

## LKS Library and Knowledge Services

# Detailed Results from Patient Information needs survey for 'Evidence into Action' project, Brocton, 2012/13

## Executive Summary

The initial aim of the project had been to improve patient information leaflet provision on Brocton House, an acute inpatient unit in South Staffordshire and Shropshire Healthcare NHS Foundation Trust.

The strong conclusion from the survey is that most service users are satisfied with the current information provision on the ward and generally prefer to talk with staff about anything they want to know.

In general terms they preferred direct communication to obtain the information they wanted, specific to their need at the time. More generic material was not always suitable partly due to a reduced attention span especially when in crisis with the illness which had necessitated hospitalisation.

Although some people indicated they might use leaflets there was insufficient consensus to take that part of the project further.

Service users clearly did want to know about how to answer their information needs so it was suggested that as part of a structured care assessment, which is conducted as a 1 to1 with a clinical team member, information needs should be included. This would not be appropriate on admission but would be more suitable once the service users' condition had stabilised.

## Introduction

Library staff were invited to collaborate with Dr Kumar, the consultant on Brocton House, in a project looking at the information needs of patients on the unit and how they could best be met. Research has shown that mental health service users want a high degree of information about their care (Hill, 2006) and various satisfaction surveys have highlighted the unmet information needs of patients. Inpatient stays offer a good opportunity to provide individualised psycho education, and there is evidence to suggest that this can reduce readmission rates (Bauml et al, 2007; Rummel-Kluge et al, 2006). Patients are often keen

to have access to independent literature, as well as information provided verbally by healthcare professionals (Tanenbaum, 2008). Access to independent and credible information about interventions offered can enhance the quality of collaboration between the clinical team and service users (Stacey et al, 2008). This suggests that it is important that inpatient units provide their patients with access to literature on evidence based interventions.

Therefore the aim of this project was to provide relevant literature on the evidence base for interventions offered to patients in the acute inpatient unit in a way that best suited them. Brocton is one of a number of inpatient units in the mental health trust. It deals with adults in the acute phase of their illness including schizophrenia and bipolar disorder. It also includes accommodation for Ministry of Defence clients with similar illnesses. Some patients are informal and some are there for assessment under the provisions for a Safe Place under Sec136 of the Mental Health Act.

## **Methodology**

The survey took the form of interviews based on a questionnaire. Interviews were to be conducted by two library staff with willing participants from the ward as identified and invited by ward staff. The library staff visited the wards by appointment or arranging visits on the day and when it was convenient for the ward, users were invited to take part.

Service users in Brocton House can be resident for anything from a few weeks to several months, dependent on the course of the acute phase of their illness. This meant we could be interviewing users fairly new to the ward environment or longer term residents. The information needs for these two types of service user are similar so it was felt for the general overview we needed, that there was no need to record that information.

Ward staff suggested potential interviewees, using the criteria of the service user being relatively stable and displaying a willingness to participate generally. The potential interviewee could decide at the time of the library visit whether they wished to take part and so sometimes no interview took place.

When users were invited to participate it was made clear to them that we were trying to improve future provision of information and so there would be no immediate change. However when a specific information need was raised during the interview, this was either passed on to ward staff, or where appropriate, the library staff dealt with it and returned the information to ward staff to pass on to the patient.

There was some difficulty in getting respondents as many service users proved reluctant to be interviewed and there were issues with the time available. It was decided to leave it at eight respondents interviewed over the course of five visits to the ward, on four of which interviews were conducted.

The initial intention was to carry out the first survey, use the results to introduce an improved leaflets service, then carry out a follow-up survey. Because the results from the first survey suggested that an improved leaflets service was not what service users wanted, it was not introduced and so a follow-up survey was not required.

## Survey responses

### 1) *Current information*

#### **a) *Are you happy with the information you've had whilst on Brocton?***

(Marks out of 10)

Marks ranged from 0 to 10 out of 10.

Four respondents rated the information received at 9 or 10 out of 10, two at 6 or 7 out of 10, one at 3 out of 10 (low) and one at 0.

The low rating was accompanied by some helpful comments on the readability of the material they had received. They had problems with black and white and preferred bold colours and a lot of visual content. They suggested simple sayings that could motivate, e.g. "anger=no job".

Another suggestion was that a more formal induction process would be helpful for newcomers to the ward.

There were no comments from the more satisfied participants.

### 2) *Information used*

Questions

**2a. *What sort of information have you used since you've been on Brocton? AND***

**3a. *What additional information would you find useful?***

Responses to this section of the questionnaire (2a) have been tabulated and combined with the results from the same options in Section 3 on Future information needs/Gaps in current information (3a). The table is included as an appendix.

