

PATIENT AND CARERS' EXPERIENCE OF PHYSICAL HEALTHCARE IN MENTAL HEALTH INPATIENT SETTINGS

For many years UK mental health policy and clinical guidance has emphasised the necessity of placing patients and carers at the centre of care and systematically involving and engaging them in care planning^{1,2}. Despite the intrinsic importance of this approach and evidence of multiple benefits for all parties there are ongoing concerns that many continue to be marginalised in many aspects of care delivery and planning^{3,4}.

People living with mental health conditions have concerns about their physical health and want to be involved in their care³. Effective involvement in care planning improves outcomes, promotes empowerment and can support the achievement of aspirational outcomes⁵. It also contributes to and enhances the overall quality of the patient experience, which is positively associated with clinical effectiveness and patient safety^{5,6}.

An informal carer is any person, such as a family member, friend or neighbour, who gives regular, ongoing assistance and support to another person without payment⁶. They represent approximately 10% of the population in the United Kingdom (UK)⁷, play a vital role in mental health care provision and support the overall health economy. Carers are pivotal in a person's recovery and can positively impact a wide range of outcomes including reducing rates of relapse and need for inpatient care and, improving engagement in treatment and treatment outcomes^{8,9,10}. Life expectancy in patients is significantly elevated in those with carer support compared to those without⁸. Qualitative research however demonstrates that carers for people with mental health conditions face a number of challenges. They have described gaps in service provision for physical health conditions, difficulties getting the right information about physical health to support the person they care for and, lack of support to navigate what can be sensitive conversations about physical health¹¹.

Standards for patient and carer involvement

Cognisant of the above, the 2019 Royal College of Psychiatrists standards for mental health inpatient wards articulate several that focus on patient and carer experience and their involvement in care planning¹². These standards include the requirement that every patient has a written care plan reflecting their individual needs and that staff members should actively seek to collaborate with patients and their carers when developing the care plan and be offered a copy¹². The standards also require that patients are offered personalised healthy lifestyle interventions such as advice on healthy eating, physical activity and access to smoking cessation services which are documented in the patient's care plan. Patients should feel listened to and understood by staff members¹².

Standards around involvement of and support for carers include that (with patient consent) they should be involved in discussions and decisions about the patient's care, treatment and discharge planning¹². Carers should be offered individual time with staff members, within 48 hours of the patient's admission to discuss concerns, family history and their own needs. This is particularly important to ensure carers perspectives are still heard even if the patient has not consented to their involvement in decision making¹².

Patient and carer surveys

The study used two surveys with parallel questions to explore the experience and perspectives of carers and patients on the quality of physical health in mental health inpatient settings. 79 carers and 168 patients submitted a survey however not all respondents completed all of the questions, so the denominator changes for each survey question.

Who completed the surveys?

The majority of patients who completed the question about their age were aged between 31 and 65 years. 14 respondents were aged between 18 and 30 and 8 respondents were over 65 years old (Table 1.0).

Table 1.0 Ages of respondents to the patient survey

Age of responder	Number of responses	%
18 - 30	14	8.3
31 - 65	67	39.9
>65	8	4.8
Subtotal	89	
Not answered	79	
Total	168	

Patient survey data

Carers were asked to describe their relationship to the person they care for. Nearly all (35/45) respondents who answered this question reported they were related in some way to the patient and most commonly (20/45) this was as a parent. There were 34/79 (44.0%) of respondents did not answer this question (Figure1.0).

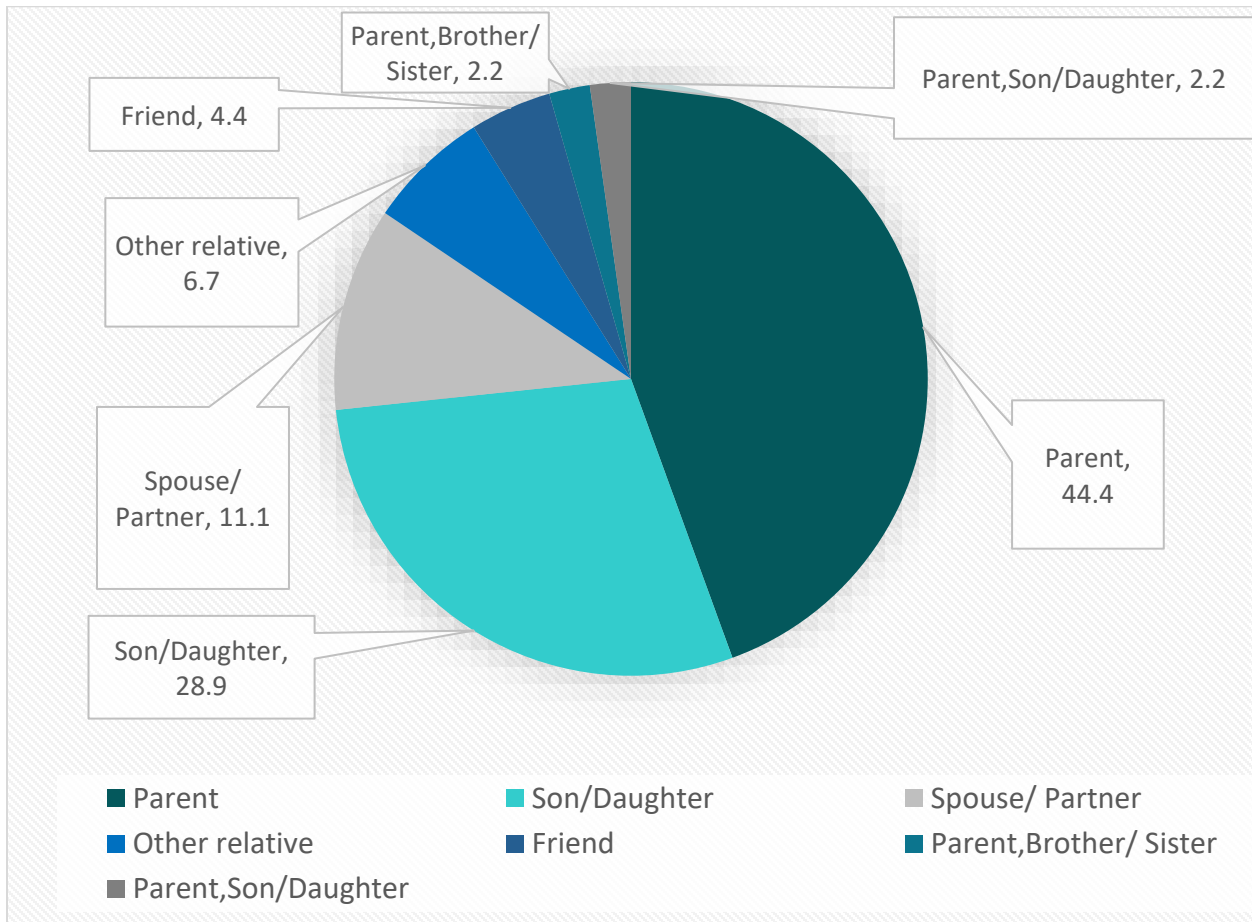


Figure 1.0 The nature of the relationship of respondents of the carer survey to the person they care for. *Carer survey data; N = 79*

Prior contact with mental health inpatient services

Patients and carers were asked about the past contact they had had with mental health inpatient services and when it had happened. Overall, the responses suggested that many of the respondents had had repeated and longitudinal contact with mental health services as either a patient or carer.

Most respondents had had experience of more than one mental health hospital admission either as a patient (48/68) or carer (29/42) (Figure 2.0).

