



## **Patient Choice Survey in General Adult Psychiatry**

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### **ABSTRACT**

#### **AIMS AND METHOD**

We aimed to survey psychiatric patients' views on how much choice they wanted in their care. A questionnaire was sent to all 205 patients under the care of a single consultant psychiatrist.

#### **RESULTS**

A total of 111 of the 205 Community Mental Health Team patients returned the questionnaire (53.7%). Most patients felt that having choice over whom they were seen by and when and where they were seen was important. Choice of clinician was particularly important to patients. Most patients wanted a role in choosing what medication they took.

#### **CLINICAL IMPLICATIONS**

Patients do want choice regarding their psychiatric care and a role in choosing their medication.

There is substantial evidence in other medical specialities that patients do want choice and information regarding their medical care( Blanchard *et al*,1988, Deber *et al*,1996, Coulter,2003, Hamman *et al*,2003). The Government has made 'patient choice' a central part of their health policy (Department of Health, 2003). However we are not aware of a survey of psychiatric patients views on choice. We wanted to find out if patients really do want choice and how strongly they feel about it.

### **Method**

Members of the East Cornwall Community Health Team (CMHT) developed questions relating to patient choice. Members of Cornwall Mental Health Forums (a users organisation) helped develop the questions and suggested question topics. The questions described in

this paper were part of a larger questionnaire administered to the patients that included the Autonomy Preference Index. The results from this part of the questionnaire are being published separately (Hill *at al*, in press).

Questions were chosen on regarding choice over which clinician in CMHT saw them, what time they were seen and where they were seen. Patients were asked to record how important having choice in these areas ranging from 1(not important) to 5(essential).

In addition patients were asked whether they wanted to be seen at the CMHT, GP surgery, a neutral venue or home. The final two questions addressed choice over medication and how clinicians dressed.

All 205 patients (aged 16-65) under the care of a single consultant in East Cornwall Community Mental Health Team were asked to complete the questionnaire. Everyone was posted a questionnaire and attempts were made also to request personally that patients complete it by clinicians on the team.

The only patients excluded from taking part were those unable to read, write or understand the questionnaire. Some patients who were acutely unwell during the period of the study would also have been unable to complete the questionnaire.

## **RESULTS**

### **Response rate**

Out of the 205 patients within the consultant team in the CMHT, 111 (53.7%) returned the questionnaire-partially or fully completed. There were no differences on age or sex distribution between the CMHT patients who returned the questionnaire and the CMHT patients as a whole.

Of the 77 patients who wrote down their diagnosis 24.7% said they had schizophrenia or psychosis.20.8% said their diagnosis was bipolar affective disorder and 54.5% said they had depression, anxiety, OCD or other diagnosis. Only 21.2% of those who gave their employment status were working which implies that the patients returning the questionnaires were not only the highly functioning ones able to gain employment.

## **RESPONSES**

### **Q1. Choice of clinician.**

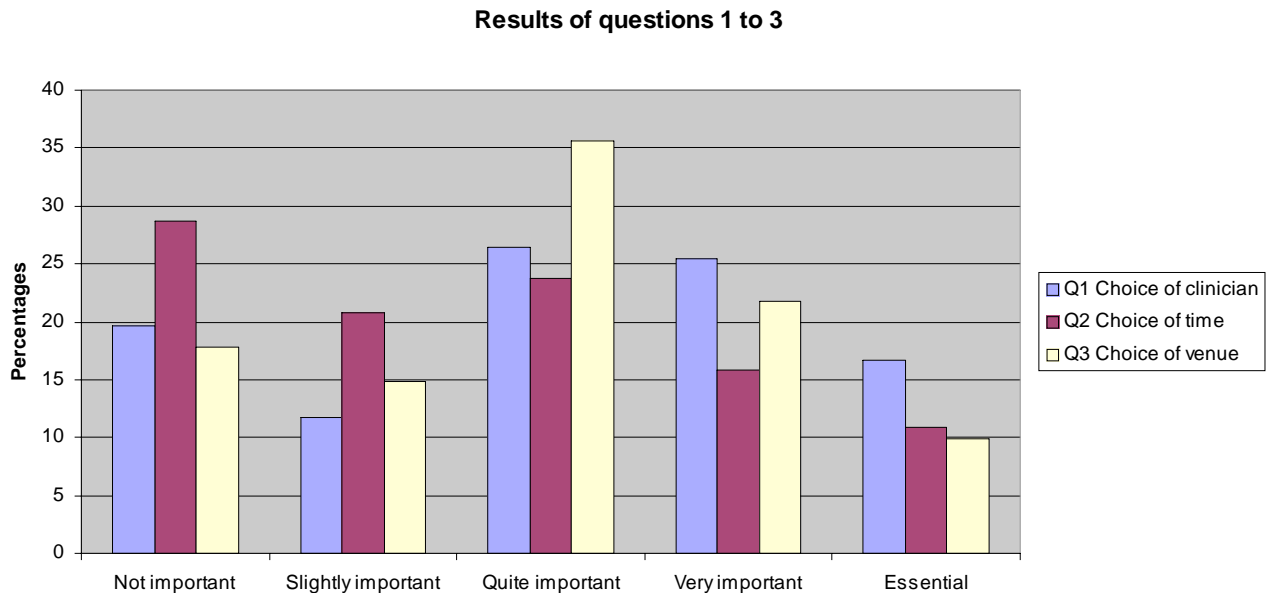
How important is it to you to be able to choose which particular member of the Community Mental Health Team sees you?

