A mixed-methods study exploring therapeutic relationships and their association with service user satisfaction in acute psychiatric wards and crisis residential alternatives

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Scientific summary

Relationships and their association with service user satisfaction

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Scientific summary

Background

In 2011/12, 30% of the government's £5.5B adult mental health care budget was spent on acute services. Despite this investment, many service users are dissatisfied with the care they receive, finding acute wards frightening places of little therapeutic value.

Studies have repeatedly found that service users value the time they spend with staff. They appreciate feeling listened to and understood. However, disappointment with therapeutic alliances – that is, the affective bonds between service users and clinicians in which the service user feels valued and supported as an individual – in acute settings is a recurring theme.

Crisis houses are one alternative to acute wards. They are usually smaller than wards, more domestic in atmosphere, and based in residential areas. They serve similar populations to acute wards, although few admit people who are compulsorily detained.

The Alternatives Study (TAS) [Johnson S, Gilburt H, Lloyd-Evans B, Osborn DPJ, Boardman J, Leese M, *et al.* In-patient and residential alternatives to standard acute psychiatric wards in England. *Br J Psychiatry* 2009;**194**:456–63] indicated that service users prefer crisis houses to hospital. However, this was not explained by content of care, amount of staff–service user contact, or shown to be associated with differences in outcomes. Instead, qualitative research suggested staff and peer relationships, personal safety and lack of exposure to disturbed behaviour were important.

Factors that promote good relationships in acute settings are poorly understood and the reasons service users prefer crisis houses have not been assessed quantitatively.

Aims/objectives

This study had two main aims. First, we aimed to identify potential explanations for service users' greater satisfaction with crisis houses. We focused on factors identified in the qualitative phases of TAS as important to service users: relationships with staff and peers, recovery and exposure to negative events. Qualitative methods were used to understand the factors that impede and facilitate therapeutic relationships in acute settings.

Methods

Quantitative component

Setting and sample

We collected data from four crisis houses in two London mental health trusts. Data were shared with a study on Protected Engagement Time (PET) (URL: http://public.ukcrn.org.uk/search/StudyDetail.aspx?StudyID=7802), which collected data from 16 acute wards in the same trusts enabling us to compare the

same measures across crisis houses and wards. Our sample size calculation indicated we needed to interview 108 crisis house participants. The inclusion criteria were:

- good level of English
- capacity to provide informed consent
- resident in the crisis house for 1 week (this was 5 days in one site with a short average stay).

Participants were eligible for inclusion regardless of diagnosis or Mental Health Act status (Department of Health. *Code of Practice, Mental Health Act 1983*. London: The Stationary Office; 2008). Comparison data were taken from the PET study, in which 247 participants from acute wards were interviewed, selected using similar criteria except that participants were resident in hospital for a minimum of 2 weeks.

Recruitment

Potential participants were approached by a member of staff. For those willing, a researcher explained the study fully and sought written consent. Data collection continued at each service until the target number of participants had been recruited.

Measures

1. Sociodemographic characteristics: sex, age, ethnicity, country of birth, admission date, diagnosis, history of admissions and current Mental Health Act status.
2. Satisfaction with services [Client Satisfaction Questionnaire (CSQ)].
3. Therapeutic relationships [*S*cale *T*o *A*ssess the Therapeutic *R*elationship[0]- Patient (STAR-P)].
4. Peer support [Interpersonal Relationship Inventory (IPRI)].
5. Recovery [Recovery Assessment Scale (RAS)].
6. Negative events experienced during admission (negative events schedule).

Data management and analysis

Data were recorded on forms by researchers and transferred into an SPSS version 19 database (Statistical Product and Service Solutions; SPSS Inc., Chicago, IL, USA). Three stages of analysis were undertaken:

i. descriptive data were generated for all variables
ii. mean scores for continuous measures were compared for The Alternatives Study 2 (TAS-2) and PET samples, using cluster-adjusted linear regression to adjust for participants' characteristics and service use history
iii. a model was developed to explore the factors relating to service user satisfaction, including service type, service user characteristics and other outcome measures.

Qualitative component

Sample

Qualitative data were collected from crisis houses and from wards which were not offering PET. We sought to interview 32 service users and 16 staff. Purposive sampling was used to ensure a wide range of clinical, sociodemographic and service experience characteristics. For service users, this was informed by routine service data for the preceding year regarding service users' sex, age, ethnicity, diagnosis and number of previous hospital admissions. For staff, we sought a wide variety of experiences and characteristics (e.g. sex, age, level of seniority and clinical experience). Similar inclusion criteria to the quantitative component were applied.

