Mental Health Discharge

- Healthwatch Wigan and Leigh

December 2017

Background / Key findings

Background

- Healthwatch Wigan and Leigh heard patients were having problems with early discharge from mental health services. We therefore chose to investigate the mental health discharge process and look into whether people were appropriately supported afterwards.

Key findings

- General feedback – People feel they are discharged too early, there is not enough discussion with patients prior to discharge, discharge planning is poor and people are not well supported with a care plan or appropriate follow-up.

- People who have been recently discharged rely heavily on their community networks, mental health support groups and their friends and family. This is only possible because many have had a condition for some time and so have a network and are already aware of services. Statutory Services need to work better with patients, families and community groups to ensure this support is available to all.

- As they had prior experience people knew they were not ready for discharge.

Methods

Research Methodology
Engagement officers created a survey to gather people's experiences of their previous mental health admission, discharge from the service, and the post discharge period.

The survey was available through Survey Monkey and on paper. The Survey Monkey was sent out via Facebook, twitter, Healthwatch Wigan and Leigh mailing list, and via relevant North West Boroughs Healthcare NHS Foundation Trust contact lists. Paper questionnaires were completed at meetings with local groups; a women's group and local mental health support groups.

Who we spoke to

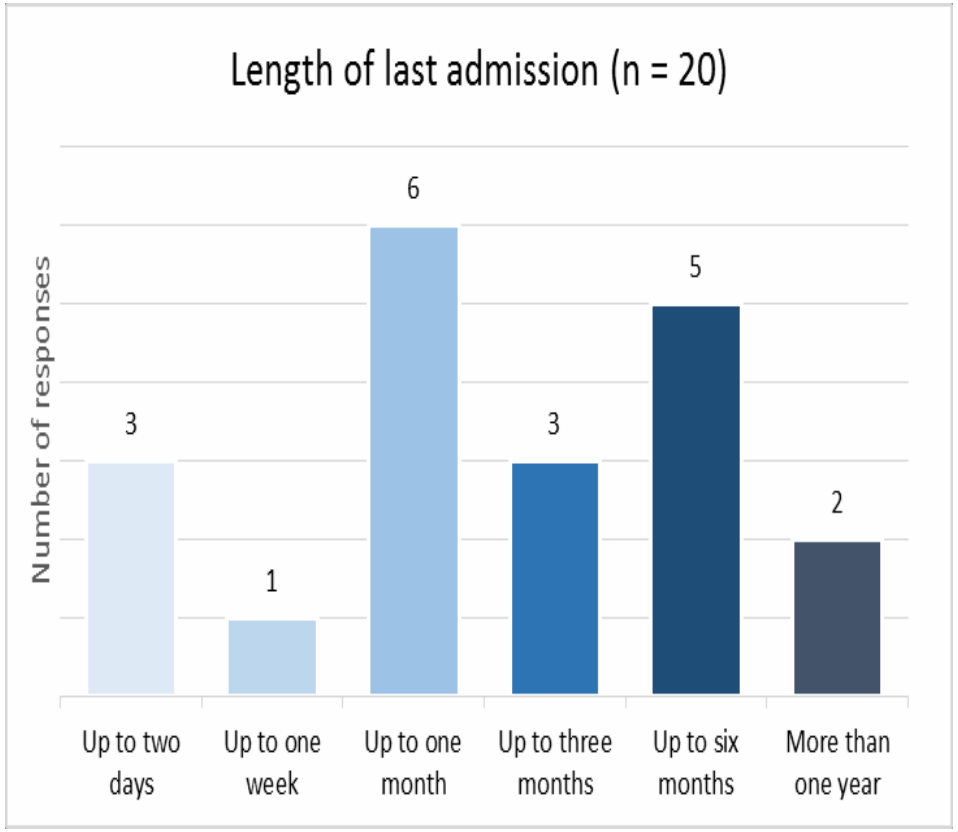
In total there were 22 participants – 12 from survey monkey / 8 using the paper questionnaire/2 additional comments received in person/on email.

