

This report provides an initial view which will be subject to further review and amendment by
March 2015

Adult Mental Health Patient Discharge Questionnaire: April to December 2014

A quantitative equality analysis considering ward, age,
gender, ethnicity, religion or belief, and sexual
orientation: Summary of findings

ANONYMISED FOR PUBLICATION

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Introduction

Aim

The present report looks at responses to the Adult Mental Health Patient Discharge Questionnaire during the period April to December 2014. The analysis aims to identify equality issues arising from service user's responses to the questionnaire.

The Equality Act (2010)

The Equality Act (2010) describes a 'public sector equality duty' (section 149). The 'public sector equality duty' applies to listed public authorities (including NHS Trusts) and others who exercise public functions.

149 Public sector equality duty:

- (1) A public authority must, in the exercise of its functions, have due regard to the need to—
 - (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
 - (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
 - (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
- (2) A person who is not a public authority but who exercises public functions must, in the exercise of those functions, have due regard to the matters mentioned in subsection (1).
- (3) Having due regard to the need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to—
 - (a) remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic;
 - (b) take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it;
 - (c) encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

The public sector equality duty covers people across nine protected characteristics: age; disability; gender reassignment; marriage and civil partnership*; pregnancy and maternity; race; religion or belief; sex; sexual orientation. (*Marriage or civil partnership status is only covered by the first aim of the public sector equality duty, to have due regard to the need to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act.)

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Listed public authorities must publish information to demonstrate compliance with the duty imposed by section 149(1) of the Act, at least annually. The information that a listed public authority publishes in compliance with paragraph (1) must include, in particular, information relating to persons who share a relevant protected characteristic who are—

- (a) its employees;
- (b) other persons affected by its policies and practices.

Although, only listed public authorities with 150 or more employees need publish information on their workforce.

Regarding other persons affected by its policies and practices, the types of information that listed authorities could publish to demonstrate compliance include¹:

- Records kept of how it has had due regard in making decisions, including any analysis undertaken and the evidence used.
- Relevant performance information, especially those relating to outcomes, for example information about levels of educational attainment for boys and girls, health outcomes for people from different ethnic minorities, and reported incidences of disability-related harassment.
- Access to and satisfaction with services, including complaints.
- Any quantitative and qualitative research undertaken, for example patient surveys and focus groups.
- Details of, and feedback from, any engagement exercises.

The present report considers responses to the Adult Mental Health Patient Discharge Questionnaire during the period April to December 2014. The questionnaire covers several topic areas to assess patient experience: the welcome on the ward, staff understanding of the patient's condition and needs, safety on the ward, availability of staff to talk about worries or fears, kind and caring staff, understanding of the reason for taking and the side effects of any medication, availability of reasonable adjustments, patient involvement in care and treatment decisions, patient involvement in the planning of discharge from the ward, and whether the patient would recommend the ward to friends or family if they required similar care or treatment. Equality monitoring data were available with respect to age, gender, disability, ethnicity, sexual orientation, and religion or belief. There was also information regarding the ward on which the patient had stayed.

A note on the anonymisation of information about service users within this report

This version of the report has been redacted and edited to allow publication on a publically accessible website. The report contains tabulated counts of numbers of service users, analysed by their protected characteristics (e.g., age group, gender) as well as averaged ratings to questions posed in the questionnaire. The presentation of aggregated summaries of service user counts and averaged ratings has the effect of anonymising much of the information and protecting the identities of individual service users. However, some analyses contain very small counts of service users in some groups. Such small counts could, potentially, be used to identify individual service users, even after aggregation. Consequently, these small counts might be considered personal information that is protected by the Data Protection Act 1998 and other legislation. Where there is a risk that individuals could be identified from a small count, these counts have been redacted from the tables.

¹ This guidance is taken from the technical guidance published by the Equality and Human Rights Commission: Equality Act 2010 Technical Guidance on the Public Sector Equality Duty England (August 2014), page 69

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Where the redacted count could be deduced from other counts in a table, these other counts have been redacted as well. If a risk that individuals could be identified remains after redaction, or the table is rendered uninformative by the redaction of the counts within it, then the entire table is redacted. In the present report, as a start point for the anonymisation process, counts below 10 have been redacted to mitigate the risk that individuals might be identifiable. The anonymisation process has followed guidance issued by the Information Commissioner's Office².

² Information Commissioner's Office: Anonymisation: managing data protection risk code of practice (November 2012)

Summary of main findings and recommendations

Data and analyses supporting the findings detailed below are provided for reference in the Appendix of analyses. Each table referred to below is hyperlinked to its occurrence in the appendices.

Data quality

- A total of 101 Adult Mental Health Patient Discharge Questionnaires were returned in the period April to December 2014 for a total of 1007 patients discharged (10.0% of discharges).
- Amongst discharged patients who returned the questionnaire, data quality for each of the protected characteristics covered by the questionnaire (age, disability, gender, ethnicity, religion or belief, and sexual orientation) varied between 78.22% (religion or belief) and 86.14% (ethnicity) complete (Table 9).
- In order to obtain a reliable measure of patient experience amongst those discharged, it is recommended to take steps to increase the percentage of discharged patients who complete and return the Adult Mental Health Patient Discharge Questionnaire; and to encourage a greater percentage of respondents to disclose their equality monitoring information. This may involve ensuring that all those patients discharged receive the questionnaire, emphasising the importance of returning the questionnaire with all parts completed, and perhaps giving patients an opportunity to complete the questionnaire prior to leaving the care environment (whilst maintaining confidentiality). At present, the questionnaire is administered in paper form and is returned by post (freepost). Participation rates might be increased by offering alternative methods for completing and returning the questionnaire, perhaps including an online option.

Overview of the questionnaire

- Overall ratings for each question in the questionnaire are summarised in Figure 1 and Table 1.
- The area receiving the highest ratings overall related to patients feeling that staff were kind and caring (Q5: Do you feel the staff were kind and caring towards you while you were on the ward?).
- The area receiving the lowest ratings overall related to how well patients understood the side effects of their medication (Q6b: How well did you understand the side effects of the medication you were taking?). This finding related especially to people of "other" religions or beliefs (other than Christianity or atheism); please see below "Understanding of the side effects of the medication taken."
- The vast majority of respondents (87.9%) were either likely or extremely likely to recommend the ward to friends and family if they needed similar care or treatment (Q10: How likely are you to recommend our ward to friends and family if they needed similar care or treatment?).

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- There were several areas where ratings differed across the protected characteristics covered or by ward: feeling safe on the ward, understanding the side effects of medication taken, patient involvement in decisions about care and treatment, the likelihood of recommending the ward to friends and family if they needed similar care or treatment. Please see the points outlined below for further details.

Feeling safe on the ward

- Question 3: disabled people felt less safe on the ward than people who were not disabled (Figure 3 and Table 3); and women felt less safe on the ward than men (Figure 5 and Table 5).
- It is recommended to take steps to make disabled people and women feel safer on the wards. This may involve determining why these groups feel less safe; tackling both perceptions of a lack of safety and areas where there are material security and safeguarding issues.

Understanding of the side effects of the medication taken

- Question 6b: people of “other” religions or beliefs understood the side effects of their medication less well than Christians and people of no religion (Figure 6 and Table 6).
- It is recommended to take steps to ensure all patients understand the side effects of their medication (this area was rated less satisfactory within the questionnaire overall), with particular regard to understanding amongst patients of minority religions or beliefs. This may involve determining reasons for a lack of understanding amongst patients; for instance, it may be that language in verbal and written communication is a barrier to understanding amongst patients of minority religions or beliefs.