The only strong consensus from these results was that service users had not accessed much information since coming into Brocton, but any questions they had had, had been adequately dealt with when they spoke with ward staff. A few people had used leaflets but this might be in addition to talking to ward staff, and perhaps provided by them.

The most marked desire for information was around their illness and the medications they were taking or it had been suggested they might take.

Printouts were mentioned in two responses but it wasn't clear how the user had obtained them. They could have come from ward staff, or the internet. The respondents seemed to view them as a distinct category, rather than as *'leaflets; internet or received from ward staff'*.

Looking to the future information needs two people did not tick any selections, so scores are largely from six people. It may be helpful to bear in mind that if they had already

received information on their condition they might not think it necessary to ask for it in the future. Many people said they did not think they would require information in the future but a reasonable proportion thought they might want it. The most likely areas were: conditions/illnesses; talking therapies; self-help (particularly relaxation techniques); and healthy living. The preferred format is looked at in 3 b

**b) What format of information have you used?**

- |  |   |
|--|---|
| <input type="checkbox"/> <b>short leaflets</b>   | <input type="checkbox"/> <b>more detailed leaflets/booklets</b> |
| <input type="checkbox"/> <b>self-help books</b>  | <input type="checkbox"/> <b>self-help DVDs</b>                  |
| <input type="checkbox"/> <b>discussion groups</b>  | <input type="checkbox"/> <b>1 to 1 sessions</b>                 |
| <input type="checkbox"/> <b>books that are biographies/autobiographies of people with mental health issues</b> |   |
| <input type="checkbox"/> <b>other – please state</b>   |   |

Two people indicated they had not used any information, one of whom was not interested in any format of information. One person indicated they had used a short leaflet. Four people said they had used 1 to 1 sessions with staff to obtain the information they wanted.

There were several 'Other' suggestions, two mentioned printouts, one websites, one meetings and one Information from staff. The latter seemed distinct from information received as the result of a 1 to 1 session. Printouts would also have been supplied by staff members, and could be in the form of leaflets (but not necessarily).

**c) If leaflets used:**

- i. Were they about the right length / too long / too short?**
- ii. Did they have the right amount of information / too much / too little?**
- iii. Were they easy to understand? Yes / No**

The one person who had said they had used a leaflet from question b, did not answer these questions. The person who had said they had received 'printouts', thought they were about the right length and were easy to understand. One person who referred to the information as 'daunting' felt that the material was too long and was not easy to understand. They had not indicated a particular format for information they had received.

**d) What format of information did you like best?**

*The same format options were used as in 2b above.*

**e) Why?**

No one answered the first part of this question but two people commented on why they preferred to receive information in a particular way.

The first felt that produced documents felt like 'box-ticking' whereas with 1 to 1 sessions it felt like some one cared. The other commented that verbal information was easier to assimilate as they had a reduced attention span. If written information was provided it needed to be well laid out, with clear subheadings and should be easy to scan.

**f) Future Information needs/Gaps in current information**

**a. What additional information would you find useful?**

See Appendix for the tabulated responses

One person mentioned that they would like specific medication information on drugs such as olanzapine and clomazapine and how they interact together as they were concerned about possible interactions. Another person also mentioned more detail about medications, particularly when there was a change to dosage or medication. They wanted information on the new medication. They suggested leaflets or good websites might be suitable. A third person also mentioned medication, particularly new medication. They just wanted basic information.

One person took the opportunity to say that staff were already doing a good job on providing information on their condition. They mentioned that once the acute condition had stabilised more in depth information could be assimilated verbally once the patient was identified as 'ready'. The same person mentioned that they were already aware of the benefits of 'talking therapies', but that it would be helpful to have more information available. A second person echoed this last point.

**b. What format would you like information in?**

*The same format options were used as in 2b above.*

All eight respondents indicated a preference for receiving information in a 1 to 1 format from staff members. One commented that there is no communication when you use leaflets.

Three people said they would like information in a short leaflet format. One indicated that this was not the preferred method but was 'OK'. A second indicated leaflets could be used for reference afterwards. One person selected a range of options including self-help books, detailed leaflets and self-help DVDs. Another mentioned liking discussion groups as a source they would like to get information from.

**g) Are there any other comments or suggestions you'd like to make about information provided on Brocton?**

Several people had made comments throughout the interview process and these have been included in context. Three people also commented at this point in the survey.

One indicated that they preferred verbal information (not commented on elsewhere in their response), but also commented that they were happy with what they had received. One

indicated that a good job was being done all round. They also mentioned that staff were very helpful- '100% explain everything that is necessary'.