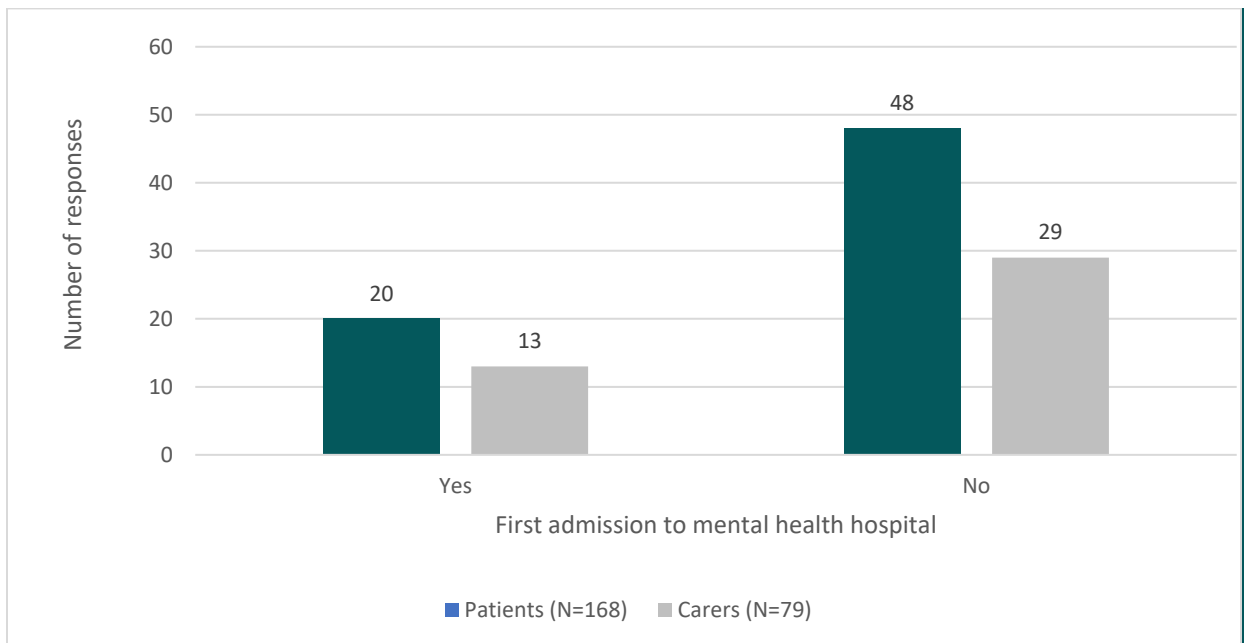


Figure 2.0 Was this the first hospital inpatient stay?

Patient and carer survey data

The majority of respondents had also had contact with inpatient mental services over several years. Most patients responding (22/41) had first been admitted to hospital more than 10 years ago and the majority of carers (17/29) had been a carer for someone first admitted to hospital

over 10 years ago (Figure 3.0). This reflects the long-term nature of several mental health conditions and the impact of the conditions on patients, carers and families lives over a long period of time.

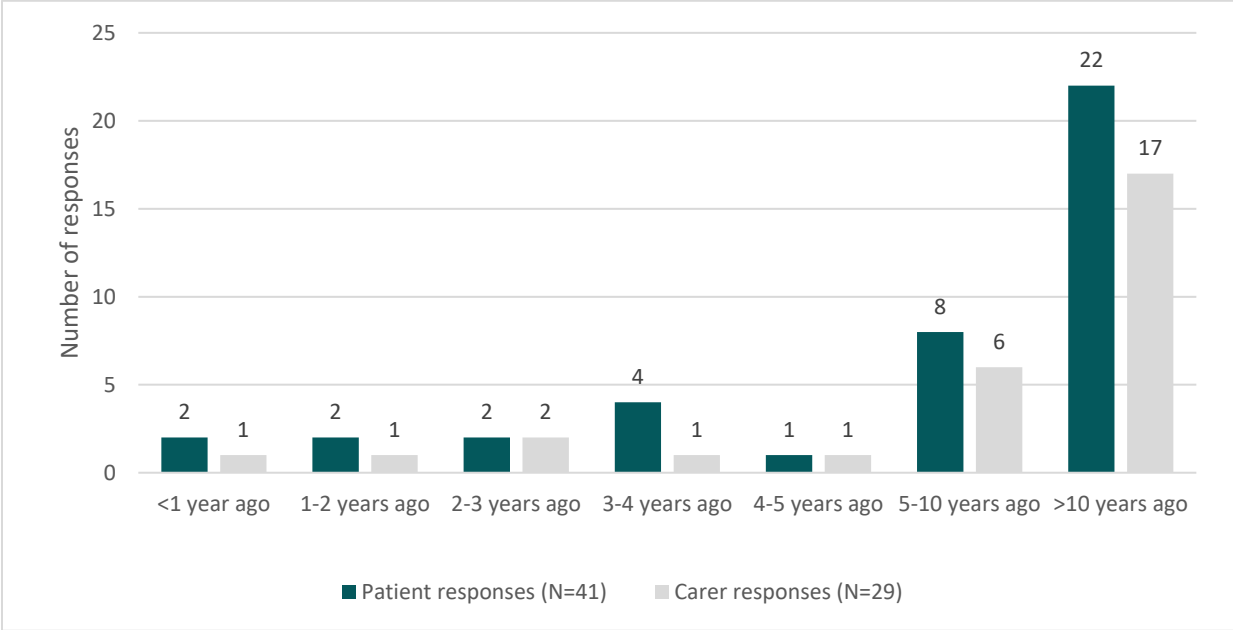


Figure 3.0 Time since responders’ first admission to a mental health ward
Patient and carer survey data

Patients and carers were asked how long ago they or the person they care for was most recently admitted a mental health hospital (Figure 4.0). Patients and carers were asked to fill in subsequent questions in the survey based on this most recent admission to hospital. For the majority of respondents, the most recent admission was within the last three years. This suggests that the views and experiences reported in the survey would likely reflect recent hospital practice.

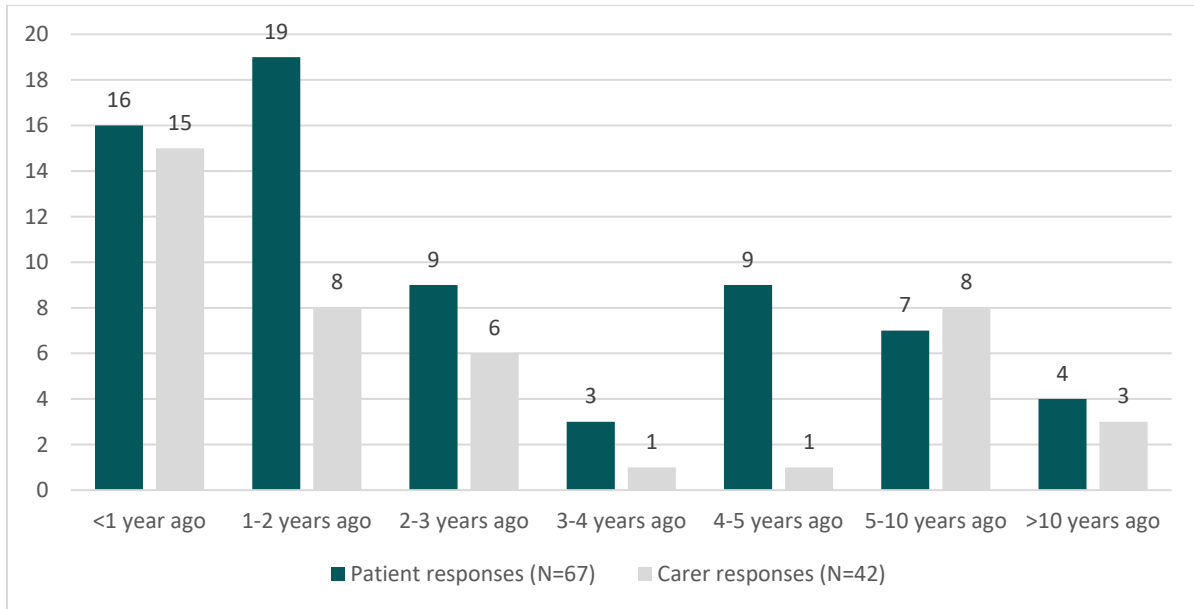


Figure 4.0 Time since most recent admission

Patient and carer survey data

Survey respondents experience of long-term physical health conditions

Most respondents had experience of living with or caring for someone living with a long-term physical health condition (Figure 5.0). This included 72.7% (56/77) of patients and 65.9% (27/41) of carer respondents.