Patient involvement in decisions about care and treatment

- Question 8: patients on Belvoir and Watermead were least likely to feel involved in decisions about their care and treatment, whilst patients on Aston and Heather were most likely to feel involved in decisions about their care and treatment (Figure 8 and Table 8).
- This finding may reflect differences in conditions being treated across wards. Nonetheless, it is recommended to ensure that patients are involved as much as possible in decisions about their care and treatment, especially in those wards where a lack of involvement is indicated.

The likelihood of recommending the ward to friends and family if they needed similar care or treatment

- Question 10: BME people were less likely to recommend the ward to friends or family than White people (Figure 4 and Table 4); people of “other” religions or beliefs were also less likely to recommend the ward to friends or family than Christians and people of no religion (Figure 6 and Table 6).
- It is recommended to further investigate why those of minority ethnic groups and minority religions were less likely to recommend their ward to friends or family. Such an investigation could inform any steps to be taken in order to ensure the experiences of services users are as positive as possible across all ethnic and religious groups.

Future action

In relation to the areas highlighted above, the following actions will be taken by the Equality and Human Rights Team:

- Presentation of the findings from the data analyses to divisions and teams; support to divisions and teams in developing and executing action plans to tackle the identified equality issues and gaps in provision; monitoring of the progress and efficacy of the action plans implemented.
- Collaboration with teams within the divisions to improve completeness and quality in the collection of equality monitoring data from service users, to include efforts to encourage service users to declare equality monitoring information against all of the equality monitoring characteristics.

Appendix of analyses

Overall analysis of the questionnaire

Questions posed by the Adult Mental Health Patient Discharge Questionnaire

- Q1: Did you feel you were made to feel welcome when you arrived on the ward?
- Q2: Did you feel the staff knew about your condition and fully understood your needs?
- Q3: How safe did you feel while you were on the ward?
- Q4: Do you think it was easy to find a nurse or another member of staff on the ward that you could talk to about any worries or fears?
- Q5: Do you feel the staff were kind and caring towards you while you were on the ward?
- Q6a: If you were taking any medication while on the ward: How well did you understand why you were taking the medication?
- Q6b: How well did you understand the side effects of the medication you were taking?
- Q7: If you required any support such as interpreting services, a hearing loop or an advocate for support, how easy was it for you to get this support?
- Q8: Do you feel you were involved as much as you wanted to be in decisions about your care and treatment?
- Q9: Did you feel you were involved as much as you wanted to be in the planning of your discharge from the ward?
- Q10: How likely are you to recommend our ward to friends and family if they needed similar care or treatment?

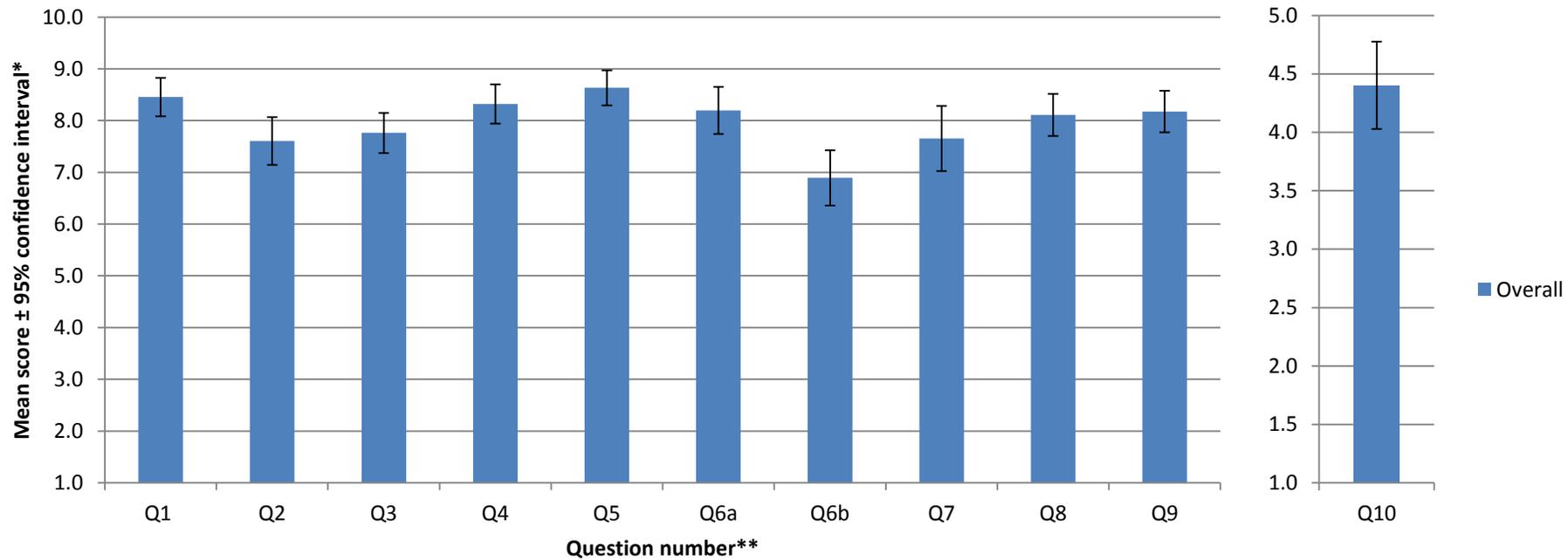
Questions 1 to 9

- The overall mean score out of 10 varied across questions 1 to 9 (Figure 1 and Table 1):
 - Question 6b (How well did you understand the side effects of the medication you were taking?) was, overall across respondents, rated lower than Question 5 (Do you feel the staff were kind and caring towards you while you were on the ward?); (Q6b: M = 6.9, SD = 3.0, n = 85; Q5: M = 8.6, SD = 2.0, n = 93).

Question 10

- How likely are you to recommend our ward to friends and family if they needed similar care or treatment?
- The vast majority of respondents (87.9% excluding those who responded “don’t know” or left a blank) were either “likely” or “extremely likely” to recommend the ward to friends and family if they needed similar care or treatment.
- Overall mean score out of 5 (and standard deviation): 4.4 (0.9) from 92 respondents. (Figure 1 and Table 1.)
- This corresponds to a categorical rating of between “likely” and “extremely likely”.
- Breakdown of numbers of respondents by response category:
 - Extremely Likely: 54
 - Likely: 26
 - Neither Likely nor Unlikely: 8
 - Unlikely: 3
 - Extremely Unlikely: 1
 - Don’t know: 3
 - Left blank: 6

Figure 1: Overall scores for questions 1 to 10



*Questions 1 to 9: scale 1 to 10 (poor to excellent); Question 10: scale 1 to 5 (extremely unlikely, unlikely, neither likely nor unlikely, likely, extremely likely).

**Q1: Did you feel you were made to feel welcome when you arrived on the ward? Q2: Did you feel the staff knew about your condition and fully understood your needs? Q3: How safe did you feel while you were on the ward? Q4: Do you think it was easy to find a nurse or another member of staff on the ward that you could talk to about any worries or fears? Q5: Do you feel the staff were kind and caring towards you while you were on the ward? Q6a: If you were taking any medication while on the ward: How well did you understand why you were taking the medication? Q6b: How well did you understand the side effects of the medication you were taking? Q7: If you required any support such as interpreting services, a hearing loop or an advocate for support, how easy was it for you to get this support? Q8: Do you feel you were involved as much as you wanted to be in decisions about your care and treatment? Q9: Did you feel you were involved as much as you wanted to be in the planning of your discharge from the ward? Q10: How likely are you to recommend our ward to friends and family if they needed similar care or treatment?