Recruitment

Service user participants were recruited via clinical staff. Staff participants were identified via senior staff or the service manager.

Measures
Semistructured interviews were conducted covering respondents' views on the characteristics of good staff–service user relationships and factors promoting or hindering relationships. The majority of interviews were conducted by service user researchers.

Data management and analysis
Qualitative interviews were audio recorded, transcribed and transferred into NVivo 9 (QSR International, Warrington, UK) qualitative analysis software for analysis. The research team collaborated to create a coding frame which reflected both the original research questions and emergent inductive themes. A service user researcher led the analysis of service user data.

Results

Quantitative component

Sample numbers and response rates
We recruited 108 crisis house service users whereas the PET study recruited 247 acute ward participants. We achieved a good response rate, with 85% of crisis house service users and 72% of hospital service users agreeing to be interviewed.

Sample characteristics
As one of the crisis houses admitted only women, there were substantially more women in the crisis house arm of the study than on acute wards. There was a smaller percentage of people from black Caribbean, black African and Asian backgrounds in crisis houses. Diagnoses also varied between setting, with hospital participants more likely to be diagnosed with schizophrenia or schizoaffective disorder and crisis house residents more likely to be diagnosed with depression or personality disorder. Across both groups most participants had experienced previous hospital admissions. Two-thirds of the hospital group but only one crisis house service user (transferred on leave from hospital) were detained under the Mental Health Act.

Ratings of satisfaction, therapeutic relationship and other aspects of inpatient experience
Hospital service users had, on average, a satisfaction score just above neutral (mean CSQ score = 21). Crisis house service users were on average somewhere between 'fairly satisfied' and 'very satisfied' (mean CSQ score = 27.5). This large difference remained significant after adjustment for participants' demographic, diagnostic and service use characteristics.

Similarly, adjusted data found significantly better therapeutic relationships and peer support in crisis houses compared with wards, but no difference in recovery. Therapeutic relationships and peer support, unlike recovery, were both strongly associated with satisfaction.

Exploratory analyses suggested negative events tended to occur more frequently on wards. The most frequent negative event in both settings was witnessing disturbed behaviour: 74% on wards and 34% in crisis houses. Multivariate analyses suggested that negative events relating to staff – such as service users being forced to take medication or being dismissed or ignored – were independently associated with satisfaction. With the inclusion of negative events in our model of satisfaction, as well as therapeutic relationships and peer support, there was no longer a significant association between service setting and satisfaction, suggesting that these variables may have considerable explanatory value in accounting for this association.

Qualitative component
Twenty-nine service users were recruited, 14 from crisis houses and 15 from acute wards. Our sample was reflective of the sex, age and ethnicity of service users from the previous year.

What do service users want from their relationships with staff?

Ideal relationship attributes showed a great deal of overlap between crisis house and hospital participants. Three major themes emerged:

1. Basic human qualities lie at the heart of therapeutic alliances. Service users in both environments valued relationships with staff who were caring, honest, empathic and approachable.
2. Service users wanted staff to talk to them more, listen to them more, and demonstrate therapeutic counselling skills in structured and unstructured interactions.
3. A focus on recovery and hope were also important, though less so than the above factors.

Understanding and professionalism were also important to service users.

The most prominent factors that impacted on the relationships between staff and service users were as follows.

Freedom

Crisis house service users valued their freedom whereas those from wards reported that their lack of freedom established a negative dynamic between themselves and staff.

Autonomy

Crisis house service users reported greater autonomy than those on wards. Some service users in crisis houses welcomed this autonomy, whereas a minority found it difficult to manage. Most acute ward service users resented their lack of autonomy.

Atmosphere and environment

Most crisis house service users described the atmosphere and environment positively, using words such as homely, relaxed and peaceful. On wards, opinion was divided on whether the atmosphere was positive or negative. The built environment of acute wards was described unfavourably, particularly the lack of green space and claustrophobic rooms, escalating tensions in relationships.

Activities

Shared engagement in activities was a key factor affecting relationships between staff and service users. Service users from both settings reported a lack of activities, with those on wards most affected by this.

