number of peer advocates, who are a regular presence on the wards and can provide wider coverage. Service users can access excellent advocacy training, whether they choose to become peer advocates or not.

The training promotes personal empowerment and provides the relevant knowledge to navigate local mental health services with confidence. The advocacy team organises weekly hospital meetings for two acute wards, which are run with the cooperation of nursing staff and

management and allow patients to identify issues on the wards. The advocacy service works with hospital staff to develop ways of addressing concerns that are raised and is represented on a number of working groups, including the Clinical Risk Management group, Newport Care Forum, Clinical Audit working group.

“An advocate arranged for a solicitor to come and see me in hospital, and we applied to appeal against my section.”

“I talked to the advocate about not liking my medication. Together we made a list of why I wanted to change it so I was prepared when I went to see my psychiatrist.”

Case study: Oxford Clinic Patients' Council

At the Oxford Clinic Patients' Councils two elected patients represent each ward. Patients raise their concerns with ward representatives, who meet fortnightly with the senior staff allocated to overseeing the council. Council members who meet with senior staff can be paid for their attendance via the ward 'reward money' scheme. The Patients' Councils discuss the issues raised and possible actions. For example, they could decide to approach ward staff, write to Trust personnel or invite relevant staff to a council meeting. Each council is chaired by one of the council members and is provided with meeting facilities, computer and internet access, stationery, postage and an answer phone. Staff support council members by providing training in meeting skills, minute taking and dealing with senior management. They are also able to advise council members on methods and contacts for taking an issue forward.

The Oxford Clinic Patients' Councils have met with the chairman of the board, director of nursing, service director, the Trust clinical governance manager, heads of catering, Commission for Health Improvement (CHI) reps, the Mental Health Act Commission and the Health Advisory Service and they now provide a section of the Trust's annual report. Tangible improvements have included the purchasing of vending machines, a digital television and new crockery. The cost of ward telephones has been reduced and patients and staff have given joint training sessions on dealing with self-injury. The procedures for clothing grants has also been reviewed and changed. Many staff and patients have found participation to be a rewarding experience, which helps develop confidence and skills.

The therapeutic environment

“The Psychiatric Intensive Care Unit/Low secure environment should provide adequate space and facilities for a homely environment in which a patient can spend the majority of their day.”

*Department of Health, 2002.*¹

Key findings

Fifty-three per cent of respondents thought that the hospital surroundings had not helped their recovery. Thirty-one per cent thought that it had made things worse.

Just one in five (20 per cent) of respondents felt that they were treated with respect and dignity by staff. Almost the same proportion (17 per cent) stated that they were never treated with respect and dignity by staff.

Patients’ dissatisfaction with their hospital experience centred on problems with the physical environment, boredom, under staffing and staff attitudes. A number of respondents felt that greater and more meaningful user involvement in how wards are run could lead to improvements.

Boredom

“Meaningful activity should be determined within an individual care plan negotiated with the service user...the creation and maintenance of a therapeutic activity milieu needs to include evening and weekend activities and opportunities both on and off the ward. This may include educational, social, artistic, recreational and leisure activities...There is currently an imbalance of emphasis and deployment of staff skills in organisation of inpatient wards...It is important that adequate priority and resources are given to a structured regime of activity and service user engagement and that staff skills and time allotted to such work are protected in the face of competing demands.”²

Department of Health, 2002.

Many patients emphasised the intense boredom that they experienced, or still experience, on the ward. Qualitative data strongly suggests that boredom both hinders recovery and causes frustration, which can lead to challenging behaviour.

“The complete absence of meaningful daily activity led my condition to worsen.”

“There was little therapy apart from smoking and television.”

“There were no books apart from those about psychiatric conditions. You need things to lift you, I would like to have lost myself in a book that was uplifting.”

“Most of the time the doors leading outside to the garden were locked. Group activities were often cancelled due to staff shortages.”

“Referrals to art therapy, gym etc take forever. I’ve been here nearly six weeks and am still waiting.”

“There was no patients’ council. It would have been good to have one.”