Table 1: Overall scores for questions 1 to 10

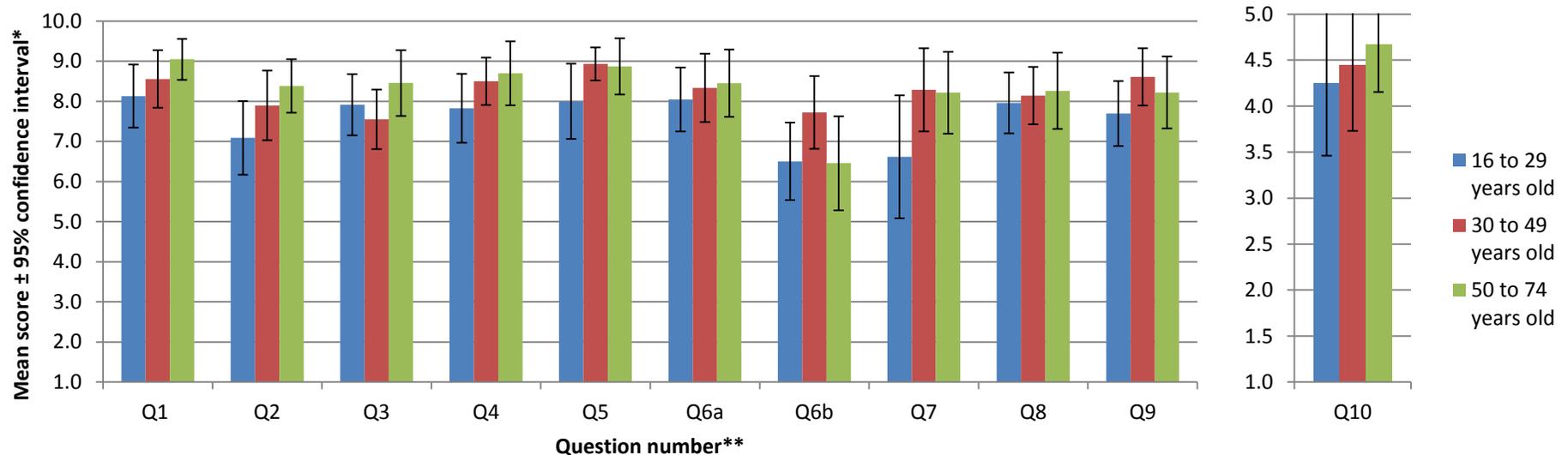
	Question number										
	Q1	Q2	Q3	Q4	Q5	Q6a	Q6b	Q7	Q8	Q9	Q10
Overall	8.5 (2.1); n = 90	7.6 (2.6); n = 91	7.8 (2.2); n = 92	8.3 (2.2); n = 94	8.6 (2.0); n = 93	8.2 (2.5); n = 86	6.9 (3.0); n = 85	7.7 (2.6); n = 49	8.1 (2.3); n = 92	8.2 (2.3); n = 91	4.4 (0.9); n = 92

Analysis of the questionnaire by age band

Overall

- For each question, the statistical analysis did not indicate notable variation by age band (Figure 2 and Table 2).

Figure 2: Analysis of questions 1 to 10 by age band



*Questions 1 to 9: scale 1 to 10 (poor to excellent); Question 10: scale 1 to 5 (extremely unlikely, unlikely, neither likely nor unlikely, likely, extremely likely).

**Q1: Did you feel you were made to feel welcome when you arrived on the ward? Q2: Did you feel the staff knew about your condition and fully understood your needs? Q3: How safe did you feel while you were on the ward? Q4: Do you think it was easy to find a nurse or another member of staff on the ward that you could talk to about any worries or fears? Q5: Do you feel the staff were kind and caring towards you while you were on the ward? Q6a: If you were taking any medication while on the ward: How well did you understand why you were taking the medication? Q6b: How well did you understand the side effects of the medication you were taking? Q7: If you required any support such as interpreting services, a hearing loop or an advocate for support, how easy was it for you to get this support? Q8: Do you feel you were involved as much as you wanted to be in decisions about your care and treatment? Q9: Did you feel you were involved as much as you wanted to be in the planning of your discharge from the ward? Q10: How likely are you to recommend our ward to friends and family if they needed similar care or treatment?

Table 2: Analysis of questions 1 to 10 by age band: Mean score (standard deviation); number of respondents

Age Band (years)	Question number										
	Q1	Q2	Q3	Q4	Q5	Q6a	Q6b	Q7	Q8	Q9	Q10
16 to 29	8.1 (2.2); n = 23	7.1 (2.6); n = 23	7.9 (2.1); n = 23	7.8 (2.4); n = 23	8.0 (2.6); n = 23	8.0 (2.2); n = 23	6.5 (2.6); n = 22	6.6 (3.1); n = 13	8.0 (2.1); n = 23	7.7 (2.3); n = 23	4.3 (0.8); n = 20
30 to 49	8.6 (2.2); n = 27	7.9 (2.8); n = 29	7.6 (2.4); n = 29	8.5 (1.9); n = 30	8.9 (1.3); n = 29	8.3 (2.6); n = 27	7.7 (2.7); n = 25	8.3 (2.2); n = 14	8.1 (2.3); n = 29	8.6 (2.2); n = 28	4.4 (0.8); n = 29
50 to 74	9.0 (1.4); n = 22	8.4 (1.8); n = 21	8.5 (2.2); n = 22	8.7 (2.2); n = 23	8.9 (2.0); n = 23	8.5 (2.2); n = 20	6.5 (3.2); n = 22	8.2 (2.2); n = 14	8.3 (2.7); n = 23	8.2 (2.5); n = 23	4.7 (0.7); n = 27
Overall†	8.6 (2.0); n = 72	7.8 (2.5); n = 73	7.9 (2.3); n = 74	8.4 (2.2); n = 76	8.6 (2.0); n = 75	8.3 (2.3); n = 70	6.9 (2.9); n = 69	7.7 (2.6); n = 41	8.1 (2.3); n = 75	8.2 (2.3); n = 74	4.5 (0.8); n = 76

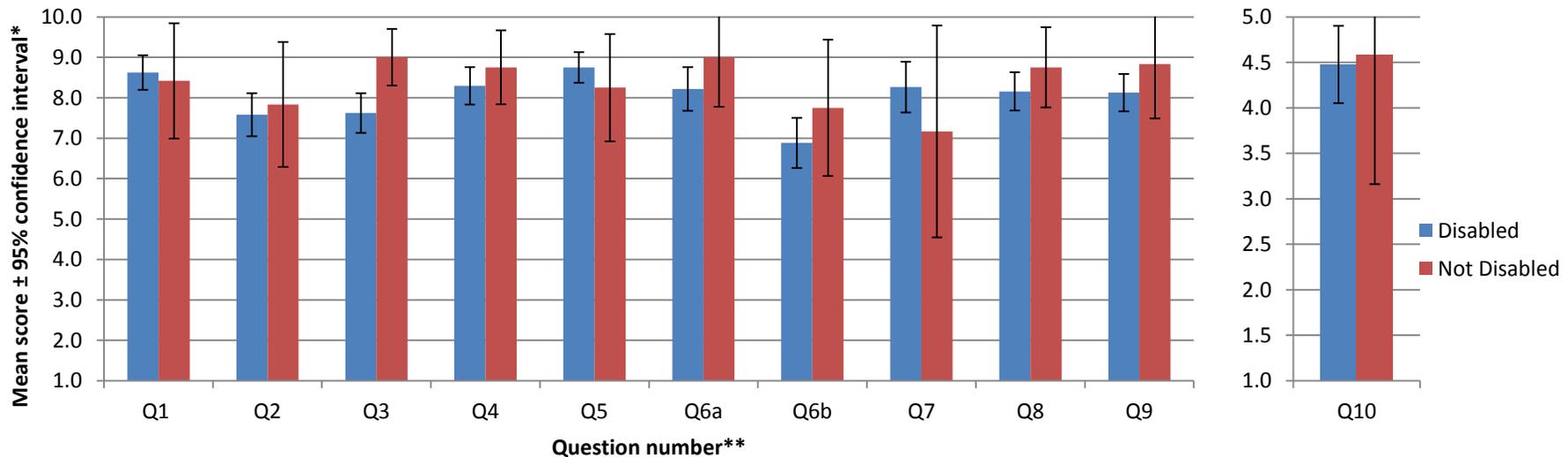
†Overall for those of known age

Analysis of the questionnaire by disability

Q3: How safe did you feel while you were on the ward?