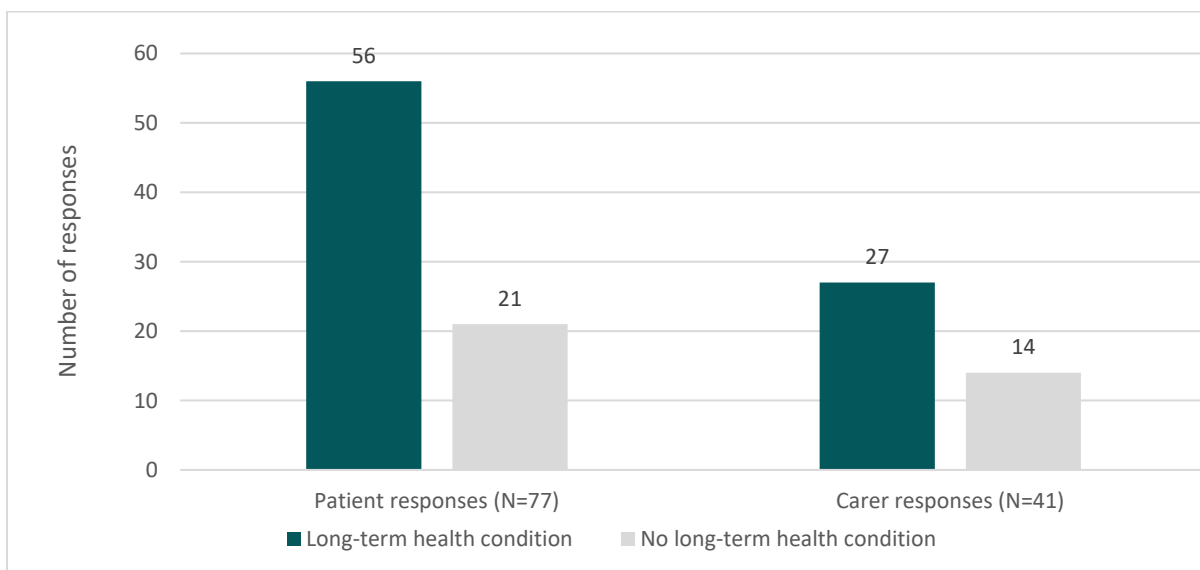


Figure 5.0 Presence of a Long-term physical health condition

Patient and carer survey data

There was experience of a wide range of physical health conditions, which are summarised in figure 6.0.

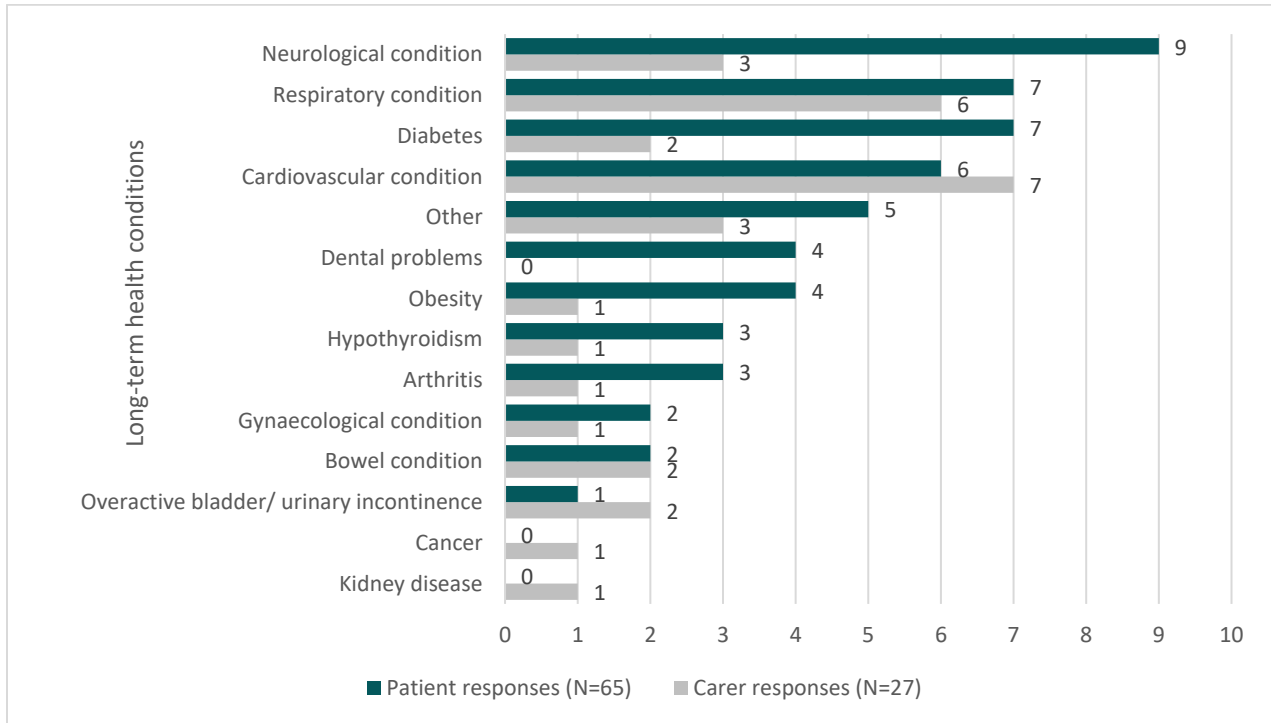


Figure 6.0 Frequency of conditions reported by patient respondents and carer respondents

Patient and carer survey data

Experience of multiple long-term conditions was also common with 25/65 patients reporting having more than 1 long term condition and 13/27 respondents describing the person they provided care for as having more than 1 long-term condition.

Consent for information sharing with carers

Sometimes patients do not wish for carers to be updated about their care during an admission and have the right not to give consent to information sharing. This can impact on the type of information carers receive and their experience of inpatient care. Regardless of whether consent has been given to discuss their care, clinical staff should always be available to receive information from carers and listen to their concerns. Carers were asked in the survey whether the person they care for gave consent for information to be shared with them about their treatment and progress

during the admission. 19 of 30 respondents said that consent had been given throughout the admission and for 7 respondents it was given for part of the admission (Table 2.0).

Table 2.0 Patient consent for information sharing with carer regarding treatment and progress

Information sharing with carer	Number of carer responses	%
Yes - throughout admission	19	63.3
Yes - only for part of admission	7	23.3
No - They did not give consent for the care team to share information with me	1	3.3
Other	3	10.0
Subtotal	30	
Not Applicable - Consent for this purpose was never assessed	5	
Not answered	44	
Total	79	

Carer survey data

Overall quality of physical healthcare received

Respondents were asked to rate the overall quality of care they or the person they care for had received whilst in the mental health hospital during the most recent admission (Figure 7.0).

41.1% (23/56) of patients rated this as poor or unsatisfactory while 33.9% (19/56) rated this as good or very good. 25.0% (14/56) rated it as adequate.

Within the carer survey, 9/28 (32.1%) of carers responding rated this as poor or unsatisfactory while 10/28 (35.7%) rated overall quality of care as good or very good. 32.1% (9/28) rated it as adequate.

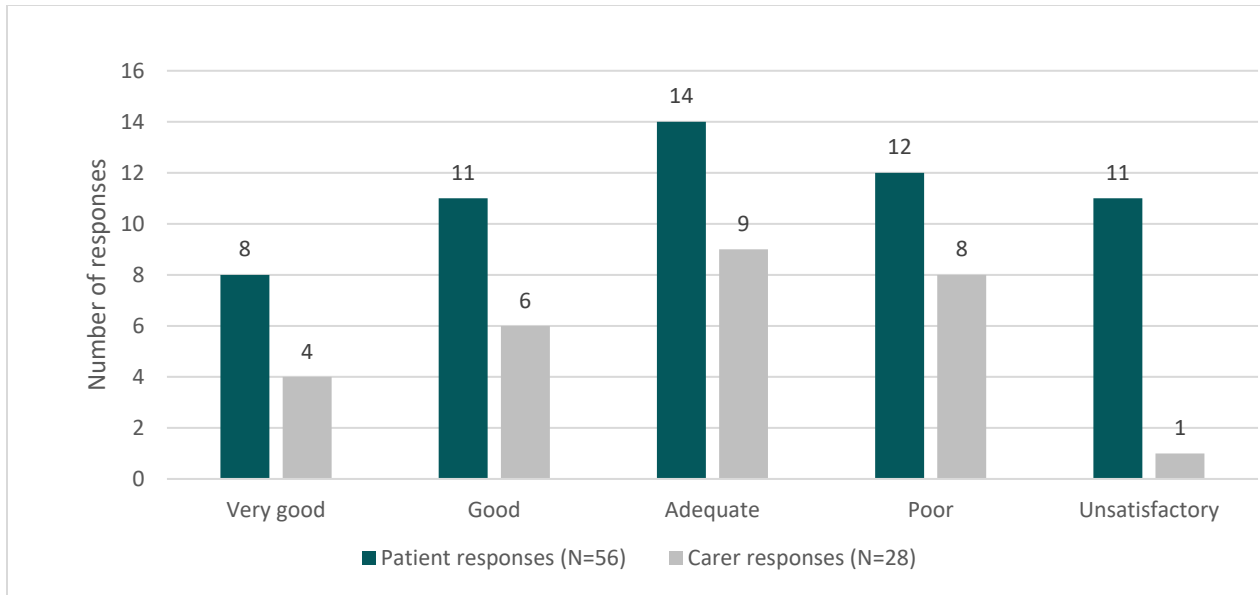


Figure 7.0 Overall quality of physical healthcare received
Patient and carer survey data

Aspects of care that were associated with positive evaluation of quality of care including a holistic approach being taken, regular and robust monitoring and attention being paid to delivering opportunistic health promotion advice and interventions. A compassionate and caring approach and active communication with carers were also valued. Examples of good care are summarised in Table 3.0.