¹ Department of Health, 2002, *Mental Health Policy Implementation Guides. National Minimum Standards.*

² Department of Health, 2002, *Mental Health Policy Implementation Guide. Adult Acute Inpatient Care Provision.*

Case study: The Mind Arts Project in Stockport (MAPS)

The Mind Arts Project in Stockport (MAPS) is an award winning community art project that offers a wide range of creative opportunities to adults with severe and enduring mental illness. Since 1999 they have been running sessions with inpatients at their local hospital, including creative writing, painting, drawing, silk painting and mosaic. Each person is encouraged to value his or her creative endeavours and to fully explore their creative potential, whether as an individual or as part of a team. Patients gain a sense of personal achievement from the work they produce, which increases their confidence and self-esteem and promotes recovery.

Many patients become members of the MAPS community arts centre when they leave hospital. In 2000, project members produced a mural for the Department of Public Health at the hospital, and were subsequently commissioned by the Department of Psychiatry to create two spectacular mosaic columns to decorate the wards. Despite initial trepidation, support by staff for the project has grown as they have witnessed its positive impact. Unfortunately, project funding has been patchy, which has compromised the service and its benefits for patients.

Physical environment

“The design and physical appearance of the ward acts as a tangible statement of value to service users, carers and staff.”¹

Department of Health, 2002.

“All patients, including those who are acutely disturbed, should have access to fresh air and secure external space. Patients should have access to and space for regular exercise with appropriate supervision.”

Department of Health, 2002.

“An area should be designated for use when children are visiting.”²

Department of Health, 2002.

Mental health patients should be able to expect a clean and comfortable ward environment with appropriate access to outside space and fresh air. Responses to the questionnaire and from the focus groups revealed that many people experience the opposite.

“The ward was dirty and unkempt. Carpets were badly stained and burnt. Furniture was damaged. My room smelt of urine. Doors were locked, although it was an open ward. The whole environment gave out a clear message that you were not worth caring about and did not deserve to be looked after.”

“I was suicidal and felt extremely unsafe. I was left alone in my room with a broken window, freezing cold and able to injure myself. I was there for six hours and then I declared I’d be safer at home with my husband and signed myself out.”

“No one told me I had a right to fresh air and could go for walks with staff.”

“There should be somewhere appropriate for children to visit. Mostly we were crammed into a small office. Once or twice we had to have the visit on the corridor because there was no room available and children were not allowed in the public rooms. It was an awful situation to have a five year old in.”

¹ Department of Health, 2002, Mental Health Policy Implementation Guide, Adult Acute Care Provision.

² Department of Health, 2002, *Mental Health Policy Implementation Guide. National Minimum Standards for General Adult Services in Psychiatric Intensive Care Units (PICU) and Low Secure Environments.*

Case study: Advocacy in Mind, Southampton

Southampton Mind has been providing advice and information to inpatients at the Department of Psychiatry, Royal South Hants Hospital in Southampton since 1992. From February 2002 they also began offering advocacy services, and in April 2004 they renamed their service 'Advocacy in Mind'. It is funded by Southampton Mind and Southampton and Hampshire City Councils, and employs a manager, two advocates, an advice worker and an information worker.

Advocacy in Mind supports patients in a variety of situations, including ward rounds, mental health tribunals and benefit reviews. It also assists people in finding housing or having a housing transfer, in negotiating escorted or unescorted leave and in dealings with the city council housing offices. Advocacy in Mind is integrated into the running of the hospital and facilitates ward community meetings on a weekly basis, Acute Inpatient Forum meetings, Southampton Adult Mental Health Initiative meetings,

ward Multi-Disciplinary Team meetings and other consultation/management meetings. It has a positive relationship with the hospital Trust and is respected for working in an assertive yet constructive manner.

Following sustained complaints from patients, Advocacy in Mind advocated for and achieved larger portions, greater choice and the provision of appropriate food for people who require an ethnic or restricted diet. However, while the dining area has been brightened up, it is currently only open for 45 minutes each mealtime. If there is a problem on the ward there is often a delay in the opening time and yet it still closes at the same time. Patients are left queuing outside, which they find distressing and demeaning and can dissuade them from attending. Advocacy in Mind is working with patients to improve this situation and hope that the dining room will become an accessible space where patients can take visitors.