100% of respondents had been discharged from a mental health within the last 2 years
14 (70%) between 6 months and two years ago, 5 (25%) in the last month, 1 (5%) last six months (20 respondents).

50% had been in the service for more than 3 months prior to discharge.
4 (20%) days to a week, 6 (30%) a month, 8 (40%) three months to six months, 2 (10%) more than one year (20 respondents).

83% had been in the local mental health hospital
15 (83%) local hospital, 3 (17%) hospital outside local area (18 respondents).

Almost half had been admitted voluntarily but 15% were not sure.
7 (37%) admitted under section, 9 (47%) not under section, 3 (16%) unsure (19 respondents)



Experiences of Discharge

Only 15% felt that they had been discharged on the agreement of themselves and staff. 55% felt that the staff had made the discharge decision.

Only 10% of patients felt that their discharge had been planned and 37% felt that they had not been giving any notice of their discharge.

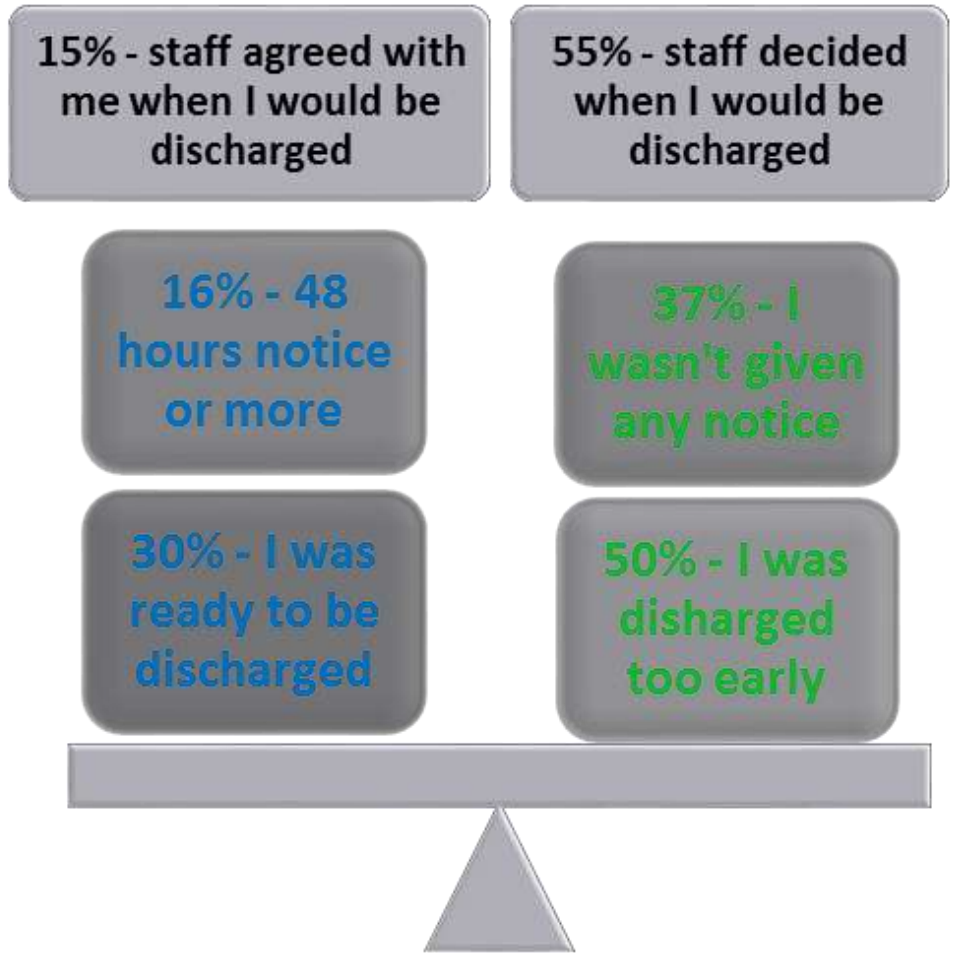
50% felt that they were discharged too early.