Table 3.0 Examples of good overall care
Patient and carer survey data

Examples of overall care that carers and patients rated as good or very good
<i>"There was 24-hour health safety surveillance, individual accommodation, choice of healthy meal options, physical exercise opportunities/facilities, pharmacy support on-site."</i>
<i>"Our daughter had regular obs and blood tests and received her first Covid vaccination."</i>
<i>The compassion they show is amazing. They have also kept us fully up to speed with the state of my mum's health</i>

I believe I was given a thorough health check upon admission (I remember what seemed like a heart rate monitor and a blood pressure cuff) but I was too mentally unwell to be sure. I subsequently remember being given a booklet with all my vital health indicators which I found helpful.

Aspects of care that were associated with negative evaluations of quality and care from both patient and carer perspectives are summarised in Table 4.0. These related to perceptions of inefficient clinical care systems, problems with staff skills, knowledge and attitudes and a range of organisational factors contributing to poor experience and gaps in care.

Table 4.0 Examples of less good overall care

Patient and carer survey data

Area of concern	Challenge identified	Example
Clinical care processes	Delays and inconsistencies in responding to concerns, investigating, diagnosing and monitoring physical health conditions	<i>It was not always a consistent approach from staff... sometimes the physical health monitoring was missed.</i> <i>Regular blood tests, ECG and health checks were always late</i>
	Poor communication about physical health	<i>There was poor communication between staff members about my health.</i> <i>Even after I was told physical health nurse would assess me there was confusion from mental health nurses about whether I'd actually been referred to physical nurses, leading to further delay</i>
Staff skills, knowledge and attitudes	Limited staff skills and knowledge about managing physical health conditions	<i>As a diabetic, my blood sugar levels should be checked twice daily, but whilst an inpatient, it was very infrequent, and I had to keep asking for staff to check my results. Some staff members didn't know how to use the machine and put used lancets/strips back inside the boxes. My daily diabetes medication was not available until 3 days after being admitted. I was also given the wrong</i>

Area of concern	Challenge identified	Example
		<p><i>medication which could have had significant impact on my health.</i></p> <p><i>I needed a dressing done on three wounds I had sustained prior to admission to the MH hospital, and it was always very challenging either because the nurses on duty didn't feel comfortable doing these or because those who were didn't have the equipment (sterile fields and dressing materials). This had been very unsettling as I had been advised to keep the surgical sites well dressed for two weeks in order to avoid healing problems.</i></p> <p><i>I appreciate it isn't straightforward, but I sometimes struggled to access care required beyond what a junior doctor or RMN could provide</i></p>
	<p>Staff attitudes - Experience that physical health is not prioritised, diagnostic overshadowing and lack of ambition to impact on physical health outcomes.</p>	<p><i>Staff are not interested in physical health conditions.</i></p> <p><i>They know [the person I care for] so well they've given up trying with her.</i></p> <p><i>No consideration was given to my Parkinson's although not formally diagnosed at that time, did not investigate possibility, just blamed the medication.</i></p> <p><i>Staff were not always receptive to changes in physical health. I had a chest infection increasing breathlessness and felt unwell, but they just checked blood pressure daily and did nothing else relating to my problem</i></p> <p><i>My son was experiencing pain in left knee, which has now been diagnosed plantar fasciitis. However, at the time, the mental health professionals thought the pain was connected to the mania he was experiencing. His physical pain, was dismissed</i></p>

Area of concern	Challenge identified	Example
		<i>I felt [the mental health staff] judged me for having HIV</i>
Organisational factors	Fragmentation of care across mental and physical health settings	<i>The care was disjointed and whilst one issue was being addressed or the mental health side the other seemed to be ignored and vice versa. The crossover (between mental and physical health providers) was inadequate a lot of the time where the two 'disciplines' didn't seem to work together!</i>
	Poor access and support to use medical devices	<i>There was no access to a CPAP machine</i>
	Poor environment, lack of equipment and facilities to care for people when physically unwell or support healthy behaviours and exercise	<i>Did not cater for diverticular disease needs.</i>
	Insufficient staffing/ support to help patients engage in healthy lifestyle interventions, exercise or attend physical health care appointments	<i>I had to beg for gym opening. Happened twice in two half months. Weight is not dealt with seriously. I think it would have been beneficial to have access to a dietician given certain medications can cause rapid weight gain (and this happened with me). Instead, the psychiatrist simply commented, "you've put on weight".</i>
	Lack of provision/ consideration of sensory impairments or disabilities	<i>Did not show any consideration for hearing loss when talking with him in noisy areas</i>

Experience of care

In addition to overall perceptions of quality of care, patients and carers were asked to consider their experience of several quality domains of care that had been highlighted in the Royal

College of Psychiatrists standards for inpatient wards¹². These included the responsiveness of care and experience of being listened to and being taken seriously by staff.

Responsiveness of care

In response to the question ‘during your last stay in the mental health hospital, were problems that you experienced with your physical health responded to promptly and appropriately?’ the majority of both patients and carers responded that they were not (Figure 8.0). 18/42 (42.9%) of patients thought their physical health needs were responded to promptly and appropriately, 24/42 (57.1%) thought they were not and 13/168 (7.7%) were unsure.

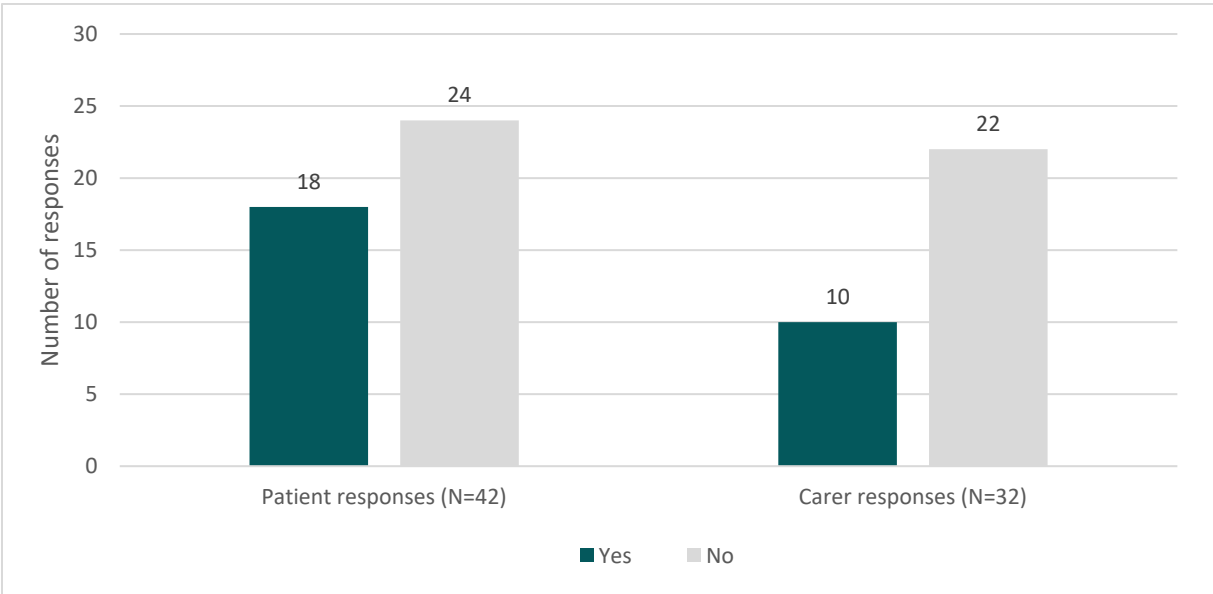


Figure 8.0 Physical health needs were responded to promptly and appropriately
Patient and carer survey data

10/32 (31.3%) of carers thought their care recipient’s physical health needs were responded to promptly and appropriately, 22/32 (68.8%) thought they were not and 4/79 were unsure.

Experience of problems being taken seriously by the healthcare team

In response to the question 'During your last stay in the mental health hospital, do you feel that any problems you had with your physical health were taken seriously by the healthcare team?' the majority of both patients and carers responded that they felt were not (Figure 9.0).