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Staffing

“Too many inpatient wards do not have the levels of staff and skills available to deliver the required standard of care...Each service needs a clear and written policy on the recruitment and use of bank and agency staff including:

- a system to ensure staff have the basic skills, attributes and competencies required
- proper arrangements for the induction and management of bank and agency staff
- a system to routinely monitor and report on the use of bank and agency staff.”¹

Department of Health, 2002.

Staff are vital to providing a positive environment for recovery. Many people felt very positively about the staff on their ward and believed that the care and attention they received has hugely aided their recovery. However, a single negative encounter with a staff member can have a profound impact on a patient’s attitude towards their environment. A large number of respondents emphasised that staff did not interact sufficiently with patients and that understaffing, and the reliance on agency staff, compromised patient safety and the therapeutic value of the hospital environment.

Hospitals exist to provide a therapeutic environment for patients that will support their recovery. Over half of the respondents in this research felt that the hospital environment had hindered their recovery. This is an appalling and absurd situation which must be rectified. Innovative projects that make a tangible improvement to the ward atmosphere and patients’ experience are possible even on a small budget, as demonstrated by the good practice examples highlighted in this report.

For many patients, the design and physical appearance of the ward acts as a tangible statement of the degree to which they feel valued. A dirty, unkempt environment is demoralising and an affront to the dignity of patients. Fresh air, exercise and recreation are essential for the wellbeing of all and become especially pertinent for those who are unwell. A number of respondents also emphasised concerns regarding the access to, and lack of choice and poor quality of, hospital food, an issue addressed by Advocacy in Mind in Southampton (see case

study). There is a substantial body of evidence that shows a positive relationship between physical activity and mental health² and this research demonstrates the negative impact of the intense boredom experienced by respondents. Enjoyable activities are a critical way to improve self-esteem and promote recovery. They are not a luxury.

Department of Health guidelines clearly state that all patients should be able to expect meaningful activity in the evenings and weekends as well as during ‘office hours’. As quotes from respondents highlight, many respondents did not experience any activity on the ward at any time. Furthermore, Mind’s campaigning work on the downrating of hospital benefits has revealed that for many long term patients, the capacity to undertake meaningful activity is compromised by the inability to pay for activities, such as an external visit. Ensuring that patients benefit entitlements are met can enhance recovery for many patients.

Just one in five (20 per cent) respondents felt that they were treated with respect and dignity by hospital staff. Almost the same proportion (17 per cent) stated that they were never treated with respect and dignity by staff. The Commission for Health Improvement identified “serious problems with recruitment in psychiatry and inpatient nursing; low morale, cultural and operational divide with social care staff” were characteristics shared by Trusts performing poorly in clinical governance reviews.³ As the Department of Health recognised in 2002, “it is important that adequate priority and resources are given to a structured regime of activity and service user engagement and that staff skills and time allotted to such work are

¹ Department of Health, 2002, *Mental Health Policy Implementation Guide, Adult Acute Care Provision.*

² Fontaine, Biddle et al., 2000, *Exercise your Mind, Mind, 2001.*

³ Commission for Health Improvement, 2003, *What CHI has found in: mental health Trusts.*

protected in the face of competing demands".¹ Low staffing levels and the use of agency staff also affects the range of activities available to patients.²

In theory, all hospitals should have written policies on the recruitment and use of bank and agency staff to ensure that they have the basic skills and competencies required, as well as being properly inducted, managed and monitored.³ The reality portrayed by respondents in this research demonstrates that these written policies are proving ineffective in combating competence problems associated with agency staff.

Measures must be put in place to improve staff recruitment and retention, thus reducing the dependence on agency staff, which can compromise patient and staff safety. Where agency staff are used, it is essential that they have the necessary skills to work in a mental health setting, are properly briefed on the patients they are caring for and are effectively monitored by management.

Key findings

"The staff did not encourage patients to participate in the few therapeutic activities that were available. They often overreacted to situations, which made them worse. Making sure that patients were given access to fresh air and exercise was not considered to be a priority."

"It is extraordinary just how bad it is. The nurses create an atmosphere of threat and fear. I have observed staff deliberately provoke people on the basis of sexuality, then threaten them with the secure ward because they are crying."

"The staff were go, go, go all day. They were pushed by management to breaking point."

