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Project: Satisfaction with the Crisis Resolution Service - Consumer, family and referrer perspectives

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Introduction:

The Crisis Resolution (CR) service is a new service within the Specialist Mental Health Service for people with urgent mental health needs. Prior to the present study, only anecdotal evidence existed on how satisfied people felt with this service.

Aim:

The broad aim of this study was to evaluate the service satisfaction of consumers discharged from CR, as well as their family and referrers. The study evaluated global satisfaction with the service, satisfaction with specific aspects of care, how participants thought the service could be improved and which aspects of care they found especially helpful.

Method:

Participants were consumers, their families and referrers. Consumers were consenting, consecutive people discharged from CR over five weeks. If consumers had family (broadly defined and included parent, partner or friend) or a referrer (broadly defined and included General Practitioner, counsellor or psychiatrist) involved in their recent care, consent was sought to contact these people and they were also interviewed.

Brief, structured interviews were conducted. Participants were asked about global and specific aspects of care in both open and forced choice questions. The specific questions asked are presented in the results section (together with the findings) for parsimony. Consumers, family and referrers were asked the same questions, with pronoun modifications where appropriate. Referrers were only asked the first four questions, plus an additional question about communication. Descriptive statistics were performed. The study received ethical approval from the University of Otago Ethics Committee (Health).

Results:

180 consumers were potentially eligible for this study. Of these, 57 did not meet inclusion or exclusion criteria for the study and 123 remained eligible of the study. 35 consumers were unable to be contacted and 11 declined to be interviewed. 75 consumers were contacted and interviewed. The demographic characteristics of the consumers interviewed were broadly consistent with those of people who use the CR service. 22 family and 16 referrers were also contacted and interviewed. Structured interview responses, Forced choice questions - Would you recommend the Crisis Resolution Service to family and friends if they needed similar care or treatment? (consumer = 92% satisfied, family = 86% satisfied, referrer = 93% satisfied). How would you rate the care you received from the Crisis Resolution Service? (consumer = 96% satisfied, family = 91% satisfied, referrer = 91% satisfied). How easy was it for you to access the Crisis Resolution Service (e.g, find out how to contact them, get someone on the

phone and make an appointment)? (consumer = 86% satisfied, family = 88% satisfied, referrer = 91% satisfied). Were you seen and helped quickly enough by the Crisis Resolution Service? (consumer = 88% satisfied, family = 77% satisfied, referrer = 93% satisfied). Were you given a choice about where you were seen (at least some of the time)? (consumer = 65% satisfied, family = 57% satisfied). Were you asked if you wanted family involved in your care? (e.g. maybe to attend appointments with you, or for staff to talk to them)? (consumer = 84% satisfied, family = 79% satisfied). How straightforward was it for you to meet with staff, tell your story and develop a plan? (consumer = 86% satisfied, family = 83% satisfied). Were your needs met by the Crisis Resolution Service (either by them, or did they suggest somebody else who could help)? (consumer = 81% satisfied, family = 81% satisfied). How respected did you feel by staff at the Crisis Resolution Service? (consumer = 93% satisfied, family = 91% satisfied). How would you rate the communication that you received from the Crisis Resolution Service about XX? (referrer = 81% satisfied). There was an 81% agreement rate on the forced choice questions between consumers, family and referrers as to whether the consumer's care was satisfactory. Where consumers and family disagreed, there was a trend for family to be more dissatisfied. Open questions. Approximately half of all participants made comments about how the service could be improved. A diverse range of suggestions were made, including improving access to care, as well as staffing and service issues. Specific suggestions included the following: (1) Better publicity about the existence of the service and how to contact them; (2) That the 111 emergency service suggest use of the service as an option, rather than necessarily going through the Police; (3) Access to the service at a "non-crisis level;"(4) More consistency of staff members; (5) Better options for managing people who were intoxicated and also needing crisis care (6) Improved security for staff; and (7) Not being discharged "too soon." Approximately three quarters of all participants made comments about what was especially good or helpful about the service. General comments were made about how grateful they were that the service existed, how appreciative they were of having someone to talk to and listen to them (or their family member) at a difficult time, and the positive personal characteristics of staff. Specific aspects of care that people commented favourably about included the following: (1) Being seen quickly; (2) Having the option to be seen at home; (3) Being given a "minder" while in hospital; and (4) Receiving good respite and follow-up care.

Conclusion:

The majority of participants were satisfied with the care that the consumer had received. Where participants did not agree, families were more likely to be dissatisfied than consumers. Helpful suggestions were supplied by participants about how the CR service could be improved.