- The mean score varied by disability (Figure 3 and Table 3):
 - disabled people felt less safe on the ward than people who were not disabled (disabled: M = 7.6, SD = 2.3, n = 63; not disabled: M = 9.0, SD = 1.3, n = 12).

Figure 3: Analysis of questions 1 to 10 by disability



*Questions 1 to 9: scale 1 to 10 (poor to excellent); Question 10: scale 1 to 5 (extremely unlikely, unlikely, neither likely nor unlikely, likely, extremely likely).

**Q1: Did you feel you were made to feel welcome when you arrived on the ward? Q2: Did you feel the staff knew about your condition and fully understood your needs? Q3: How safe did you feel while you were on the ward? Q4: Do you think it was easy to find a nurse or another member of staff on the ward that you could talk to about any worries or fears? Q5: Do you feel the staff were kind and caring towards you while you were on the ward? Q6a: If you were taking any medication while on the ward: How well did you understand why you were taking the medication? Q6b: How well did you understand the side effects of the medication you were taking? Q7: If you required any support such as interpreting services, a hearing loop or an advocate for support, how easy was it for you to get this support? Q8: Do you feel you were involved as much as you wanted to be in decisions about your care and treatment? Q9: Did you feel you were involved as much as you wanted to be in the planning of your discharge from the ward? Q10: How likely are you to recommend our ward to friends and family if they needed similar care or treatment?

Table 3: Analysis of questions 1 to 10 by disability: Mean score (standard deviation); number of respondents

Disability	Question number										
	Q1	Q2	Q3	Q4	Q5	Q6a	Q6b	Q7	Q8	Q9	Q10
Disabled	8.6 (2.0); n = 61	7.6 (2.5); n = 62	7.6 (2.3); n = 63	8.3 (2.2); n = 65	8.8 (1.8); n = 64	8.2 (2.5); n = 60	6.9 (2.9); n = 60	8.3 (2.2); n = *	8.2 (2.3); n = 64	8.1 (2.2); n = 63	4.5 (0.7); n = 63
Not Disabled	8.4 (2.7); n = 12	7.8 (3.0); n = 12	9.0 (1.3); n = 12	8.8 (1.8); n = 12	8.3 (2.6); n = 12	9.0 (2.2); n = 11	7.8 (3.3); n = 12	7.2 (3.2); n = *	8.8 (1.9); n = 12	8.8 (2.6); n = 12	4.6 (0.9); n = 12
Overall†	8.6 (2.1); n = 73	7.6 (2.6); n = 74	7.8 (2.3); n = 75	8.4 (2.2); n = 77	8.7 (1.9); n = 76	8.3 (2.5); n = 71	7.0 (2.9); n = 72	8.1 (2.3); n = 40	8.3 (2.2); n = 76	8.2 (2.3); n = 75	4.5 (0.8); n = 75

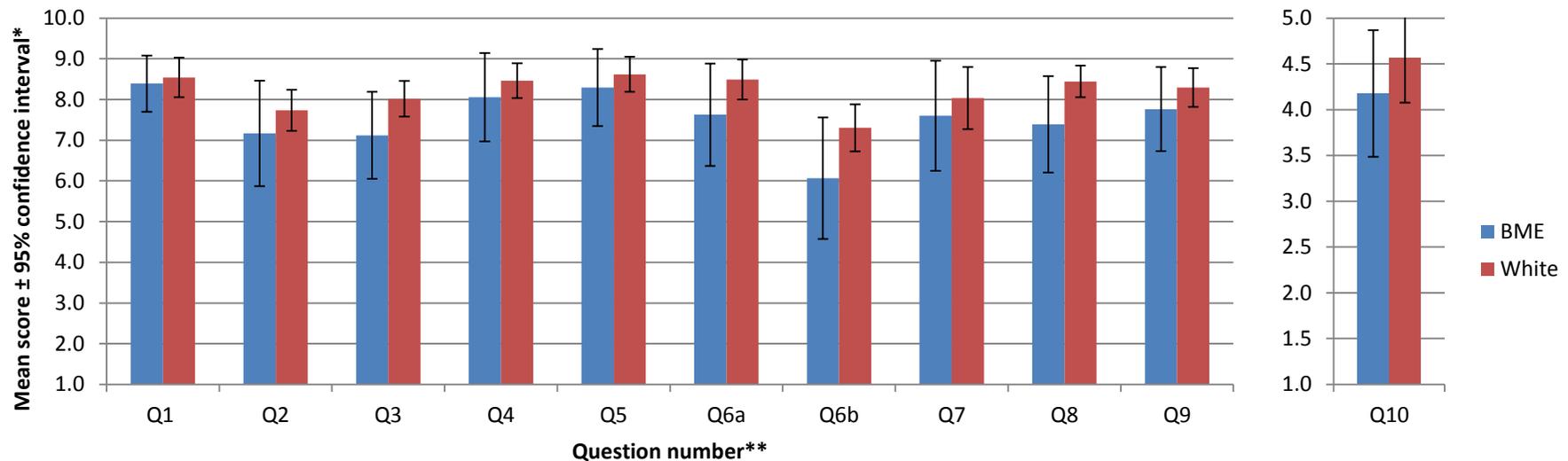
†Overall for those of known disability status, * REDACTED

Analysis of the questionnaire by ethnicity

Q10: How likely are you to recommend our ward to friends and family if they needed similar care or treatment?

- The mean score varied by ethnicity (Figure 4 and Table 4):
 - BME people were less likely to recommend the ward to friends or family than White people (BME: M = 4.2, SD = 0.8, n = 17; White M = 4.6, SD = 0.7, n = 62).

Figure 4: Analysis of questions 1 to 10 by ethnicity



*Questions 1 to 9: scale 1 to 10 (poor to excellent); Question 10: scale 1 to 5 (extremely unlikely, unlikely, neither likely nor unlikely, likely, extremely likely).

**Q1: Did you feel you were made to feel welcome when you arrived on the ward? Q2: Did you feel the staff knew about your condition and fully understood your needs? Q3: How safe did you feel while you were on the ward? Q4: Do you think it was easy to find a nurse or another member of staff on the ward that you could talk to about any worries or fears? Q5: Do you feel the staff were kind and caring towards you while you were on the ward? Q6a: If you were taking any medication while on the ward: How well did you understand why you were taking the medication? Q6b: How well did you understand the side effects of the medication you were taking? Q7: If you required any support such as interpreting services, a hearing loop or an advocate for support, how easy was it for you to get this support? Q8: Do you feel you were involved as much as you wanted to be in decisions about your care and treatment? Q9: Did you feel you were involved as much as you wanted to be in the planning of your discharge from the ward? Q10: How likely are you to recommend our ward to friends and family if they needed similar care or treatment?