"Staff are courteous and efficient, but there is a very evident lack of resources and staffing levels are inadequate. It was 11 days before I was given the information leaflet that explained my rights and what would happen to me in hospital. Staff do not have the time to sit and talk to the patients."

"In one nurse's own words, the staff were there to 'control the environment' rather than healing and recovery."

"Staff are often locked in their office not talking to patients. It is the loneliest place in the world."

Some respondents felt very positively about their time in hospital, reflecting previous evidence of patchy provision.^{4,5}

"The hospital surroundings certainly helped my recovery because of the peace, tranquillity, social interaction and beautiful surroundings."

"The acute ward was in a brand new unit so the environment was clean and bright. Smoking was only allowed in a special room and not in the TV lounge, and a proper quiet room was provided."

"I think all the staff have been wonderful and given so much time to us to help our recovery. It certainly has put me on the road to recovery. I feel safe and secure here."

"It did not feel like a hospital but more like home environment."

"In spite of quite severe short staffing, I believe that the care I received, particularly from nursing, was first class."

"The foundation for my mental health recovery was laid in hospital for which I am very thankful."

Ward Watch

¹ Department of Health, 2002, *Mental Health Policy Implementation Guide. Adult Acute Inpatient Care Provision.*

² Commission for Health Improvement, 2003, *What CHI has found in: mental health Trusts.*

³ Department of Health, 2002, *Mental Health Policy Implementation Guide. Adult Acute Inpatient Care Provision.*

⁴ Commission for Health Improvement, 2003, *What CHI has found in: mental health Trusts.*

⁵ CHI report, 27 March 2004, *British Medical Journal.*

- Measures must be put in place to improve staff recruitment and retention thus reducing the dependence on agency staff, which can compromise patient and staff safety.
- Where agency staff are employed it is essential that they possess the competencies required, and are properly inducted, managed and monitored.
- Hospitals must ensure that a range of meaningful activities is available to patients, including social, creative and physical activities that are culturally appropriate and available to all. Access to activities should be included as a standard element of all patient care plans. Activities should be provided in the evenings and at the weekends, as well as during office hours.
- Nursing staff should be more proactive about interacting with patients.
- It is essential that patients have regular access to fresh air.
- It is essential that Trusts show strategic and financial commitment to service user involvement at managerial and monitoring levels of service provision as outlined in the Mental Health Policy Implementation Guide. On admission, patients should be made aware of the ways in which they can have their say about conditions on the ward. Hospitals should be required to set out how they are meeting these standards and, if they are not, work with service users to meet them as soon as possible.
- Facilities such as single sex day rooms and television rooms should take account of the needs of smokers and non-smokers.
- A suitable venue should be provided in all wards for patients to receive child visitors.

Case study: Department of Psychiatry, Doncaster Royal Infirmary

After consulting with service users, the Department of Psychiatry at Doncaster Royal Infirmary put in a bid for out of hours (evenings and weekends) activities funding. They recruited five session workers with skills in performing arts, languages, origami, puppetry and mask making. These workers organised a range of activities for patients, including making paper aeroplanes, learning Russian (followed by a trip out to the Russian ballet), juggling, going bowling and putting on a service user play 'The Death of Monty Python'.

Some ex-patients came back to the unit to be involved in the play and relatives took part in mask making workshops for the performance. There has been excellent feedback from service users and their families and staff have recognised an improvement in the ward atmosphere with

fewer incidents of challenging behaviour. The project was simple and cheap to establish and maintain. It supports patients to develop new and exciting skills and has dramatically improved the ward environment for patients and staff.

"It made a pleasant change from usual hospital entertainment, for example TV and pool."

"Helped me relax at a stressful time. I enjoyed it and think it should be done more often."

Patients

"The ward has been much more positive and relaxed."

"Patients are less frustrated and bored, and therefore less disruptive"

Staff members

Conclusions

Mind's Ward Watch report reveals two extremes of hospital conditions:

- **For some patients, the hospital environment has provided the treatment and support needed to help them recover.**
- **For others, poor accommodation and security, safety concerns, insufficient staffing levels and intense boredom have exacerbated existing difficulties and created new ones, subjecting patients to an environment that is inhumane where it should be therapeutic.**

"The whole ward should be demolished and started again. It is unsafe. Drugs are being bought and sold in the ward. Staff do not seem interested in their jobs. Patients are left to wander around with nothing to do (it is a long day). The place smells like an old ashtray. Service users all feel demoralised and get little help from staff."