Experiences of Discharge

When you were discharged, did you discharge yourself or were you discharged by staff?
- 11 (55%) staff decision, 3 (15%) agreement between patient/staff decision, 2 (10%) self-discharge, 3 (15%) unsure, 1 (5%) other (20).

How much notice were you given that you were going to be discharged?
- 3 (16%) had 48 hours or more, 5 (26%) had less than 48 hours, 7 (37%) had no notice, 4 (21%) unsure (19).

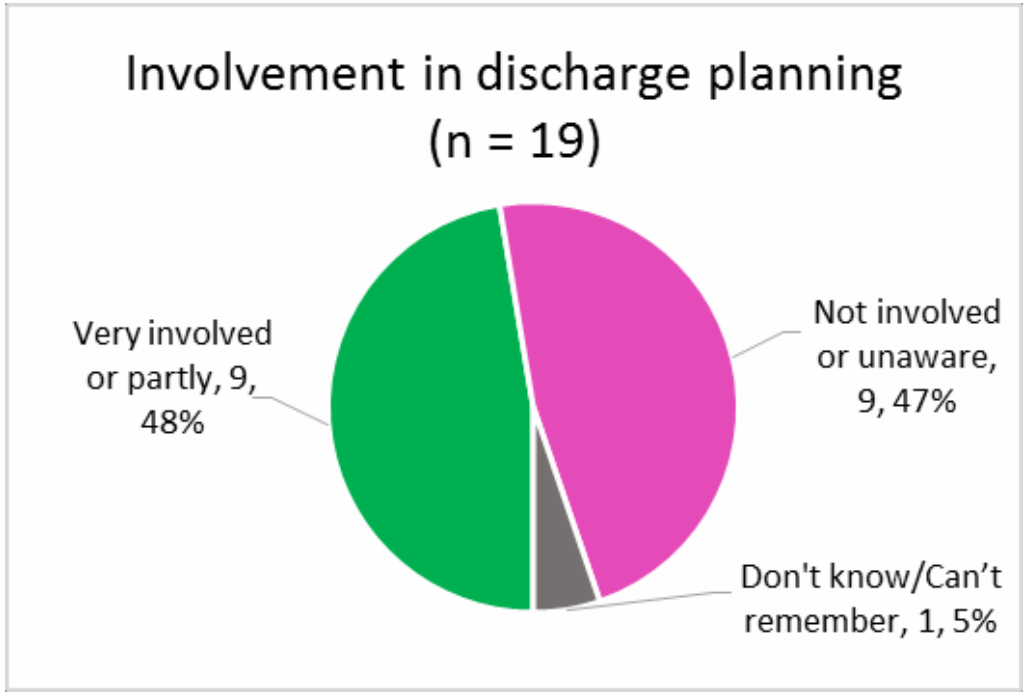
How did you feel about the decision to be discharged?
- 6 (30%) ready to be discharged, 10 (50%) felt too early, 3 (15%) kept too long, 1 (5%) unsure (20).



Experiences when using services

While you were supported by the service, did staff plan for your discharge and any further care and support you would need?
- 2 (10%) planning was undertaken, 11 (55%) planning not undertaken, 7 (35%) unsure (20).