Staff visibility and availability

Service users in both settings felt that staff were available if they had an immediate need for help. They understood the competing demands on staff, but at times felt disregarded if staff did not have time for them. Service users in crisis houses reported having more one-to-one time with staff. Staff who spent most of their time in the office were described less favourably than those who spent time in communal areas. Sharing meals was highlighted as being particularly beneficial for therapeutic relationships.

Relationships with peers

Positive peer relationships were reported by several service users. In wards, some service users reported exposure to disturbed behaviour or violence.

Participants' recommendations for improving therapeutic relationships

In both crisis houses and wards service users wanted to spend more time with staff and to have more therapeutic input, extra training for staff and greater investment in services.

On acute wards service users suggested training staff on the experience of mental distress and dealing with aggressive service users, a focus on rehabilitation, increased staff numbers, granting the right levels of freedom and a respect for confidentiality. In crisis houses, staff continuity, peer support and preparation for discharge were considered important.

Staff interviews

Themes arising from staff interviews largely overlapped with those from service user interviews. Staff views of what service users want from relationships mirrored what service users said they wanted: interpersonal skills such as listening, understanding, warmth, respect, trust and honesty. In addition, professionalism and finding a balance between setting boundaries and being warm were viewed as important.

Influences on therapeutic relationships

Staff in both settings highlighted the importance of spending time with service users. Ward staff described greater pressure to complete duties and paperwork and a more hectic atmosphere than in crisis houses. Staff described seeking a balance between promoting autonomy and maintaining safety.

Staff recommendations for improving relationships

Staff discussed reducing paperwork, increasing staffing levels and improving organisational contexts.

Conclusions

Main findings

This study confirms previous findings of greater satisfaction in crisis houses than acute wards and found considerably better therapeutic relationships between staff and service users in crisis houses. Therapeutic relationships, staff-related negative events and peer relationships were all significantly associated with satisfaction. With adjustment for these three factors, service setting and satisfaction were no longer significantly associated, suggesting that the three factors in themselves can account to a considerable degree for the difference in satisfaction between settings.

Demographic, diagnostic and service use characteristics were not associated with satisfaction, suggesting that the determinants of service user satisfaction lie in the service user's environment rather than in service users themselves. The lack of association between perceived recovery and satisfaction mirrors findings in TAS where there was greater satisfaction but no greater clinical improvement in crisis houses.

Our qualitative results identified several potential determinants of good therapeutic relationships: the most important was the personal qualities of staff – kindness, warmth and empathy – as well as professionalism.

Influences on relationships

Freedom and autonomy had a significant impact on therapeutic relationships, especially on the ward where the lack of freedom impaired therapeutic relationships and could lead to service users attempting to convince staff that they were ready for greater freedoms, even where this meant concealing distress. This contrasts with the crisis house where freedoms were negotiated on a daily basis and participants felt safe and supported. Among hospital service users, those who were detained under the Mental Health Act did not appear to be less satisfied than those who were there voluntarily suggesting that restrictions of freedom also impact on voluntary service users. Negotiating the correct level of freedom is thus an important area for ward staff and one with inherent challenges.

Descriptions of a negative atmosphere on the wards echoed our quantitative findings where incidents of negative events were much more common. The trend towards managing less distressed service users in the community may have led to a concentration of the most distressed in hospital, leading to a vicious cycle where staff become overwhelmed and distance themselves from service users, leading to greater disturbance.

Staff and service users were agreed on the importance of shared activities. Eating together was a simple yet powerful way of promoting interaction.

Expectations of peer relationships were variable, with some service users hoping only for a quiet life, others for a sense of camaraderie. Mutual understanding appeared to be present to a greater extent in crisis houses – this was confirmed both qualitatively and quantitatively. However, crisis houses are under less pressure as they are able to screen referrals and usually accept only voluntary admissions.

Future research priorities

1. A grounded theory study to explore the nature and purpose of social interaction in residential crisis facilities.
2. In-depth qualitative research to explore the drivers behind a lack of compassion and humanity on acute wards.
3. Participatory research into strategies to improve therapeutic alliances between staff and service users with an explicit focus on training and support for staff, and changing workplaces cultures and contexts.
4. An in-depth exploration of whether or not therapeutic alliances differ between different crisis house models, including service user-led crisis houses.
5. Research with or by service users to further develop a model of the main determinants of service users' experiences of and satisfaction with acute care.

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