17/42 (40.5%) of patients thought their physical health problems were taken seriously, 25/42 (59.5%) thought they were not and 14/168 were unsure. 13/34 (38.2%) of carers thought any physical health problems experienced by their care receiver were taken seriously, 21/34 (61.8%) thought they were not and 3/79 were unsure.

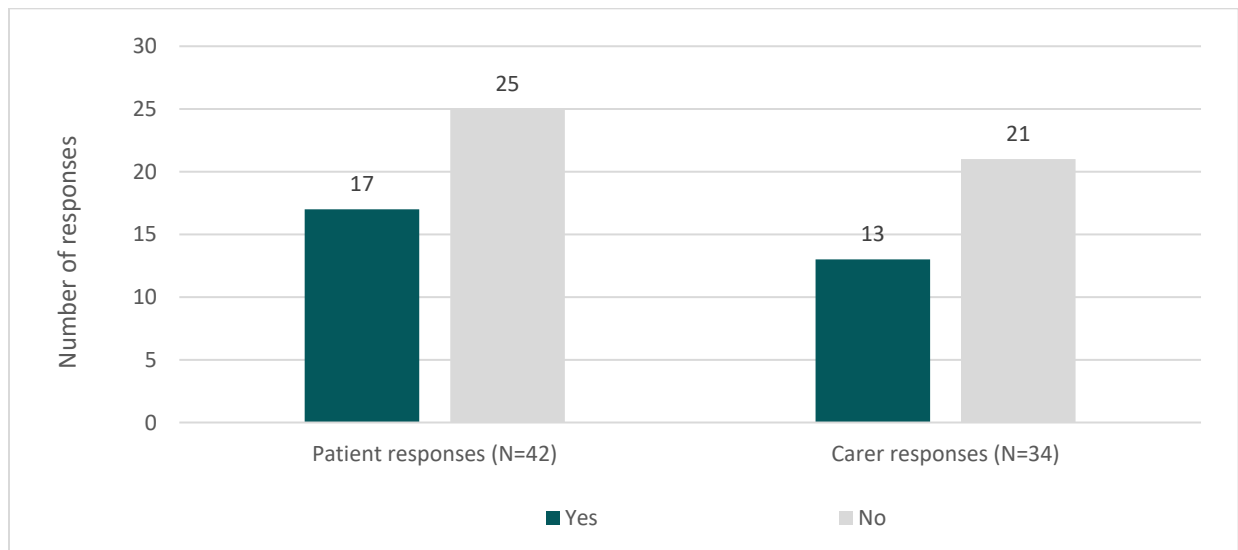


Figure 9.0 Were any physical health problems taken seriously by the treating mental health team
Patient and carer survey data

Analysis of the detail of free text responses revealed that patients who felt that care had been responsive reported feeling listened to and that their health was being monitored and efforts were made to treat pain and monitor response to treatment. Patients who felt that care had not been responsive reported having to repeatedly ask for help, not getting access to physical health medication or medical devices, experiencing delays in care and not feeling they received a compassionate response.

Carers who felt that care had been responsive reported that regular monitoring and surveillance of physical health was carried out and that investigations and follow up were arranged when needs were identified, whilst those who felt that care had not been responsive reported an experience of not being updated or involved and needing to advocate for investigations and follow up when a concern was raised (e.g. causes of pain).

Experience of feeling listened to by staff

Patients and carers were asked in the survey asked about their experience of feeling listened to by staff. 26/50 (52.0%) of patients and 20/34 (41.2%) of carers felt they were listened to but 24/50 (48.0%) of patients and 20/34 (58.8%) of carers thought they were not (Figure 10.0).

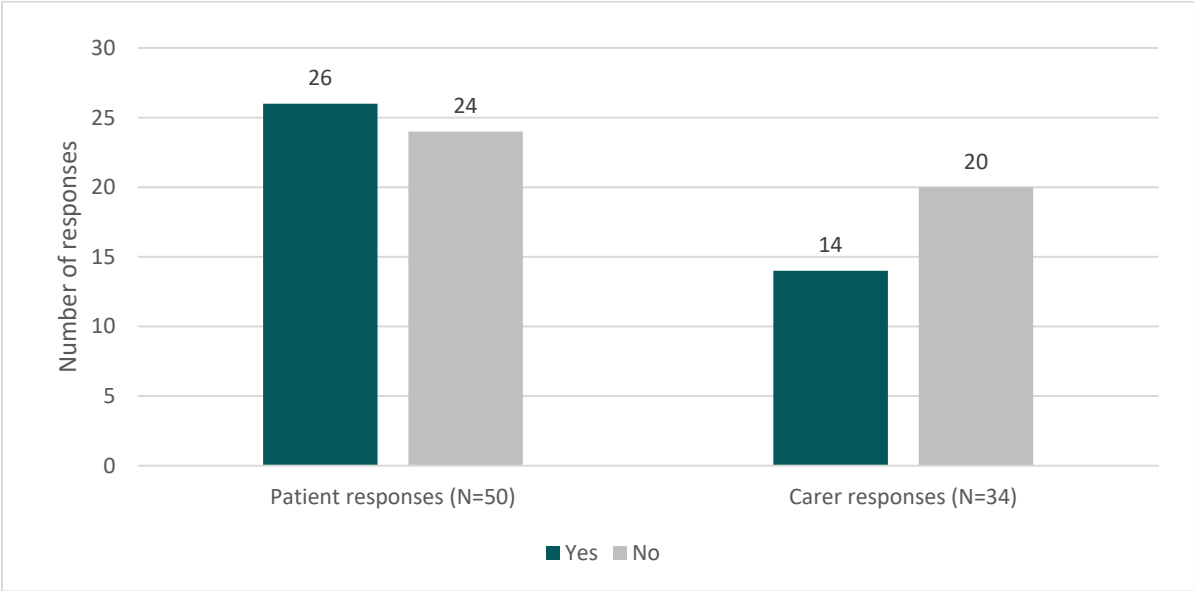


Figure 10.0 Did the patient feel listened to.

Patient and Carer survey data

In free text analysis of both carer and patient responses a common theme related to staff attitudes and perceptions of their capacity to care. Several patients commented on staff members seeming tired and disconnected e.g. ‘staff are under pressure and always seem stressed. “There is not a culture of compassion, empathy, caring and friendly understanding...’.

Carers who responded that overall they did feel listened to by the healthcare team highlighted courteous and positive interactions. However, several respondents despite feeling listened to made observations of pressures of staff in terms of workload. *“The nurses and doctor were good as far as it went. A lot of their time was spent on admin in a glass box on the ward and more could have been done to communicate with the patient. Too much paperwork for them to complete.”* (Carer survey respondent).

Those who reported not feeling listened to, mentioned a number of concerns about not being involved in care planning, ward rounds, having to repeatedly escalate concerns and being unclear on their right to inclusion in discussions.

Experience of physical health assessments and examination

In addition to exploring quality and experience of care, patients and carers were asked about the assessments, interventions and information they were given regarding physical health during the inpatient admission.

Chapters 4 and 5 of *A Picture of Health* describe the reviewers’ findings on whether a range of physical health assessments were carried out during admission. Patients and carers were asked in the survey about their recall of these assessments. Overall, the majority of both patient (33/55, 60.0%) and carer respondents (16/35, 45.7%) did agree that a thorough assessment and examination of physical health and physical health needs had been carried out (Figure 11.0).