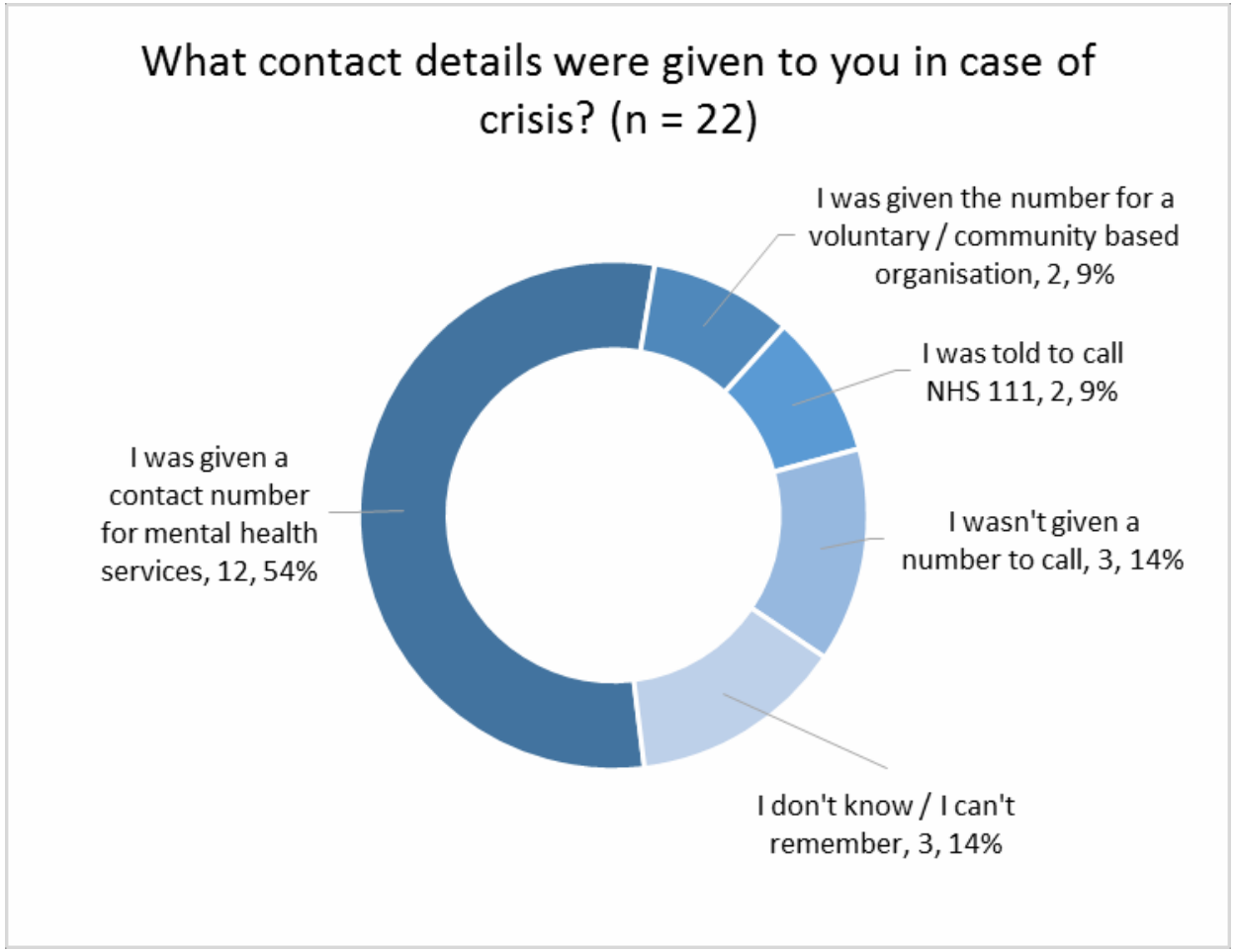
How involved did you feel in the planning for your discharge and any further care and support?
- 9 (47%) very or partly involved, 7 (37%) not involved, 2 (11%) unaware of plan, 1 (5%) unsure (19).



Experiences Post Discharge

- **Were you given a telephone number to call in case of further crisis?**
- 12 (54%) mental health services, 2 (9%) voluntary/community organisation, 2 (9%) told to use NHS 111, 3 (14%) no number given, 3 (14%) unsure (22).

- **Was anyone (such as a family member or friend) told you were being discharged?**
- 7 (35%) yes, 12 (60%) no, 1 (5%) unsure (20).



Experiences Post Discharge

Experiences of post discharge follow up were mixed, but 35% of respondents stated that they had had no follow-up and 50% felt that they had not had the follow up they had asked for.

95% of respondents felt that they had had either not enough of no post discharge support.

People in this study did express concern over not having enough communication and choice over follow up and the type of follow up. Most people had been followed up by services, either in person or by phone.