Table 4: Analysis of questions 1 to 10 by ethnicity: Mean score (standard deviation); number of respondents

Ethnicity	Question number										
	Q1	Q2	Q3	Q4	Q5	Q6a	Q6b	Q7	Q8	Q9	Q10
BME	8.4 (1.7); n = 18	7.2 (3.2); n = 18	7.1 (2.5); n = 17	8.1 (2.6); n = 18	8.3 (2.2); n = 17	7.6 (2.9); n = 16	6.1 (3.3); n = 15	7.6 (3.0); n = 15	7.4 (2.9); n = 18	7.8 (2.4); n = 17	4.2 (0.8); n = 17
White	8.5 (2.2); n = 59	7.7 (2.3); n = 60	8.0 (2.1); n = 63	8.5 (2.0); n = 63	8.6 (2.0); n = 63	8.5 (2.2); n = 59	7.3 (2.7); n = 59	8.0 (2.4); n = 28	8.4 (1.8); n = 61	8.3 (2.2); n = 61	4.6 (0.7); n = 62
Overall†	8.5 (2.1); n = 77	7.6 (2.5); n = 78	7.8 (2.2); n = 80	8.4 (2.2); n = 81	8.6 (2.1); n = 80	8.3 (2.4); n = 75	7.1 (2.8); n = 74	7.9 (2.6); n = 43	8.2 (2.1); n = 79	8.2 (2.3); n = 78	4.5 (0.7); n = 79

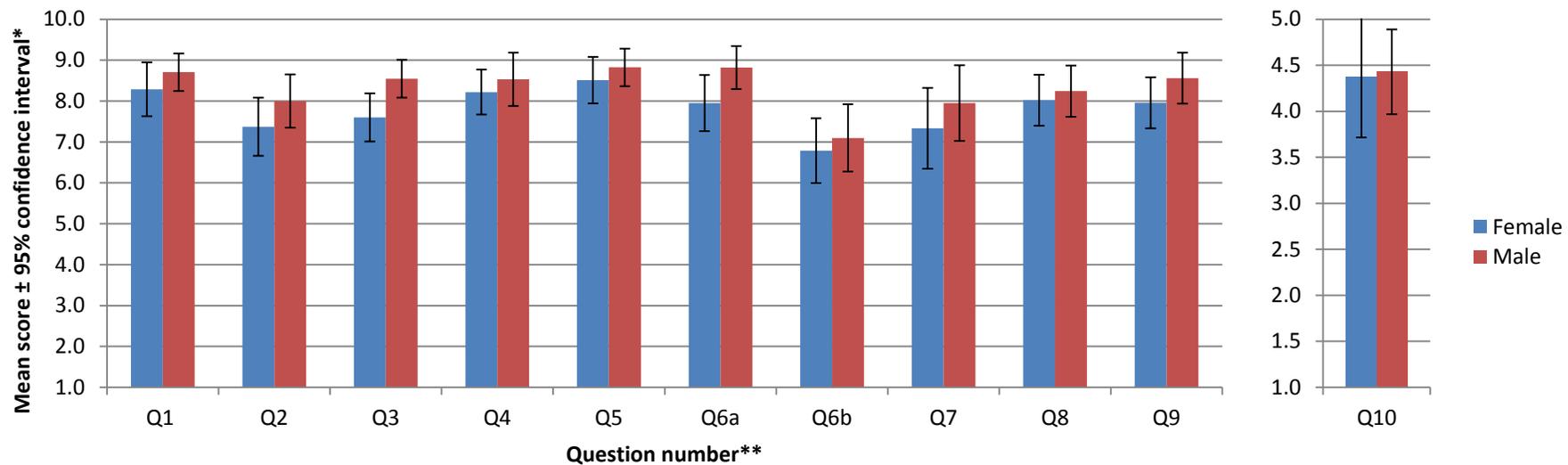
†Overall for those of known ethnicity

Analysis of the questionnaire by gender

Q3: How safe did you feel while you were on the ward?

- The mean score varied by gender (Figure 5 and Table 5):
 - women felt less safe on the ward than men (female: M = 7.6, SD = 2.3, n = 45; male: M = 8.6, SD = 1.6, n = 33).

Figure 5: Analysis of questions 1 to 10 by gender



*Questions 1 to 9: scale 1 to 10 (poor to excellent); Question 10: scale 1 to 5 (extremely unlikely, unlikely, neither likely nor unlikely, likely, extremely likely).

**Q1: Did you feel you were made to feel welcome when you arrived on the ward? Q2: Did you feel the staff knew about your condition and fully understood your needs? Q3: How safe did you feel while you were on the ward? Q4: Do you think it was easy to find a nurse or another member of staff on the ward that you could talk to about any worries or fears? Q5: Do you feel the staff were kind and caring towards you while you were on the ward? Q6a: If you were taking any medication while on the ward: How well did you understand why you were taking the medication? Q6b: How well did you understand the side effects of the medication you were taking? Q7: If you required any support such as interpreting services, a hearing loop or an advocate for support, how easy was it for you to get this support? Q8: Do you feel you were involved as much as you wanted to be in decisions about your care and treatment? Q9: Did you feel you were involved as much as you wanted to be in the planning of your discharge from the ward? Q10: How likely are you to recommend our ward to friends and family if they needed similar care or treatment?

Table 5: Analysis of questions 1 to 10 by gender: Mean score (standard deviation); number of respondents

Gender	Question number										
	Q1	Q2	Q3	Q4	Q5	Q6a	Q6b	Q7	Q8	Q9	Q10
Female	8.3 (2.5); n = 42	7.4 (2.8); n = 43	7.6 (2.3); n = 45	8.2 (2.2); n = 46	8.5 (2.3); n = 45	8.0 (2.6); n = 42	6.8 (3.0); n = 42	7.3 (2.8); n = 24	8.0 (2.5); n = 46	8.0 (2.5); n = 45	4.4 (0.9); n = 43
Male	8.7 (1.6); n = 34	8.0 (2.2); n = 34	8.5 (1.6); n = 33	8.5 (2.2); n = 34	8.8 (1.6); n = 34	8.8 (1.8); n = 33	7.1 (2.7); n = 31	8.0 (2.4); n = 20	8.2 (2.1); n = 33	8.6 (2.1); n = 32	4.4 (0.8); n = 35
Overall†	8.5 (2.2); n = 76	7.6 (2.6); n = 77	8.0 (2.1); n = 78	8.4 (2.2); n = 80	8.6 (2.0); n = 79	8.3 (2.3); n = 75	6.9 (2.9); n = 73	7.6 (2.6); n = 44	8.1 (2.3); n = 79	8.2 (2.3); n = 77	4.4 (0.9); n = 78

†Overall for those of known gender

Analysis of the questionnaire by religion or belief

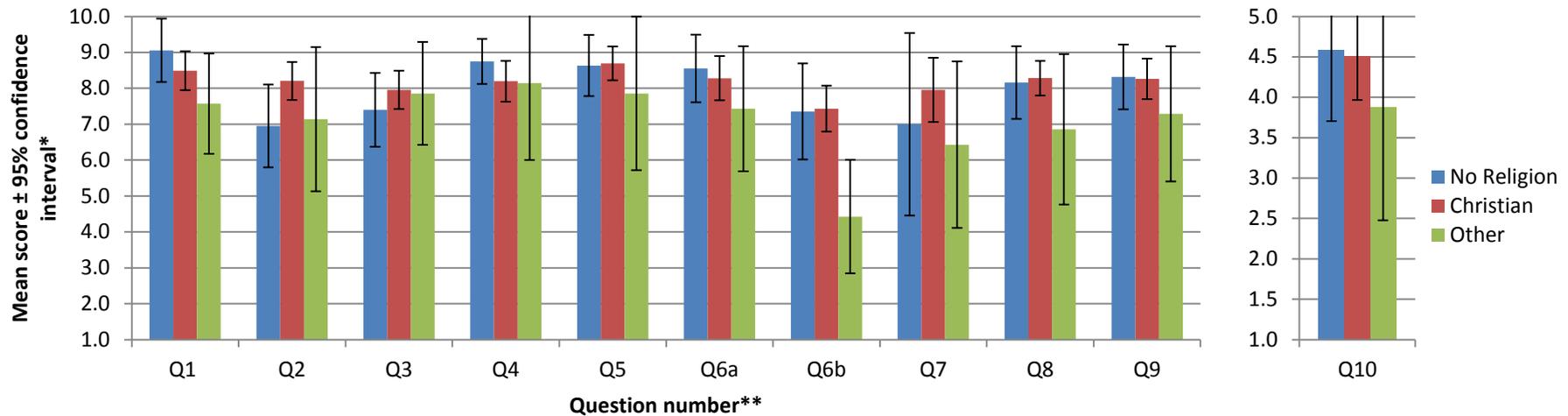
Q6b: How well did you understand the side effects of the medication you were taking?