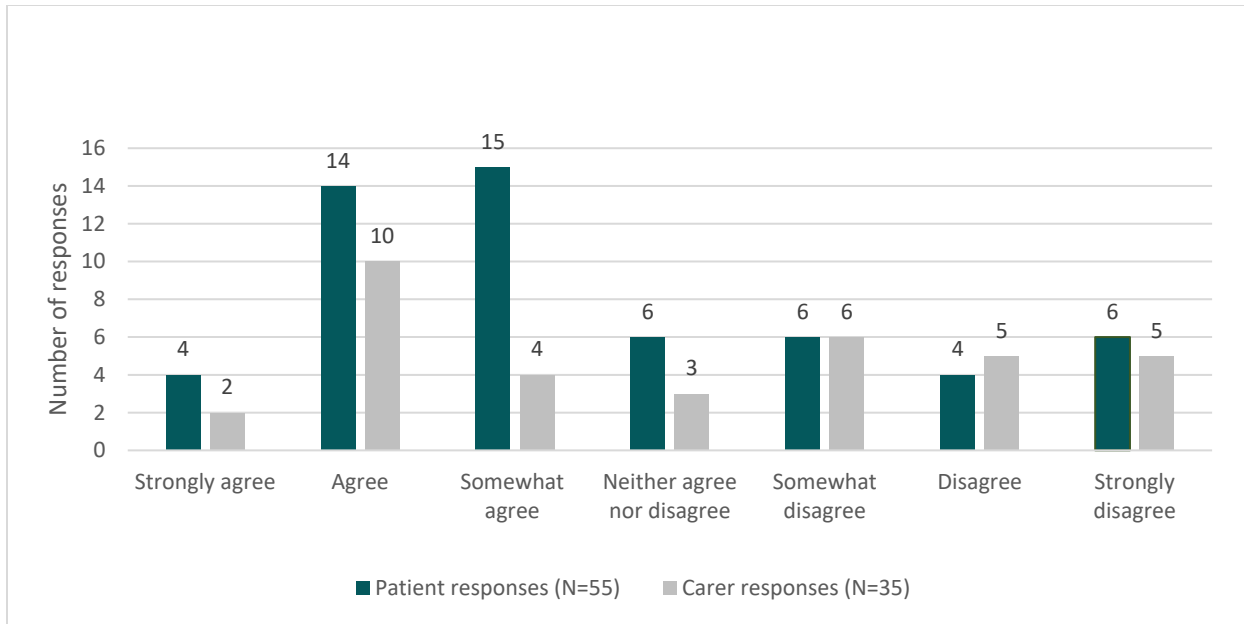


Figure 11.0 A thorough physical health assessment and examination of physical health needs was carried out

Patient and carer survey data

Involvement in care

Despite the majority of patients and carers reporting that these assessments were carried out, less than fifty percent of both patient and carer respondents reported an experience of feeling involved in and informed about this physical healthcare. Of patient respondents 23/55 (41.8%) agreed that the clinical team had fully involved them in their physical healthcare assessment and clearly explained what assessments and tests were being done, why they were being done, and the results of any tests. 25/55 (45.5%) disagreed that this was the case (Figure 12.0). In chapter 6 of *A Picture of Health* the types of strategies used by clinicians to try and involve patients in their care are described.

Amongst carer respondents, the majority (20/35, 57.1%) reported overall they had not felt involved with or been communicated with about assessments and tests carried out.

Overall, the surveys suggested that carers felt less involved and informed than patients. This may suggest scope to improve systems to involve and communicate with carers about the physical health assessments that the study shows are being carried out.

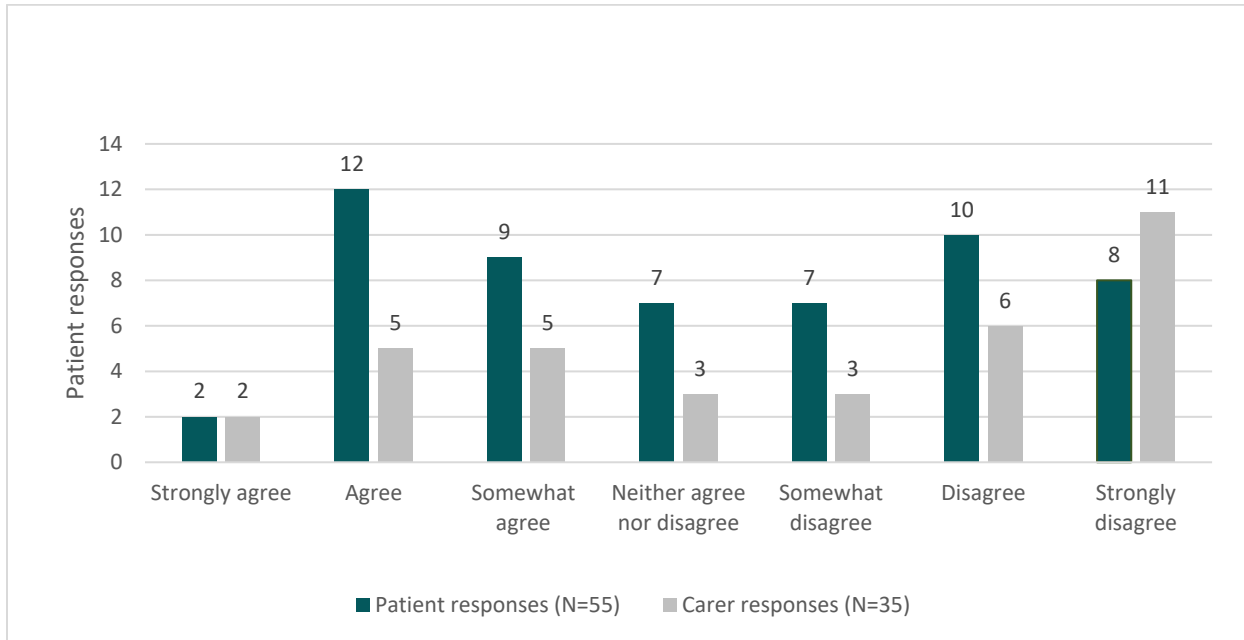


Figure 12.0 The clinical team fully involved the patient in their physical healthcare assessment and explained clearly what assessments and tests were being done, why they were being done, and the results of any tests

Patient and carer survey data

Information and advice about health promotion

As discussed in chapter 5 of *a Picture of Health*, admission to an inpatient ward can be an opportunity to deliver health promotion information and advice and one reason why a comprehensive physical health assessment is recommended during an inpatient stay. For this to be an effective opportunistic intervention it is important that both patients and carers receive clear information that they can understand and retain or, come back to later.

In the survey patients were asked if they were given clear information about how to look after their physical health including information about smoking cessation support, exercise and maintaining a healthy diet (Figure 13.0). There were 18/54 (33.3%) who said that they were to at

least some degree, whilst the majority (29/54; 53.4%) disagreed that they were. Only 14/35 (40.0%) carers thought the person they cared for was given clear advice and information about looking after their physical health and following a healthy lifestyle. There were 15/35 (42.9%) carer respondents who thought they were not.

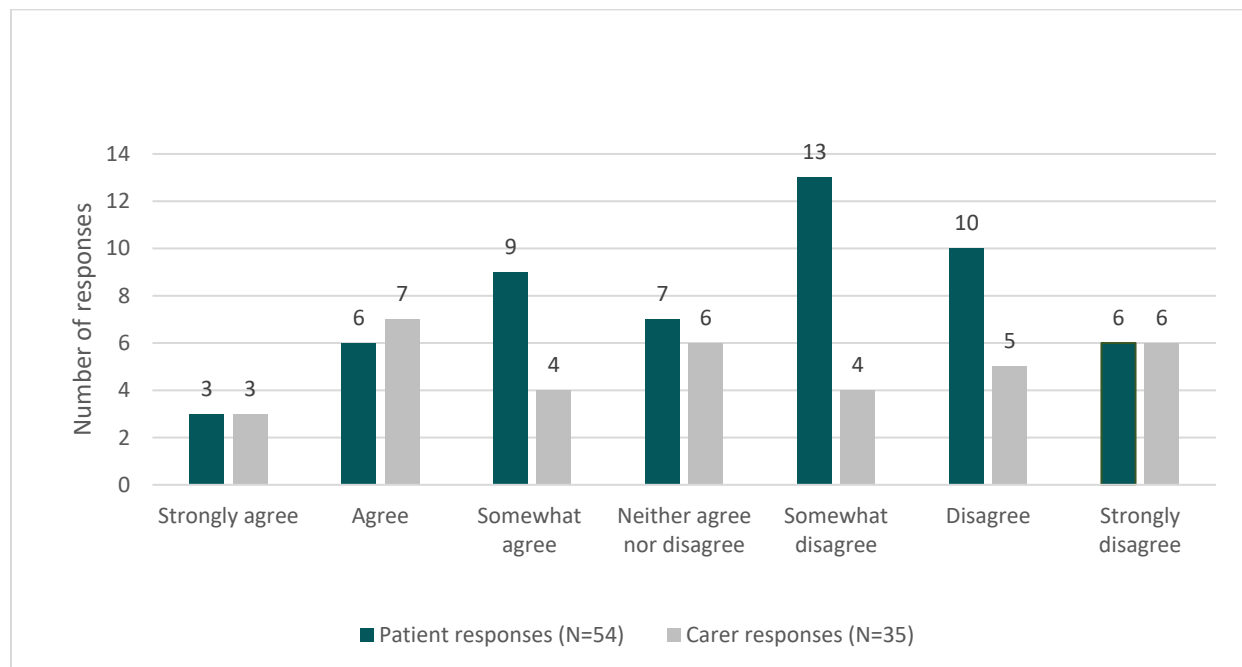


Figure 13.0 Information and advice about physical health was given to the patient

Patient and carer survey data

Advice and information about medications

Patients receiving care in an inpatient ward will usually receive medication and have medication changes made. Understanding what mental and physical health medications are being used for, what response to expect and what side effects may occur is important for involving patients and carers in care. The patient survey asked patients if they were given advice, information and opportunity to ask questions about their mental and physical health medication and if they were told about side effects and how they would be monitored. Of those responding, 23/54 (42.6%) agreed they were, 23/54 (42.6%) disagreed that they were, 8/54 (14.8%) neither agreed nor disagreed (Figure 14.0).