54% said that they had been given a number for mental health services on discharge but to call if in need. Bit 28% were either given no number at all or told to ring 111.

60% said that their family or friends were not informed that they were to be discharged.

Post Discharge Follow-Up

- **If you were discharged from an in-patient unit or A & E / RAID, how soon were you contacted by a follow up service, such as a community mental health team?**
- 8 (40%) within two days, 3 (15%) within seven days, 7 (35%) no follow up, 2 (10%) unsure (20).

- **After this discharge, for how many days did services follow-up with you?**
- 3 (17%) one day, 2 (11%) two days, 2 (11%) three days | 3 (17%) never, 2 (11%) unsure, 6 (33%) other (18)

- **How did this first follow-up happen?**
- 11 (61%) visited or met by mental health services, 1 (5.5%) called by mental health services, 2 (11%) not been followed up, 1 (5.5%) other, 3 (17%) unsure (18).

- **Were you asked how you wanted follow-up to happen (e.g. home visit or phone call)?**
- 3 (15%) yes, 15 (75%) no, 2 unsure (20).

- **Did you get the kind of follow-up you asked for?**
- 4 (20%) yes, 10 (50%) no, 2 (10%) unsure, 4 (20%) not asked (20).

- **Did you get enough support from mental health services after being discharged from an in-patient unit, A & E / RAID or Home-Based Treatment Team?**
1 (5%) had all support needed, 12 (60%) had some support but not enough, 7 (35%) no support at all (20).

•Followed up within two days - 40% •I had no follow up - 35%

•Followed up for 1-3 days after - 39% •Never followed up after - 17%

•Had a mental health service visit/ face to face follow up - 61%

•Not been followed up - 11%

Asked how wanted to be followed up: •yes - 15% •no - 75%

I got the follow up I asked for:

•yes - 20% •no - 50%

Support from mental health services:

•I had enough - 5% •some but not enough - 60% •no support - 35%

Post Discharge; Recovery and Harm

70% of respondents continued to have problems with their mental health but only half of these (35%of the sample) were receiving any kind of support with that.

In the first week after discharge 50% of respondents had suicidal thoughts, 35% harmed themselves, 20% attempted suicide and 10% were admitted/re-admitted as an inpatient.

Whilst incidents of harm reduced after the first week they remain significant at 20% for suicidal thoughts, 15% for self-harm, 10% for suicide attempts. A higher % were admitted/readmitted in weeks two to four than in week one (15%).

The majority of people sought post discharge support from their GP or a local community organisation.

Only 15% sought support from a specialist community base practitioner (CPN)

In the first week 20% of respondents called the mental health crisis team and 20% attended at A and E.