- Overall mean score out of 10 (and standard deviation): 7.1 (2.8) from 68 respondents.
- The mean score varied by religion or belief (Figure 6 and Table 6):
 - people of “other” religions or beliefs understood the side effects of their medication less well than Christians and people of no religion (Other: M = 4.4, SD = 2.1, n = REDACTED; Christian: M = 7.4, SD = 2.5, n = 44; No Religion: M = 7.4, SD = 3.2, n = REDACTED).

Q10: How likely are you to recommend our ward to friends and family if they needed similar care or treatment?

- Overall mean score out of 5 (and standard deviation): 4.5 (0.8) from 72 respondents (Figure 6 and Table 6).
- The mean score varied by religion or belief (Figure 6 and Table 6):
 - people of “other” religions or beliefs were less likely to recommend the ward to friends or family than Christians and people of no religion (Other: M = 3.9, SD = 0.8, n = REDACTED; Christian: M = 4.5, SD = 0.9, n = 47; No Religion: M = 4.6, SD = 0.6, n = REDACTED).

Figure 6: Analysis of questions 1 to 10 by religion or belief



*Questions 1 to 9: scale 1 to 10 (poor to excellent); Question 10: scale 1 to 5 (extremely unlikely, unlikely, neither likely nor unlikely, likely, extremely likely).

**Q1: Did you feel you were made to feel welcome when you arrived on the ward? Q2: Did you feel the staff knew about your condition and fully understood your needs? Q3: How safe did you feel while you were on the ward? Q4: Do you think it was easy to find a nurse or another member of staff on the ward that you could talk to about any worries or fears? Q5: Do you feel the staff were kind and caring towards you while you were on the ward? Q6a: If you were taking any medication while on the ward: How well did you understand why you were taking the medication? Q6b: How well did you understand the side effects of the medication you were taking? Q7: If you required any support such as interpreting services, a hearing loop or an advocate for support, how easy was it for you to get this support? Q8: Do you feel you were involved as much as you wanted to be in decisions about your care and treatment? Q9: Did you feel you were involved as much as you wanted to be in the planning of your discharge from the ward? Q10: How likely are you to recommend our ward to friends and family if they needed similar care or treatment?

Table 6: Analysis of questions 1 to 10 by religion or belief: Mean score (standard deviation); number of respondents

Religion or Belief	Question number										
	Q1	Q2	Q3	Q4	Q5	Q6a	Q6b	Q7	Q8	Q9	Q10
No Religion	9.1 (2.2); n = *	7.0 (3.0); n = *	7.4 (2.7); n = *	8.8 (1.6); n = *	8.6 (2.1); n = *	8.6 (2.4); n = *	7.4 (3.2); n = *	7.0 (3.5); n = *	8.2 (2.5); n = *	8.3 (2.3); n = *	4.6 (0.6); n = *
Christian	8.5 (2.2); n = 45	8.2 (2.1); n = 44	8.0 (2.1); n = 46	8.2 (2.3); n = 46	8.7 (1.9); n = 46	8.3 (2.4); n = 43	7.4 (2.5); n = 44	8.0 (2.4); n = 22	8.3 (2.0); n = 46	8.3 (2.3); n = 46	4.5 (0.9); n = 47
Other	7.6 (1.9); n = *	7.1 (2.7); n = *	7.9 (2.0); n = *	8.1 (2.9); n = *	7.9 (2.9); n = *	7.4 (2.4); n = *	4.4 (2.1); n = *	6.4 (3.2); n = *	6.9 (2.9); n = *	7.3 (2.6); n = *	3.9 (0.8); n = *
Overall†	8.5 (2.2); n = 70	7.7 (2.5); n = 71	7.8 (2.3); n = 73	8.3 (2.2); n = 73	8.6 (2.1); n = 72	8.3 (2.4); n = 70	7.1 (2.8); n = 68	7.5 (2.8); n = 36	8.1 (2.2); n = 72	8.2 (2.3); n = 72	4.5 (0.8); n = 72

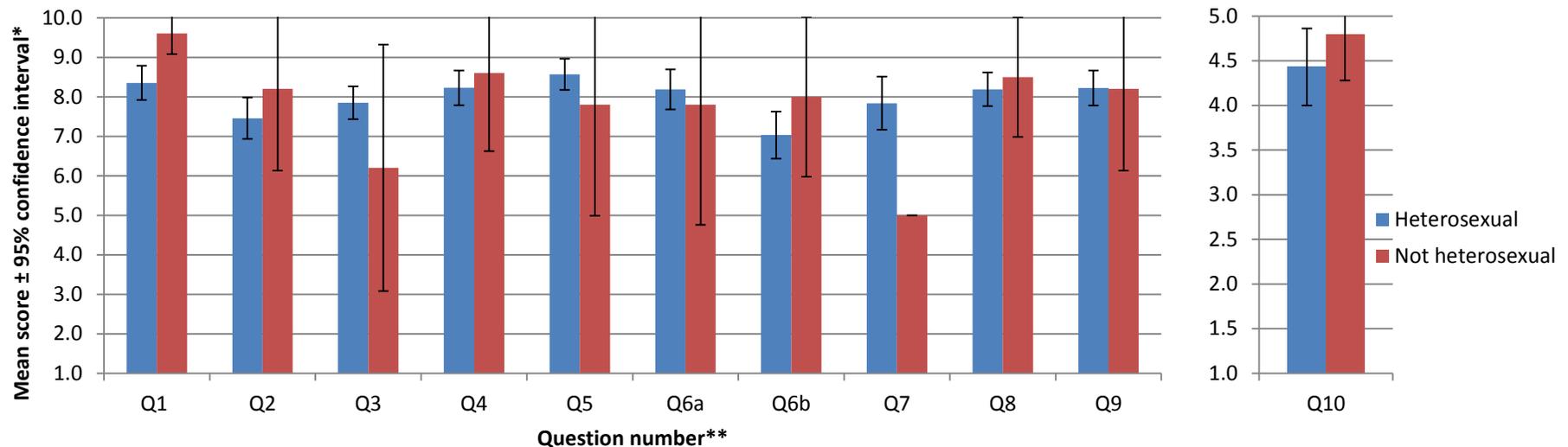
†Overall for those of known religion or belief, * REDACTED

Analysis of the questionnaire by sexual orientation

Overall

- For each question, the statistical analysis did not indicate notable variation by sexual orientation (Figure 7 and Table 7).

Figure 7: Analysis of questions 1 to 10 by sexual orientation



*Questions 1 to 9: scale 1 to 10 (poor to excellent); Question 10: scale 1 to 5 (extremely unlikely, unlikely, neither likely nor unlikely, likely, extremely likely).