## Q2. Time

How important is it to you to choose the time of day that you are seen?

## Q3. Venue.

How important is it to you to choose the place where you are seen?



For questions 1-3 responses were marked 1-5(not important-essential). The mean score for question 1-Choice of clinician was 3.08(N=102 sd=1.35). For question 2-Choice of time the mean was 2.59( N=107 sd=1.34). Question 3- Choice of venue had a mean of 2.91 (N=107 sd=1.22). The mean scores for choice of clinician and choice of venue were significantly higher at the 5% level than the score for choice of time on a one sample t test (Q1-Q2 t=3.63, mean difference=0.49, sig < 0.001, Q3-Q2 t=2.57, mean difference=0.48, sig =0.012). Although the mean score for choice of clinician was higher than the choice of venue the difference was not significant at the 5% level( t=1.39, mean difference 0.17, sig=0.16).

42.2% of those who responded felt that choice of clinician was 'very important' or 'essential'. This compared with 31.7% for choice of venue and 26.7% for choice of time. The modal (most common response) for question 1-choice of clinician was 'quite important'- 25.5%. This was also the case for question 3-choice of venue (35.6%). The modal response to question 2 –choice of time was 'not important'-(28.7%).

**Table 1: Q4. Choice of preferred venue.**

Home	48.0%
Neutral Venue i.e Café	7.0%
GP Surgery	13.0%
CMHT Base	32.0%

**Table 2: Q5. How would you like the people who see you to dress?**

Casually i.e jeans and t-shirt	29.2%
Smart but casual i.e trousers and shirt	59.6%
Semi-formal i.e shirt and tie	10.1%
Formal i.e suit	1.1%

**Table 3: Q6. Decision making and choice of medication.**

I want the psychiatrist to make the final decision about which medication I take.	22.0%
I want to come to a joint decision about which medication I take with my psychiatrist.	54.0%
I want to choose which medication I take after being told about the alternatives by the psychiatrist.	24.0%

## **Discussion**

Increased choice for NHS patients is a key part of the current Government's health policy and is a central part of the 'NHS Improvement Plan: Putting people at the Heart of Public Services' (Department of Health, 2004). There are plans to enable patients to book appointments at times that suit them at a choice of hospitals and to give choice in a range of other areas (Department of Health, 2004). The Government cite research from a survey (MORI, 2003) stating that 42% of people would like to be able to choose appointment dates and times, 46% would like choice in treatment and 31% would like choice in hospital. 31% would like choice of doctor. This survey was on a broad section of the population. Our survey shows broadly similar results in a group of patients under the care of a Community Mental Health Team.

42.2% of CMHT patients who returned questionnaires felt that it was 'very important' or 'essential' to be able to choose the clinician they see in the CMHT. One suspects that in most mental health teams patients do not have much choice over who is allocated to

them. This is particularly true for consultant psychiatrists who often cover a geographical 'patch' and would have all the patients in this area under their care. Patients can ask to change consultant but this clearly requires the agreement of a psychiatrist covering a different 'patch'. There is little incentive to take on more patients within the NHS so often patients find it very difficult to change consultant.

26.7% felt it was 'very important' or 'essential' to be able to choose the time they were seen. In our experience normal practise in the NHS is for the clinician to tell the patient when the appointment is rather than the other way round. It was notable that choice of time was less important to patients than choice of clinician or choice of venue. This perhaps reflects the fact that few of our patients were employed and may make the government initiatives regarding patients booking appointments less relevant to psychiatry.

31.7% thought that being able to choose the venue that they were seen by a clinician was 'very important' or 'essential'. 48% of patients wanted to be seen at home. In our experience in the NHS most clinicians choose the venue rather than the patient.

A clear majority (88.8%) of patients would choose for the clinician seeing them to dress either 'casually' or 'smart but casual'. Only 11.2% wanted their clinician to dress more formally. Our results suggest that to please the majority of patients, clinicians should not be dressing in a formal way. We chose not to distinguish between different types of clinician in our questionnaire but are aware of previous research suggesting that patients would like their psychiatrists to dress in a smart casual fashion (Gledhill *et al*, 1997). We know of a local psychiatrist in Devon who has recently changed his dress from suit with bow tie to smart casual after surveying the views of his patients. Surveying patients views and acting on them may become a common approach in a more consumer orientated NHS.

54% wanted to make decisions concerning medication jointly with their psychiatrist. 24% wanted to make the decision themselves and 22% wanted the psychiatrist to make the decision. For patients to be able to take part in decision making the psychiatrist needs to provide information. User friendly decision aids and more time with the doctor are probably needed for this approach to work. Research on whether involving patients in choice of medication leads to better compliance and improved outcomes is needed in psychiatry. Research in other specialities suggests that it may (Greenfield *et al*, 1988). In two controlled trials of patients with depression giving choice of treatment improved engagement with services (Dwight-Johnson *et al*, 2001, Rokke *et al*, 1991). Finding safe ways of giving

choice and autonomy to detained inpatients may improve compliance and satisfaction and this area deserves further research. With the use of decision aids and more time with clinicians even unwell inpatients may be able to take part in decision-making processes regarding choice of antidepressant, depot or ward routine.

Our results show that it is important for many psychiatric patients to have choice concerning where they are seen and particularly who sees them. There was a wide spread in where patients wished to be seen but it was striking the number who wanted to be seen at home. The majority of patients want a role in decision making concerning medication but do not want to make the choice alone. This choice has traditionally not been offered within the NHS and it has yet to be seen whether 'the customer is always right approach' is deliverable within a public psychiatry system.

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