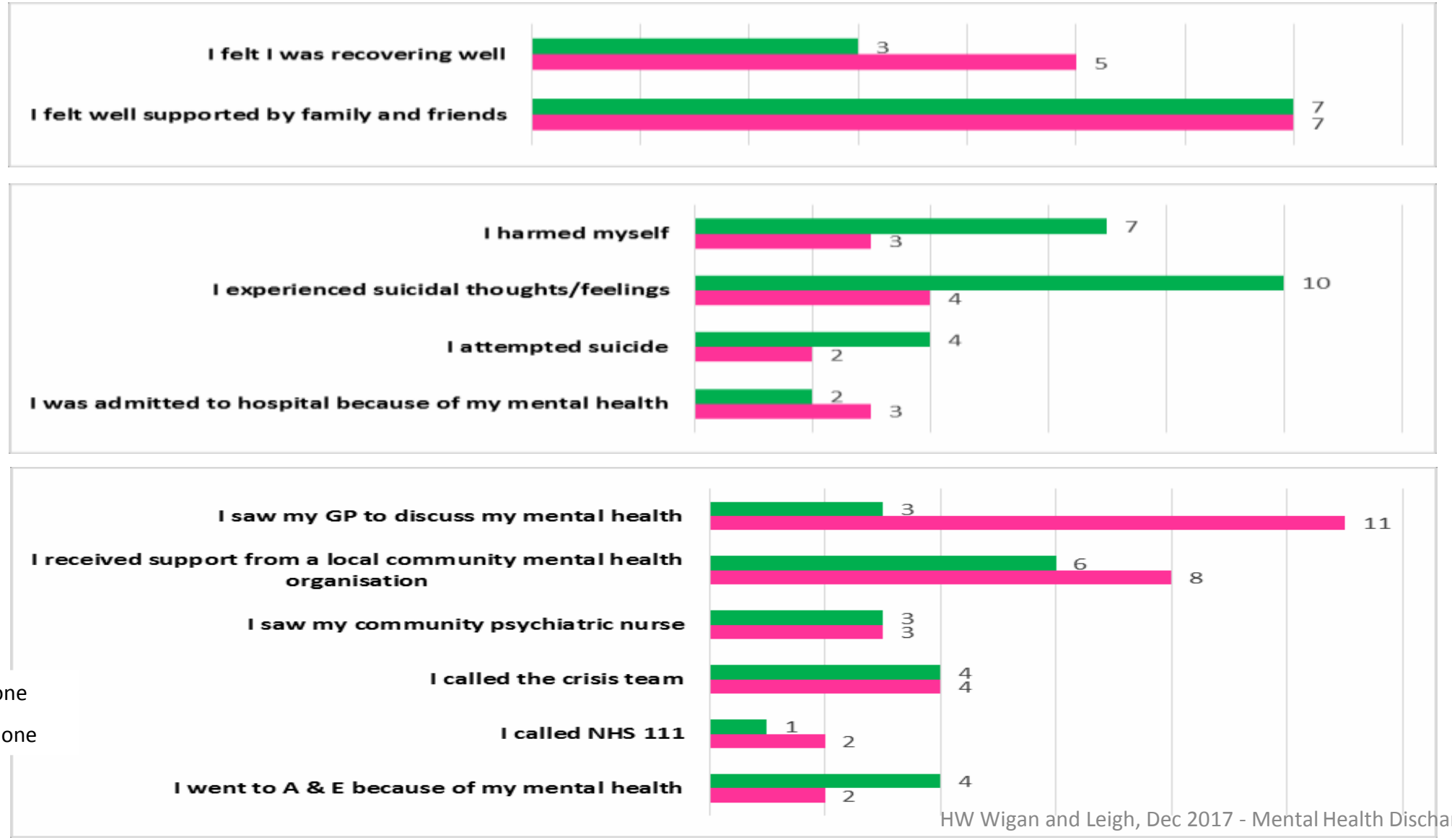
After Discharge Experience (n = 20)

How do you feel now	Total
I have recovered completely from my mental health problem	1
I can manage my mental health problem without support	5
I am receiving support to manage my mental health problem	7
I am not receiving support and I am struggling with my mental health	7
TOTAL	20

- Few felt they had recovered fully, though some felt they could manage without support.
- Significant number either still being supported, or struggling.

Recovery and Re-admission

Thinking about the first week and month after your discharge, which if any of the following statements describe your experiences?



Conclusions

Whilst it is acknowledged that this survey represents a small sample of patients. They are all patients with recent experience of mental health services in the Wigan area.

The survey shows that a large proportion of patients feel their discharge from services is untimely and poorly planned.

Post discharge experiences show a high number of incidents of harm and high levels of use of accident emergency and crisis services in the first week post discharge.

Anecdotally Healthwatch Wigan and Leigh are coming to the view that mental health services in the Wigan area over-emphasise the concept of 'capacity' and under-emphasise that of 'risk (to self or others)' in their discharge decisions and planning.

Recommendations

Healthwatch Wigan and Leigh appreciate the early actions of the authorities in Wigan Borough in responses to our earlier escalations on this issue.