"The hospital environment helped me recover by giving me a break from the pressures of my life, which were making my illness worse."

For mental health patients, a safe and comfortable environment with access to fresh air, exercise and recreation is critical in determining recovery. Poor conditions show a fundamental disregard on the part of hospital staff and management for the basic facts of what determines mental wellbeing. After all, these are the people entrusted with ensuring that the hospital environment helps rather than hinders recovery.

A negative hospital environment represents a false economy for Trusts. It hampers the recovery of patients, which in turn leads to longer inpatient stays and a greater reluctance for voluntary patients to return to hospital if necessary, increasing the need for compulsion.

Mind has identified some excellent examples of good practice regarding inpatient care in hospitals. The challenge is to make them become the norm rather than the exception. Many solutions outlined in this report are cheap and simple. The economic case for replication is strong and the consequences of inaction potentially disastrous.

The Government, Welsh Assembly Government and NHS managers and staff must address with urgency patients' views as expressed in this research and the recommendations outlined.

Mind would like to thank all service users, carers and staff who took the time to provide us with such useful and, in some cases, painful information. We would particularly like to thank Lewes Mind, User Q, Bristol Mind, Launchpad, Plymouth Mind, West Norfolk Mind, Newport Mind, Southampton Mind, Oxford Clinic Patients' Council, Swindon Mind, the MAPS art project in Stockport, Pembrokeshire Mind, Department of Psychiatry at the Doncaster Royal Infirmary and the County Durham and Darlington Mental Health Service User and Carer Involvement Team.

Appendix one: Mind survey on hospital conditions



For better
mental health

Mind survey on hospital conditions for mental health patients.

This survey is designed to help us draw attention to conditions in acute units so that we can campaign for change.

We will be campaigning for improvement on a range of aspects of inpatient experience. However, this questionnaire focuses on perceptions and experiences of safety, harassment and violence for people with mental health problems in hospital. It may be distressing to complete so you might want help filling it in, or for someone to support you.

For this research we need feedback from people who have current or recent experience **in the last two years** of being a hospital inpatient. Please take part if you can, and fill in as much of the questionnaire as you want or are able.

The information you provide will be treated in confidence and destroyed after the end of the project. You do not have to give your name. We would like to use anonymous quotes from people's responses in the survey report, as this will convey the reality of the situation. We shall do this in a way that does not identify individuals.

- Please tick if you **do not** want us to use any direct quotes from your response.
- Please tick and provide contact details below if you might be interested in discussing your views on inpatient conditions further with a member of Mind staff.
- Please tick and provide contact details below if you might be interested in doing media interviews (these can be anonymous if you wish).

If you would like to give your name and contact details, please do so here:

Name:.....

Address:

.....

Alternatively, return it to:
Mind Campaigns Unit, FREEPOST (WD2336), London E15 4BR
(no stamp required) by April 5 2004.

Many thanks

Susie Rabin
Campaigns Manager

Thank you to members of User 'Q' at Lewes Mind who piloted and commented on this questionnaire.

1. Have you been an inpatient for mental health reasons in the last two years?
- Yes (continue to question 2)
- No (do not complete the rest of this questionnaire)

2. Are you a current hospital inpatient for mental health reasons?
- Yes
- No

3. Please put a tick next to the type of hospital where you were most recently an inpatient.
- Local acute ward in general hospital
- Local psychiatric hospital
- Medium secure unit
- High secure unit
- Other (please state)
-
-
-

4. Please put a tick next to the statement that best describes your sleeping arrangements while in hospital.
- Single sex ward
- Mixed sex ward
- Private bedroom in mixed sex ward
- Private bedroom in single sex ward
- Cubicle/bay
- Other (please state)
-
-
-

5. Do/did you have access to single sex bathroom facilities?
- Yes
- No

6. Do/did you have access to single sex daytime facilities?
- Yes
- No

7. When in hospital do/did you feel safe?
- All of the time
- Most of the time
- Some of the time
- Rarely

If you do/did not feel safe, why was this?