**Q1: Did you feel you were made to feel welcome when you arrived on the ward? Q2: Did you feel the staff knew about your condition and fully understood your needs? Q3: How safe did you feel while you were on the ward? Q4: Do you think it was easy to find a nurse or another member of staff on the ward that you could talk to about any worries or fears? Q5: Do you feel the staff were kind and caring towards you while you were on the ward? Q6a: If you were taking any medication while on the ward: How well did you understand why you were taking the medication? Q6b: How well did you understand the side effects of the medication you were taking? Q7: If you required any support such as interpreting services, a hearing loop or an advocate for support, how easy was it for you to get this support? Q8: Do you feel you were involved as much as you wanted to be in decisions about your care and treatment? Q9: Did you feel you were involved as much as you wanted to be in the planning of your discharge from the ward? Q10: How likely are you to recommend our ward to friends and family if they needed similar care or treatment?

Table 7: Analysis of questions 1 to 10 by sexual orientation: Mean score (standard deviation); number of respondents

Sexual Orientation	Question number										
	Q1	Q2	Q3	Q4	Q5	Q6a	Q6b	Q7	Q8	Q9	Q10
Hetero'	8.4 (2.2); n = *	7.5 (2.7); n = *	7.9 (2.1); n = *	8.2 (2.3); n = *	8.6 (2.0); n = *	8.2 (2.5); n = *	7.0 (2.9); n = *	7.8 (2.6); n = *	8.2 (2.2); n = *	8.2 (2.3); n = *	4.4 (0.8); n = *
Not hetero'	9.6 (0.5); n = *	8.2 (2.2); n = *	6.2 (3.3); n = *	8.6 (2.1); n = *	7.8 (2.9); n = *	7.8 (3.2); n = *	8.0 (2.1); n = *	5.0 (*); n = *	8.5 (1.3); n = *	8.2 (2.2); n = *	4.8 (0.4); n = *
Overall†	8.4 (2.1); n = 76	7.5 (2.6); n = 77	7.7 (2.2); n = 79	8.3 (2.3); n = 80	8.5 (2.1); n = 79	8.2 (2.5); n = 74	7.1 (2.9); n = 73	7.8 (2.6); n = 44	8.2 (2.2); n = 78	8.2 (2.2); n = 77	4.5 (0.8); n = 77

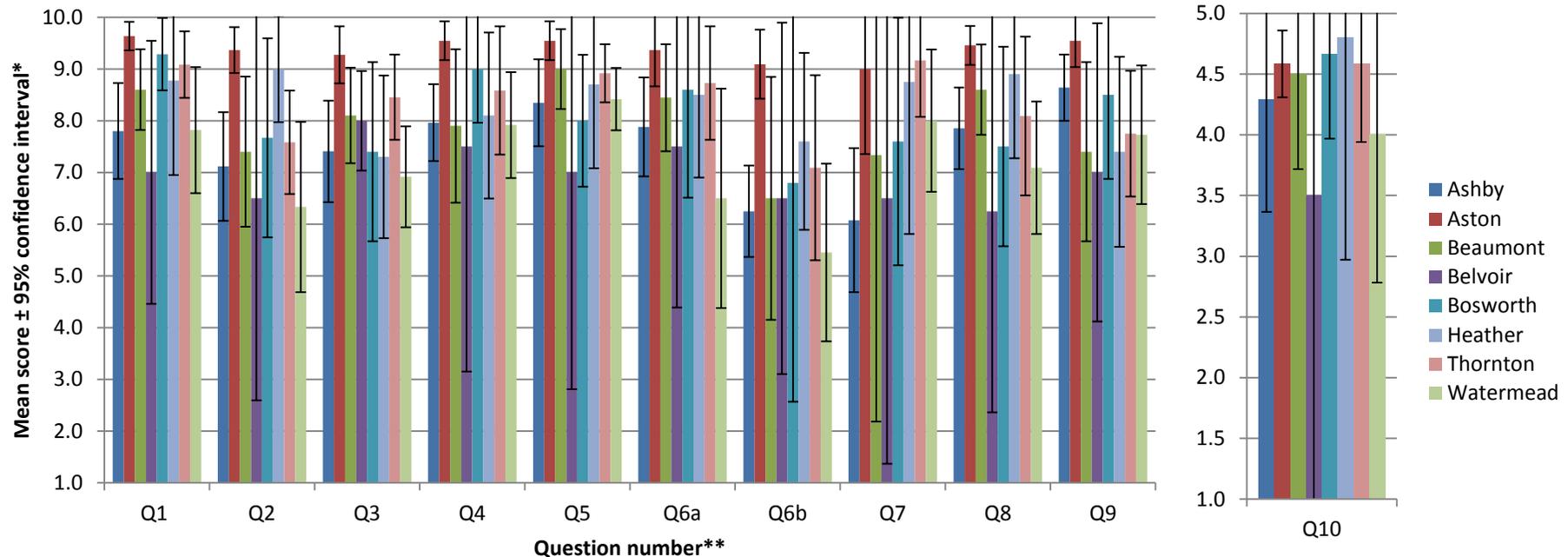
†Overall for those of known sexual orientation, * REDACTED

Analysis of the questionnaire by ward

Q8: Do you feel you were involved as much as you wanted to be in decisions about your care and treatment?

- The mean score varied by ward (Figure 8 and Table 8):
 - patients on Belvoir and Watermead felt less involved in decisions about their care and treatment than patients on Ashby, Thornton, Beaumont, Aston, and Heather (Belvoir: M = 6.3, SD = 3.3, n = REDACTED; Watermead: M = 7.1, SD = 2.3, n = 11; Ashby: M = 7.9, SD = 2.4, n = 27; Thornton: M = 8.1, SD = 2.8, n = 11; Beaumont: M = 8.6, SD = 1.5, n = 10; Aston: M = 9.5, SD = 0.7, n = 11; Heather: M = 8.9, SD = 2.8, n = 10);
 - patients in the Bradgate Unit felt less involved in decisions about their care and treatment than patients on Aston (Bradgate Unit: REDACTED; Aston: M = 9.5, SD = 0.7, n = 11);
 - patients on Bosworth felt less involved in decisions about their care and treatment than patients on Aston and Heather (Bosworth: 7.5, SD = 2.3, n = REDACTED; Aston: M = 9.5, SD = 0.7, n = 11; Heather: M = 8.9, SD = 2.8, n = 10);
 - patients on Ashby felt less involved in decisions about their care and treatment than patients on Beaumont, Aston, and Heather (Ashby: M = 7.9, SD = 2.4, n = 27; Beaumont: M = 8.6, SD = 1.5, n = 10; Aston: M = 9.5, SD = 0.7, n = 11; Heather: M = 8.9, SD = 2.8, n = 10);
 - patients on Thornton and Beaumont felt less involved in decisions about their care and treatment than patients on Aston and Heather (Thornton: M = 8.1, SD = 2.8, n = 11; Beaumont: M = 8.6, SD = 1.5, n = 10; Aston: M = 9.5, SD = 0.7, n = 11; Heather: M = 8.9, SD = 2.8, n = 10).

Figure 8: Analysis of questions 1 to 10 by ward



*Questions 1 to 9: scale 1 to 10 (poor to excellent); Question 10: scale 1 to 5 (extremely unlikely, unlikely, neither likely nor unlikely, likely, extremely likely).

**Q1: Did you feel you were made to feel welcome when you arrived on the ward? Q2: Did you feel the staff knew about your condition and fully understood your needs? Q3: How safe did you feel while you were on the ward? Q4: Do you think it was easy to find a nurse or another member of staff on the ward that you could talk to about any worries or fears? Q5: Do you feel the staff were kind and caring towards you while you were on the ward? Q6a: If you were taking any medication while on the ward: How well did you understand why you were taking the medication? Q6b: How well did you understand the side effects of the medication you were taking? Q7: If you required any support such as interpreting services, a hearing loop or an advocate for support, how easy was it for you to get this support? Q8: Do you feel you were involved as much as you wanted to be in decisions about your care and treatment? Q9: Did you feel you were involved as much as you wanted to be in the planning of your discharge from the ward? Q10: How likely are you to recommend our ward to friends and family if they needed similar care or treatment?

