Correspondence

Using the discharge interview to evaluate a mental health unit

DEAR SIRS

Methods used to evaluate mental health treatment programmes often neglect the voice of patients.

A total of 50 patients were interviewed on the day of discharge from the mental health unit to assess opinions about treatment and mental health unit conditions. Three questions were asked.

(a) What did you like best about the mental health unit, that is, what helped you the most?
(b) What did you dislike about the mental health unit, that is, what helped you the least?
(c) Do you have any suggestions for improvement in the mental health unit programmes or functioning?

Patients could give more than one response.

(a) Staff in general, their caring and understanding attitude was the category most often mentioned (70%).
(b) The homely and friendly atmosphere of the mental health unit (20%).
(c) Food (15%).
(d) Medications (10%).
(e) Freedom (10%).
(f) Confidentiality, privacy, recreational activities and help with insight were also found beneficial.
(g) As to dislikes, 25% of patients found nothing of note.
(h) Boredom was mentioned by 6%.
(i) Other points mentioned were gloomy decoration of the unit, confined space, a depressing day room, noise, the long interval between lunch and tea, the number of people present in the weekly review meetings, no clear guidelines as to the "rules" on the unit and a library with a poor choice of literature.
(j) Almost 35% of patients had no suggestions for improving the mental health unit programme.
(k) More activities were wanted by 10%.
(l) A smaller percentage suggested: name badges for staff, seeing a doctor on a one-to-one basis, a games room with snooker and darts, provision of a tumble drier, installation of an additional payphone and means of obtaining change for this, more occupational therapy activities and group therapy, sewing and knitting classes, a designated non-smoking area, re-organising the day room, gym equipment, organised walks and better food.

The interview technique used was suggested by Keith-Spiegel *et al* (1970). Most patients were able to make a definite decision regarding the most beneficial aspects of their treatment.

Of particular interest was the high percentage of patients who chose staff kindness and understanding as the most favourable aspect. The role of the mental health unit in providing a favourable atmosphere in which to recover suggests that what pleases patients most is the way in which the unit meets their dependency needs.

Frequently mentioned beneficial aspects were staff attitude, food, medication and recreational activities. Many patients offered no suggestions for improvement. However, some offered reasonable and clever suggestions, which would be relatively easy to implement.

This study raises questions concerning the role which patient opinion should play in the improvement of the mental health unit's treatment programmes, aiming to meet the best interests of patients by being more sensitive to their needs.

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Reference

KEITH-SPIEGEL, P., GRAYSON, H. M. & SPIEGEL, D. (1970) Using the discharge interview to evaluate a psychiatric hospital. *Mental Hygiene*, **54**, 298–300.

Follow-up of discharges by Mental Health Review Tribunals

As a medical member of the Mental Health Review Tribunal, I should like to draw attention to a deficiency in the present Tribunal system. This is the lack of any mechanism for the follow-up of the Tribunal's decisions, in particular for patients who are discharged. What happens to them would seem a good test and audit of the tribunal's value, fairness, cost-effectiveness, and efficiency.

Many consultant psychiatrists can cite instances of patients discharged by Tribunals who have soon afterwards needed treatment and hospital care, perhaps under new detention orders. At present, this evidence is anecdotal: a wrong decision by a Tribunal can have serious consequences so it is important to discover how mistakes arise. A Tribunal might seem to be naive if it has discharged a patient on the basis