.....

.....

.....

.....

.....

.....

.....

8. When in hospital in the last two years have you been

	Yes	No
a. Verbally or physically threatened?	<input type="checkbox"/>	<input type="checkbox"/>
b. Physically assaulted?	<input type="checkbox"/>	<input type="checkbox"/>
c. Sexually harassed?	<input type="checkbox"/>	<input type="checkbox"/>
d. Sexually assaulted?	<input type="checkbox"/>	<input type="checkbox"/>
e. Subject to harassment because of your race?	<input type="checkbox"/>	<input type="checkbox"/>
f. Subject to assault because of your race?	<input type="checkbox"/>	<input type="checkbox"/>
g. Subject to harassment because of your sexuality?	<input type="checkbox"/>	<input type="checkbox"/>
h. Subject to assault because of your sexuality?	<input type="checkbox"/>	<input type="checkbox"/>
i. Subject to assault/harassment for any other reason?	<input type="checkbox"/>	<input type="checkbox"/>

Please state

.....

9. If you answered yes to any of the questions 8 a-e, was this/these episode(s) perpetrated by;

First episode

- A ward staff member
- A visiting staff member
- A patient/service user
- The visitor of another patient
- Other (please state)
- Type of episode:

.....

Second episode

- A ward staff member
- A visiting staff member
- A patient/service user
- The visitor of another patient
- Other (please state)
- Type of episode:

.....

Please tell us more if you would like to

.....
.....
.....
.....

10. If you have been threatened, or the victim of verbal abuse, violence, racism or sexual harassment while in hospital, did you report this to a staff member?

- Yes
- No

If no, please tell us why not.

.....
.....
.....

11. If you did report the incident to a staff member were you satisfied with the action taken?

- Yes
- No

If no, please tell us why not.

.....
.....
.....
.....

12. Have you been placed in seclusion while in hospital in the last two years?

- Yes
- No

If yes, please tell us more.

.....
.....
.....
.....

13. While in hospital do/did you feel that you were treated with respect and dignity?

- a. by staff members
 Always Sometimes Never
- b. by other patients
 Always Sometimes Never
- c. by visitors
 Always Sometimes Never

14. Do you think the hospital surroundings/ environment helped your recovery?

- Yes, certainly
- Yes, to some extent
- No, not at all
- No, it made things worse

Appendix two:

Guidance notes for focus groups

Induction/information

- When you first arrived as an inpatient, did anyone introduce you to the facilities and services available or explain the ground rules for the ward?
- Were you given a booklet or leaflet to explain how the ward works?
- Did you receive the information that you needed when on the ward?
- Were you given information on the following topics?
 - The treatment you were given.
 - How the Mental Health Act works.
 - Advocacy services available to you.
 - PALS: Patient Advice and Liaison Service.
- Are there other types of information that you would like to have been given but were not?

Environment

- What were your sleeping arrangements like (Mixed sex wards? Cubicle bay?)
- Did you have single sex bathrooms?
- Did you have single sex day areas?
- Did you have access to fresh air?
- Did you have 24 hour access to non-alcoholic drinks (for example, water fountain, drinks machine)?
- Did you have access to secure lockers in which to store your belongings?
- Did you have access to quiet areas on the ward?
- Did you have access to child friendly visitor rooms?
- Were there separate smoking and no smoking areas on the ward?

Safety

- Did you feel safe on the ward? If not, why not?
- Did you experience or witness others experiencing racism on the ward?
- Was there violence on the ward? Sexual harassment?
- Did you/others report these incidents to staff member?
- Were you satisfied with the results?
- Did you feel that you were treated with dignity and respect while on the ward?

Activities and involvement

- Did you have enough to do on the ward?
- If not, what activities would you have liked to have access to?
- Was there an activities coordinator? Was this a useful position?
- Did you feel involved in the way the unit was run?
- Did you have access to a complaints procedures?
- Did you have access to a PALS (Patients Advice Liaison Service)?
- Was money an issue when it came to filling your time?
- If you were bored on the ward, how did this affect your mood and behaviour?

