

Consumer survey of a mental health resource centre

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The first British day hospital was established by Bierer in 1946;¹ by the end of the 1950s there were 45 and during the next few years the number trebled.² With the trend towards community care, day hospitals and centres have continued to increase in number.

The style, philosophy and programmes offered by day centres differ considerably and the composition of clientele also varies.³ In line with the developments in community care, day care off hospital sites has been advocated.⁴ Day care is therefore being combined with other facilities such as out-patient clinics, crisis intervention or walk-in service, or as bases for community psychiatric nurses and clinical psychologists. In this way the modern day hospital has adopted something of the nature of the community mental health centre in the USA. Recent examples described in the UK include Lewisham Mental Health Advice Centre, Tameside and Brindle House.² This British version of the community mental health centre can be and has been called "community mental health resource centre".

We wish to describe briefly Stratford Road Day Centre (SRDC), which is in our view a prototype of a community mental health resource centre, and report the findings of a recent survey of the opinion of patients on various aspects of the functioning of the centre.

Stratford Road Day Centre (SRDC) is a terraced house in Sparkhill, Birmingham. It is situated in a high density, high immigrant part of the city, along a busy road, miles from its parent hospital. The centre is identifiable only by its house number, and thus is not clearly set apart as a psychiatric facility. The whole spectrum of psychiatric disorders (i.e. major psychoses, neuroses and personality disorders) are seen in the centre. There are several treatment programmes offered, including an Asian men's group, an Asian women's group, a social club, a three-day psychotherapy group, two out-patient psychotherapy groups, an art therapy group for psychotic patients, weekly community meetings, a schizophrenia relatives' support group, and a drop-in service. In addition, depot neuroleptic, lithium, and daily out-patient clinics are held. The centre is a base for the Asian Language Service, which provides a domiciliary and out-patient service for Asian patients.

The clinical team comprises nurses, community psychiatric nurses, an art therapist, social workers and doctors. There is no occupational therapist or clinical psychologist input.

The office space is modest. There are two group rooms, labelled by colour or size rather than by ownership; three rooms suitable for interviews with individuals, a small room used as a treatment room, a general office and kitchen. There is little separation of staff and patient facilities and no separation of patients by psychiatric diagnoses or facility used. The centre fits the description of a hospital with minimal "social distance", "block treatment", or "depersonalisation", as defined by Shepherd & Richardson.⁵

A questionnaire researching the views of the consumers of the service provided by Stratford Road Day Centre was distributed to all patients attending the centre in the one week beginning 13 July 1987, requiring respondents to declare whether they were satisfied or not with 13 aspects of the service. Eight of these factors were considered by Tyrer & Remington⁶, in their report on day care in Southampton. These factors were: ease of access, appointment times, time spent with staff, waiting time, knowledge about treatment offered, continuity of care, atmosphere of the centre, and staff understanding of patients' problems. To these we added frequency of attendance, external and internal appearance of the rooms, condition of the rooms, and communication between the different staff involved in the management of the patients. These additional factors were enquired into in order to evaluate the consumers' opinion about the appropriateness of the regularity of sessional appointments, anonymity of the building, non-clinical appearance of the rooms, general decorative condition of the rooms and finally perception by the patients of the quality of staff communication.

We were aware that the patients could be inclined to give positive responses and tried to reduce this possibility by ensuring that the evaluative procedure was divorced from therapy session. In order to establish some hallmark to compare the responses against, members of staff also completed a similar questionnaire.

One hundred and eight patients used the centre in the study week, of whom 72 (67%) completed and returned the research questionnaire.

There were 36 (50%) males, 35 (48.6%) females, and one patient who did not respond to the enquiry into gender. The majority of respondents (62.5%) were aged between 25 and 55 years. The control group was composed of 13 staff members, a response rate of 92.9%.

The majority of patients were satisfied with each item on the questionnaire. There was, however, a marked discrepancy between the views of patients and staff on four items: the decorative condition of rooms, the general atmosphere in the centre, the continuity of care provided to patients, and the quality of communication amongst staff about patients (Table I).

TABLE I
Questionnaire responses

Factor	Percentage of respondents satisfied	
	Patients	Staff
	%	%
Ease of access	76	85
Frequency of attendance	79	62
Outside appearance	86	92
Inside appearance	81	77
Conditions of rooms	85	15
Waiting time before first appointment	82	69
Waiting time before each attendance	82	92
Knowledge of treatment	74	69
Atmosphere	85	54
Time spent with staff	83	69
Staff understanding	79	77
Continuity of care	83	38
Communication between staff	89	38

Our findings suggest that there is general satisfaction amongst patients with the location, appearance, atmosphere and style of the centre. Some of the comments made by patients in the questionnaire reveal much about their attitudes to the centre and to psychiatry in general:

"SRDC art therapy group should be a model for future groups, indeed the idea of community care in 'households' such as SRDC must be continued." "I would like a staff member to see relatives and wife once a week." "I feel strongly about the houselike environment, professional but unhospital-like." "I am p— off with the staff, they don't give a f— s— about us. They do not understand us and they do not want to." "Doctors don't know how to f— treat me. They would rather I just went ahead and try and commit suicide again and succeed."

The items on which the staff opinions differed from the patients are interesting. The staff were dissatisfied with the decorative state of the rooms, the atmos-

phere of the centre, the continuity of care provided and the quality of communication amongst staff about patients. It is easy to explain the difference in opinion about the decorative state of the rooms because staff remain in the building longer and are therefore more likely to be affected by it. In addition, it may be that the staff have an idealised vision of what the centre should look like. The dissatisfaction with the other items is more difficult to explain. In our view, it probably reflects tensions within the multi-disciplinary team system. It is intriguing that the patients do not seem to perceive or be adversely influenced by the dissatisfaction of the staff with these areas.

In our view, our findings have demonstrated that a small, locally based centre providing the full range of psychiatric care with the exception of in-patient treatment is acceptable to patients. The features of the centre which increase its acceptability to patients such as ease of access, anonymity, non-clinical appearance of rooms, and its informal atmosphere, may not necessarily be looked upon favourably either by staff or planners. In a period of diminishing financial resources, there are problems with the idea of planning a centre for each locality. In addition, although the informal atmosphere of the centre may reduce the anxiety of patients, it could easily limit the efficiency of medical assessment.

We concede that there are problems inherent in the model that we describe but argue that these do not do serious damage to the model.

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