The last comment was less positive and was from the person who had zero rated the information received on the ward. They mentioned that information had been offered to them, but staff had not followed it up and no information had been forthcoming. They had felt disappointed as a consequence.

This feedback was passed on to staff on the ward.

## **Conclusion**

The purpose of the survey was to look at a way to establish whether current information providing practices were satisfactory to service users, and where we could improve provision of information for service users on the ward.

The responses received indicated that inpatients on Brocton House at the time of the survey were happy with the information they were already receiving on the unit and that they would prefer to talk to ward staff about their information needs. Any information could then be tailored to their specific needs in terms of both level and format.

Many patients had short attention spans, often as part of their illness, and so preferred a verbal format. It was suggested that incorporating an information needs question in the care planning process would identify these needs which could then be addressed either from a good quality source already known to ward staff, or could be passed on to library staff to find an appropriate source.

It was clear that the need for an appropriate format was important but was very much an individual need. There was not a specific format that would suit all patients.

There was a lack of consistency within the responses. As a result it was felt that there was insufficient consensus to move the project forward in the way originally envisaged.

Incorporating a specific question about what the patient wanted to know as part of the ongoing 1 to 1 sessions with staff members was felt to be the most appropriate way of ensuring that patients' information needs were not forgotten but formed part of the ongoing relationship with client and staff, and was incorporated in the individual care pathway.

The library service would continue to offer support to ward staff if they did not have the information they needed when discussing a patient's specific need for information.

## **References**

Bauml, J et al (2007) Psychoeducation in schizophrenia: 7-year follow-up concerning rehospitalization and days in hospital in the Munich Psychosis Information Project study *Journal of Clinical Psychiatry* 68(6), pp.854-861

Hill, S and Laugharne, R (2006) Decision making and information seeking preferences among psychiatric patients *Journal of Mental Health* 15(1), pp.75-84

Rummel-Kluge, C et al (2006) Psychoeducation in Schizophrenia--Results of a Survey of All Psychiatric Institutions in Germany, Austria, and Switzerland *Schizophrenia Bulletin* 32(4), pp.765-775

Tanenbaum, S (2008) Consumer perspectives on information and other inputs to decision-making: Implications for evidence-based practice *Community Mental Health Journal*, 44(5), pp.331-335

Stacey, D et al (2008) Decision-making needs of patients with depression: A descriptive study *Journal of Psychiatric and Mental Health Nursing*, 15(4), pp.287-295

## Appendix- Tabulated responses to questions 2a and 3a

2a. What sort of information have you used since you've been on Brocton? and 3a. What additional information would you find useful?

Information Used										
Topic	Information already used						Useful for the future			
	All		Leaflets on Ward	Internet	Ward staff	Other - printouts				
	Yes	No/DK	Yes	Yes	Yes	Yes	Yes	No	Don't know	Comment
Conditions/illnesses	5	3	2		4		3	3		Bipolar; Depression
Medication Information e.g. side effects	4	4	1		2	2	2	4		New medications to them; ECT; identify good websites for condition info.
Talking therapies	2	6			2		3	2	1	Background info.
Coping with symptoms	2	6			2		2	3	1	panic/anxiety; hallucinations
Coping with symptoms: self-harm					1					
Coping with symptoms: hearing voices		1								
Self help	4	4	1		1		4	2		Groups available
Self help: relaxation techniques	1				1		3			
Self help: coping strategies							2			
Self help: anger management							1			
Self help: other										
Keeping well		8					2	4		
Keeping well: relapse prevention							2			Concerned about preventing relapse, signs etc.



Healthy living	3	5			1	1	3	4		Info on activities on offer in ward
Information Used										
Topic	Information already used					Useful for the future				
	All		Leaflets on Ward	Internet	Ward staff	Other - printouts	Yes	No	Don't know	Comment
	Yes	No/DK	Yes	Yes	Yes	Yes	Yes	No	Don't know	Comment
Healthy living: smoking										
Healthy living: exercise					1		1			
Healthy living: healthy eating					1		1			Consider healthy eating v.important.
Healthy living: drinking										
Social	2	6					2	4		info. to support financial needs;
Social: accommodation	1	1			1	1	1			
Social: volunteering										
Social: debt							1			
Social: benefits					1		1			
3rd sector/ Support organisations	3	5	1		2		1	4		Poss. Bereavement support; Carers allowance/'short' time off work; mental health sources; drug interactions
Other										Wanted more specific info about prognosis/ progress; what ward activities are available