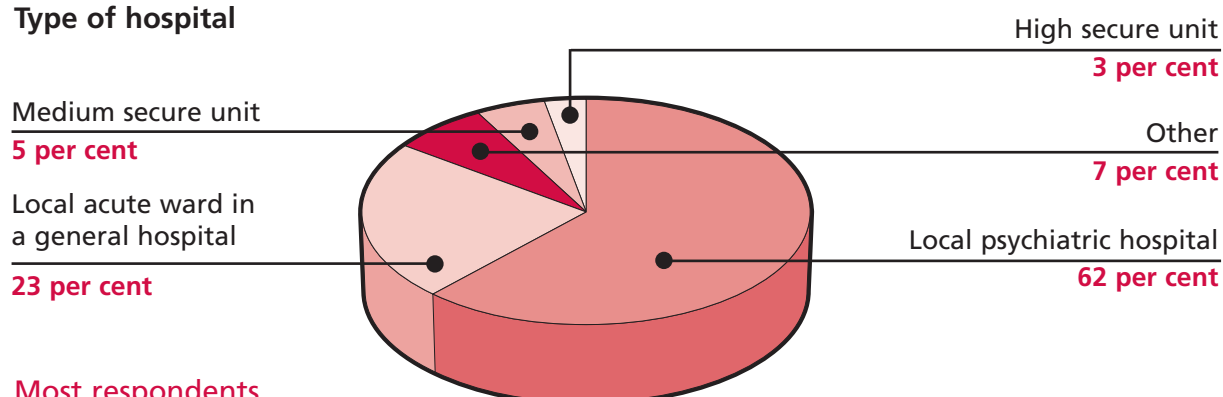
Session two

1. Consider the issues that were discussed in the first session. If you had to pick just three of these concerns to campaign on what would they be? Why?
2. In an ideal world, what should patients be able to expect from a stay in hospital? Choose one of the four areas (induction/information, environment, safety, activities and involvement).

Appendix three: Profile of respondents

In March 2004, 8,250 questionnaires were distributed throughout Mind's networks,¹ to delegates at Mind's Annual Conference and to the general public via the Mind website. We received 335 responses from individuals who are current or recent inpatients.²

Type of hospital



Most respondents (62 per cent) had spent time in a local psychiatric hospital.

Current inpatient

Of the 335 respondents, almost a quarter (24 per cent) were current inpatients.

Gender

Female	172
Male	102

Age

Age	per cent
Under 18:	2 (0.6)
18-24:	31 (9)
25-34:	48 (14)
35-44:	88 (26)
45-54:	92 (27)
55-64:	44 (13)
65-74:	11 (3)
75-84:	1 (0.3)
85+:	1 (0.3)
Did not answer:	17 (5)

Ethnicity

Ethnicity	per cent
Black/Black British:	9 (3)
Chinese:	0 (0)
White Irish:	5 (1)
Mixed Heritage:	7 (2)
Asian/Asian British:	5 (1)
White British:	273 (81)
Other White:	11 (3)
Other ethnic group:	2 (0.6)
Did not answer:	23 (7)

Geographical area

Geographical area	per cent
England (total):	255 (76)
Wales (total):	44 (13)
South East:	98 (29)
South West:	35 (10)
Midlands:	58 (17)
North East:	29 (9)
North West:	35 (10)
North Wales:	7 (2)
South Wales:	27 (8)
Mid Wales:	10 (3)
Did not answer:	36 (11)

¹ Mind's networks consist of members of Mind Link, Diverse Minds, Mind in Action, Rural Minds, Welsh based networks and 209 local Mind associations (LMAs).

² 'Recent' is defined as patients who at the time they completed the questionnaire had been inpatients in the past two years.



**For better
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For details of your nearest Mind association and of local services, contact Mind's helpline, Mind*info*Line on 0845 7660 163, Monday to Friday 9.15am to 5.15pm. Speech impaired or Deaf enquirers can contact us on the same number (if you are using BT Textdirect, add the prefix 18001). For interpretation, Mind*info*Line has access to 100 languages via Language Line.

**For further details of the Ward
Watch campaign, contact:**

Mind
15-19 Broadway
Stratford
London E15 4BQ

T: 020 8519 2122
F: 020 8522 1725
e: contact@mind.org.uk
w: www.mind.org.uk