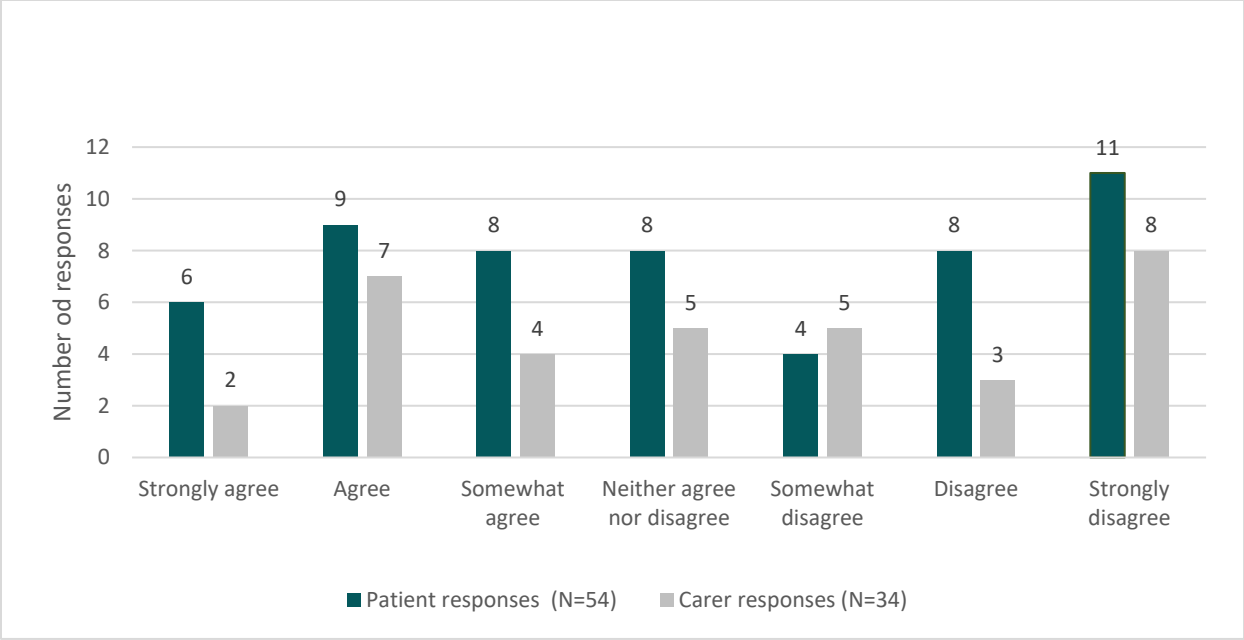


Figure 14.0 Information about physical health medications was provided

Patient and carer survey data

Carers were asked if the person they cared for was given advice, information and opportunity to ask questions about their mental and physical health medication(s), risk of side effects and how they would be monitored. 13/34 (38.2%) agreed they were given this information but 16/34 (47.1%) disagreed.

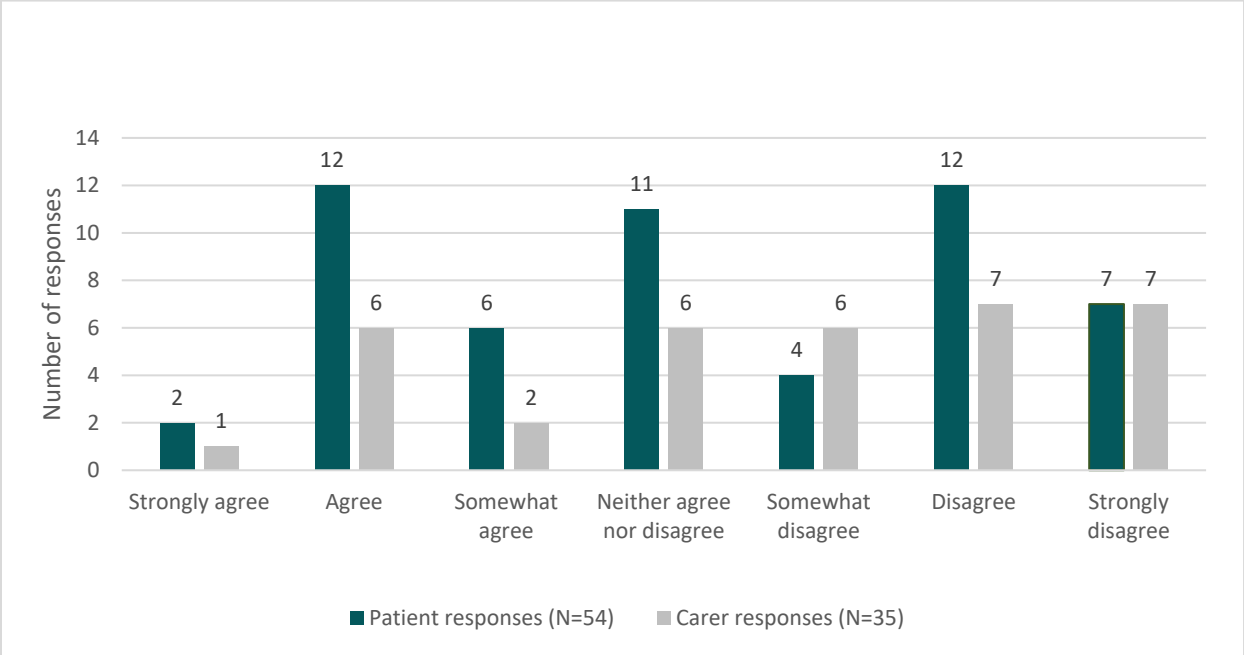


Figure 15.0 The patient received good communication and advice about physical health
Patient and carer survey data

Clarity of communication about physical health

Patients were asked whether the information given to them regarding their physical health was clear, understandable and encouraging. 20/54 (37.0%) agreed they were and 23/54 (42.6%) disagreed and felt they were not. Carers were also asked whether the information given to them about the physical health needs of the person they care for was clear and understandable. The majority of respondents (20/35; 57.1%) disagreed this was the case (Figure 15.0).

These findings can be considered in context of the findings discussed in chapter 6 of *A Picture of Health* from case reviewer and clinician survey data. In the study sample, documentation as to whether the outcomes of the physical health assessment(s) were discussed with the patient was identified in 127/201 (63.2%) records. Documentation as to whether findings had been discussed with the patient’s family / carers was lower with no record of this in 88/184 (47.8%) of patients (Table 5.0, 6.0).

Table 5.0 Were physical health outcomes discussed with the patient?

Physical health assessment outcomes were discussed with patient?	Number of patients	%
Yes	94	63.1
No	55	36.9
Subtotal	149	
Unknown	32	
Not applicable	17	
Total	198	

Clinician questionnaire data

Table 6.0 Was the physical health assessment discussed with the patient's family/carer?

Physical health assessment outcomes discussed with patient's family/ Carer?	Number of patients	%
Yes	63	47.0
No	71	53.0
Subtotal	134	
Unknown	37	
Not applicable	27	
Total	198	

Clinician questionnaire data

Availability of someone to talk to about your physical health

Patients were asked if there was someone available to talk to them about looking after their physical health if they wanted to discuss this. 17/53 (32.1%) agreed that there was but 28/53 (52.8%) disagreed. Carers were asked the same question about the person they cared for. Only 9/35 (25.7%) agreed that there was someone available to talk to with 21/35 (60.0%) disagreeing that this was the case (Figure 16.0).