Whilst we do believe that some of the problems reported here may well be addressed by the Mental Health Task group and the moves to include mental health discharges in wider work on good discharge we feelthat the significance of these findings warrants the following recommendations:

A **full sampling study** is commissioned to study the discharge experiences of a cohort of mental patients in near real time. Such a study should take account of patient's self-reported views of the discharge planning decisions and process as well as their post discharge health status and patterns of service usage.

This report (and the results of any sampling study) are **considered by the Health and Wellbeing Board and the Wigan Safeguarding Boards** in order to ensure that all relevant parties are focused on improving the situation.

We fully believe that improvements in this area will not only improve patient experience and outcomes but also will also provide a cost-benefit to the health and care system overall in terms of reducing unplanned crisis support. However, in order to evidence this we recommend that a **cost benefit analysis is made to shed light on the pattern of cost burden to the system of poor mental health discharge planning**.

The Comments

- Concern about specific wards
- Communication between services and to users
- Lack of support after discharge
- Reliance on community groups for support
- Long term struggles and complexity

The Comments *total 14 comments; from the surveys done and including 1 by email, 1 by service user.

Concern about specific wards

- *"…the [staff member] on [xxxxxx] unit never asks how you feel and doesn't listen to patients and discharges people when they are not ready and without prior notice, which has resulted in more admissions and also some people including my friend have committed suicide even after telling him they was suicidal, he still discharged them."*

Communication between services and to users

- *"Communication is very poor and the information is often conflicting."*
- *"I am on the waiting list for CBT but received [a] letter last week to say the funding for one to one CBT has been stopped – where does that leave me?"*
- Relatives said they were not given a chance to speak to doctors privately about plans for discharge; they did not feel they could cope with the patient at home, but were unable to say this as the patient was present. The result was the patient was discharged home just before a bank holiday weekend, substantial costs were incurred as the Police spent a lot of time that weekend trying to find him.

  The patient had not been offered an Independent Mental Health Advocate, but wondered when patients are discharged home if relatives are asked about the practicalities of this. (service user relative's comment)

Lack of support after discharge

- *"Rushed discharge, not enough support in the community afterwards."*
- *"When I was discharged from the home treatment team, I was supposed to receive counselling through IAPT. However IAPT said I did not meet their criteria and they could not see me. I was unable to get the help I needed through the NHS and ended up, after much distress, with no option but to see a private therapist."*
- *"I have had no care co-ordinator since 25th September 2017 even though I requested one; no care plan or crisis plan; diagnosed with Emotional Unstable Personality Disorder (EUPD) but it's not been explained; I don't feel supported and I feel like giving up with them, if the support was offered I would definitely take it."*

The Comments *total 14 comments; from the surveys done and including 1 by email, 1 by service user.

Reliance on community groups for support

- *"I am just keeping my head above water. My support is my community group and support network. I only have my 82 year old mum and we look after each other – what will happen when I haven't got her?*
- *"I didn't receive any real support and told them I wasn't ready to be discharged but they would [not] listen. I was terrified of going home. I would have been lost without my community groups."*

Long term struggles and complexity

- *"I got discharged in 2003 from in-patients and received a diagnosis of bipolar disorder in 2008. I got discharged from out-patients in2013."*
- A patient relayed their experience of care and felt that their complex needs had not been correctly dealt with. They felt GPs related illnesses after a mental health diagnosis back to mental health; in this case a hernia went untreated for two years. In addition when asking a social worker for help with finances, several professionals visited and it was felt they remained outside talking about the patient on their door step inappropriately (lack of privacy); "Never again will I ever go to hospital with my mental health as I have never got over how appalling I was treated".
- A patient that had been discharged for some time told of problems when leaving hospital – distance away and also felt to be too early. When in the community the GP was said to not understand need, with services not providing or responding quickly enough to the patients ongoing difficulty with mental health. (email)
- *"Although I'm alright at the moment it has been a bad year with some family bereavements and I understand that I am grieving and getting some support because of my feelings taking a knock."*

Healthwatch Wigan and Leigh wishes to thank those that took part or supported this research.

Engagement: Karen Wilson

Report: Karen Parker, Alex Tan, Alice Tligui