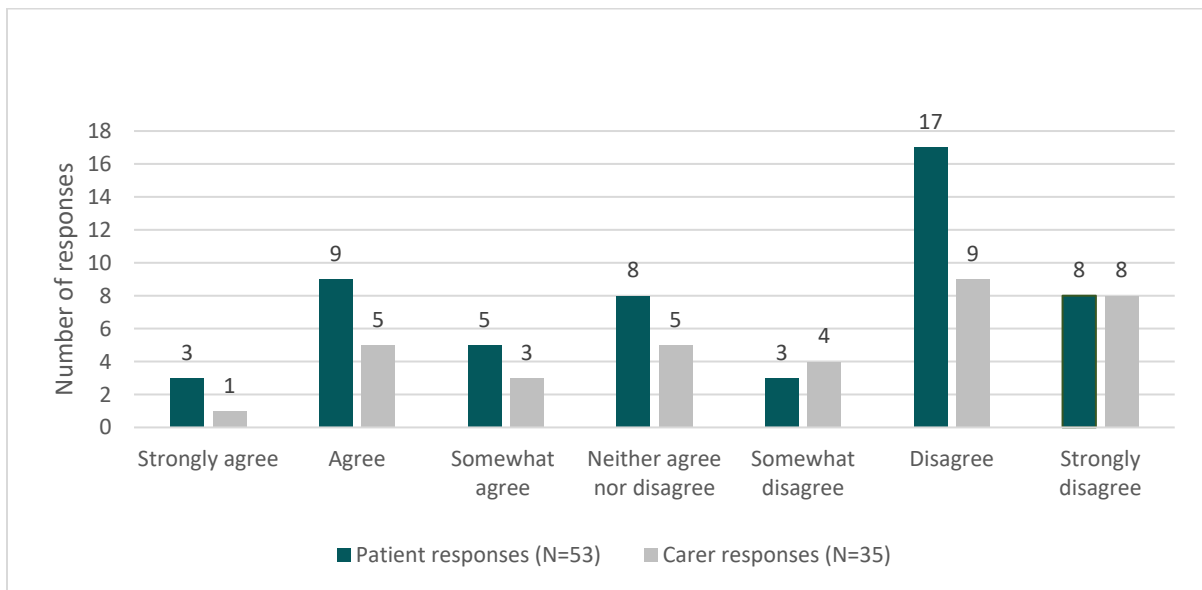


Figure 16.0 Availability of someone to talk to about physical health

Patient and carer survey data

Organisational strategies to increase involvement of carers and patients in physical healthcare

The data discussed in this chapter suggests that there is clear room for improvement in how both carers and patients are involved in physical healthcare, and that organisation-wide approaches may be needed to redress these gaps. Relatedly, Trusts and Health Boards were asked about initiatives to make improvements in this area.

13/18 of responding organisations with a physical health strategy reported that they had included a specific commitment and plan to improve communication about physical health with patients and carers (Table 7.0).

Table 7.0 Organisations with a physical health strategy where a plan is in place to improve communication

Commitment / plan to improve communication about physical health with patients and carers	Number of organisations (with a physical health strategy)
Yes	13
No	5
Subtotal	18
Not applicable	1
Unknown	8
Not answered	1
Total	28

Trust level organizational data

A range of initiatives were being used to advance this work. Development of patient information leaflets were most common but focus groups and patients and carers forums had also been developed in several organisations (Table 8).

Table 8.0 The initiatives in place to aid communication with patients

Patient initiatives	Number of Organisations
Carers' forum	18
Patient information leaflet	34
Patient information Webpage	9
Patient information app	3
Patient information online platform	3

Patient forum	13
Patient focus group	21
Other (specified)	10

Answers may be multiple; n= 45; Trust level organisational data

Evidence on how best to support improved engagement in and communication about physical healthcare is still overall limited³. The following free text response suggests that strategies other than leaflets may be needed to advance this area of care.

Case Study

“There were lots of leaflets, but that's the last thing I needed at that time, as I'd been admitted post a first psychotic episode in my early 30s and I was very suspicious of everything. Walking was not allowed, apart from the small internal garden for a few days, as we couldn't go outside and that was particularly challenging.” (Patient survey respondent)

Respondents were asked based on their experiences as a patient or a carer, whether they had any other additional comments regarding the physical healthcare received or provided to the person you care for during admission to a mental health hospital. Four areas for improvement were suggested from free text analysis. These are summarized in Table 9.0

Table 9.0 Examples of suggested improvements in care

Area where improvements suggested	Example from patient and carer respondents
Improvements in strategies to promote and support healthy eating	<ul style="list-style-type: none"> • <i>Provide healthy eating prompts on easy-to-read pictorial posters in the canteen? In normal life I eat a balanced diet but when I am mentally ill, I am governed by my impulses instead.</i> • <i>Please give advice on how the medication affects your metabolism & appetite, this was never proffered (though perhaps more understandable on a ward, where the</i>

	<p><i>primary aim is to ensure medication adherence so patients can recover quickly).</i></p> <ul style="list-style-type: none"> <i>• I received no advice on diet and this would have been very helpful as I find you overeat all the wrong things when you are very unwell, which is compounded by the medication making you hungry. It is far too easy to eat lots of white toast & jam for instance - why not supply whole-meal bread instead.</i> <i>• There were lots of leaflets, but that's the last thing I needed at that time as I'd been admitted post a first psychotic episode in my early 30s and I was very suspicious of everything.</i>
<p>Improvements in access to exercise and activities</p>	<ul style="list-style-type: none"> <i>• They had a personal trainer who was amazing. As someone who was kept on the ward for most of my admission due to risk, he brought boxing gloves and yoga mats to the ward. It was through that I found my love of exercise and realised the impact it had on both my physical and mental health.</i> <i>• I enjoyed the fitness classes on the ward & - when I was well enough to go out - the yoga classes & walking group. They had the added benefit of being good for my mental health.</i> <i>• Walking was not allowed apart from the small internal garden for a few days as we couldn't go outside and that was particularly challenging.</i>
<p>Improvements in access to staff with relevant expertise</p>	<ul style="list-style-type: none"> <i>• I think a physical health nurse in the hospital for all the wards or to work across the inpatient sites would be helpful</i> <i>• In older admissions...years ago there was a more holistic approach. Over the past 20 years training in mental and physical health has become increasingly specialised thus challenging a good holistic approach</i>

	<ul style="list-style-type: none"> • <i>Mental health staff need to learn how to recognise when someone is in pain not faking it</i>
<p>Resolving variation in practice-attitudes, skill, knowledge and capacity to care</p>	<ul style="list-style-type: none"> • <i>I felt unlistened to, uncared for. I am a person with feelings and just because I have had some problems doesn't mean I can't understand what's going on in my body</i> • <i>Some staff were kind and tried their best but to many of them I was made to feel like I was being difficult for asking for help.</i> • <i>Never had much in the way of physical health probs but when i did it seems OK</i> • <i>Staff mostly too busy so mental not physical health prioritised</i>
<p>Improvements in continuity of care and post discharge follow up of physical health needs</p>	<ul style="list-style-type: none"> • <i>Long term Physical Health side-effects of the MH medication prescribed after discharge are not adequately described or catered for adequately for out-patients. Perhaps this is happening so as not to increase patient anxiety and lead to reluctance to continue to take the prescribed medication. Annual physical health checks have very recently been introduced but this Out-Patient area has very major shortcomings and needs urgent attention.</i> • <i>There needs to be continuity otherwise much of the care given could be to no avail.</i>

Patient and carer survey data

KEY FINDINGS		Data source
1	72.7% (56/65) of patients completing the survey had a long-term health condition. 65.9% (27/41) of carer respondents said they cared for someone who had a long-term physical health condition.	PS/CS
2	Half of the respondents completing the carers survey described their care recipient as having more than 1 long term condition. The most common long-term condition was diabetes	CS
3	23/56 (46.4%) of patients rated the overall quality of physical healthcare received as poor or unsatisfactory, 19/56 (33.9%) rated this as good or very good. 14/56 (25%) rated it as adequate.	PS
4	The majority of both patient and carer respondents (49/89; 54.4%) agreed that a thorough assessment and examination of physical health and physical health needs had been carried out	PS/CS
5	The majority of carers (20/35) reported overall they had not felt involved or been communicated with about assessments and tests carried out.	CS
6	Positive features of care that were described noted holistic care, regular and robust monitoring and attention to health promotion.	PS/CS
7	Areas of concern and for improvement related to lack of communication and information about care, delays in assessment, diagnosis and treatment and concerns about lack of access to gold standard treatments and expertise	PS/CS
8	Many patients and carers reported concerns about staff attitudes and their well-being. They described stressed, overworked staff with too much paperwork and without time to do this role.	PS/CS
9	Many responses described features of burn out in staff e.g. disconnected, disinterested, stressed and lacking in compassion.	PS/CS

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