Table 8: Analysis of questions 1 to 10 by ward: Mean score (standard deviation); number of respondents

Ward	Question number										
	Q1	Q2	Q3	Q4	Q5	Q6a	Q6b	Q7	Q8	Q9	Q10
Ashby	7.8 (2.7); n = 25	7.1 (3.1); n = 26	7.4 (3.0); n = 27	8.0 (2.3); n = 27	8.3 (2.5); n = 26	7.9 (2.8); n = 25	6.3 (2.5); n = 24	6.1 (2.8); n = 13	7.9 (2.4); n = 27	8.6 (1.9); n = 25	4.3 (1.1); n = 24
Aston	9.6 (0.5); n = 11	9.4 (0.8); n = 11	9.3 (1.0); n = 11	9.5 (0.7); n = 11	9.5 (0.7); n = 11	9.4 (1.3); n = 11	9.1 (1.2); n = 11	9.0 (2.0); n = *	9.5 (0.7); n = 11	9.5 (0.9); n = 11	4.6 (0.5); n = 12
Beaumont	8.6 (1.3); n = 10	7.4 (2.5); n = 10	8.1 (1.6); n = 10	7.9 (2.6); n = 10	9.0 (1.3); n = 10	8.4 (1.7); n = *	6.5 (3.5); n = *	7.3 (3.1); n = *	8.6 (1.5); n = 10	7.4 (3.0); n = 10	4.5 (0.5); n = 10
Belvoir	7.0 (2.2); n = *	6.5 (3.3); n = *	8.0 (0.8); n = *	7.5 (3.7); n = *	7.0 (3.6); n = *	7.5 (2.6); n = *	6.5 (2.9); n = *	6.5 (4.4); n = *	6.3 (3.3); n = *	7.0 (2.4); n = *	3.5 (1.0); n = *
Bosworth	9.3 (1.0); n = *	7.7 (2.3); n = *	7.4 (1.8); n = *	9.0 (1.3); n = *	8.0 (1.5); n = *	8.6 (2.2); n = *	6.8 (4.4); n = *	7.6 (2.5); n = *	7.5 (2.3); n = *	8.5 (2.0); n = *	4.7 (0.5); n = *
Bradgate	*	*	*	*	*	*	*	*	*	*	*
Heather	8.8 (2.9); n = *	9.0 (1.7); n = *	7.3 (2.7); n = 10	8.1 (2.8); n = 10	8.7 (2.8); n = 10	8.5 (2.8); n = 10	7.6 (3.0); n = 10	8.8 (2.5); n = *	8.9 (2.8); n = 10	7.4 (3.2); n = 10	4.8 (0.4); n = 10
Thornton	9.1 (1.2); n = 12	7.6 (1.9); n = 12	8.5 (1.5); n = 11	8.6 (2.4); n = 12	8.9 (1.1); n = 12	8.7 (2.0); n = 11	7.1 (3.3); n = 11	9.2 (1.3); n = *	8.1 (2.8); n = 11	7.8 (2.3); n = 12	4.6 (0.7); n = 12
Watermead	7.8 (2.2); n = 11	6.3 (3.2); n = 12	6.9 (1.9); n = 12	7.9 (2.0); n = 12	8.4 (1.2); n = 12	6.5 (3.7); n = 10	5.5 (3.1); n = 11	8.0 (1.7); n = *	7.1 (2.3); n = 11	7.7 (2.5); n = 11	4.0 (1.2); n = 12
Overall†	8.5 (2.1); n = 90	7.6 (2.6); n = 91	7.8 (2.3); n = 91	8.3 (2.2); n = 93	8.6 (2.0); n = 92	8.2 (2.5); n = 86	6.9 (3.0); n = 84	7.6 (2.6); n = 48	8.1 (2.4); n = 91	8.2 (2.3); n = 90	4.4 (0.9); n = 91

†Overall for those of known ward, * REDACTED

Appendix of data quality and analytical methods

Data quality

Data quality for each of the protected characteristics covered by the Adult Mental Health Patient Discharge Questionnaire (age, disability, gender, ethnicity, religion or belief, and sexual orientation) varied between 78.22% (religion or belief) and 86.14% (ethnicity) complete (Table 9). Consequently, whilst the data are near complete, there is a need to encourage more respondents to disclose their equality monitoring information. A total of 101 questionnaires were returned in the period April to December 2014, for a total of 1007 patients discharged (10.0% of those discharged returned a questionnaire). Consequently, it is uncertain whether the views of those who returned the questionnaire are representative of all those patients discharged in the period of interest. There is a need to increase the percentage of discharged patients who complete and return the questionnaire in order to obtain a reliable measure of patient experience. This may involve ensuring that all patients discharged receive the questionnaire, emphasising the importance of returning the questionnaire, and perhaps giving patients an opportunity to complete the questionnaire prior to leaving the care environment (whilst maintaining confidentiality). At present, the questionnaire is administered in paper form and is returned by post (freepost). Participation rates might also be increased by offering alternative methods for completing and returning the questionnaire, perhaps including an online option.

Table 9: Data quality amongst responses to the Adult Mental Health Patient Discharge Questionnaire

Data quality		Age		Disability		Gender		Ethnicity	
		n	%	n	%	n	%	n	%
Valid Data		85	84.16%	83	82.18%	86	85.15%	87	86.14%
Missing	Prefer not to say	0	0.00%	4	3.96%	2	1.98%	3	2.97%
Data	blank/NULL	16	15.84%	14	13.86%	13	12.87%	11	10.89%
Grand total		101	100.00%	101	100.00%	101	100.00%	101	100.00%
Data quality		Religion or Belief		Sexual Orientation		Ward			
		n	%	n	%	n	%		
Valid Data		79	78.22%	84	83.17%	100	99.01%		
Missing	Prefer not to say	11	10.89%	7	6.93%	0	0.00%		
Data	blank/NULL	11	10.89%	10	9.90%	1	0.99%		
Grand total		101	100.00%	101	100.00%	101	100.00%		

Analytical methods

Responses to the Adult Mental Health Patient Discharge Questionnaire were collected for the period April to December 2014. A total of 1007 patients were discharged in the period and 101 questionnaires were returned (10.0% of those discharged).

Questions posed by the Adult Mental Health Patient Discharge Questionnaire:

- Q1: Did you feel you were made to feel welcome when you arrived on the ward?
- Q2: Did you feel the staff knew about your condition and fully understood your needs?
- Q3: How safe did you feel while you were on the ward?
- Q4: Do you think it was easy to find a nurse or another member of staff on the ward that you could talk to about any worries or fears?
- Q5: Do you feel the staff were kind and caring towards you while you were on the ward?
- Q6a: If you were taking any medication while on the ward: How well did you understand why you were taking the medication?
- Q6b: How well did you understand the side effects of the medication you were taking?
- Q7: If you required any support such as interpreting services, a hearing loop or an advocate for support, how easy was it for you to get this support?
- Q8: Do you feel you were involved as much as you wanted to be in decisions about your care and treatment?
- Q9: Did you feel you were involved as much as you wanted to be in the planning of your discharge from the ward?
- Q10: How likely are you to recommend our ward to friends and family if they needed similar care or treatment?

Answers to questions 1 to 9 were collected on a scale of 1 to 10; 1 being “poor” and 10 being “excellent”. Answers to question 10 were collected on a 5-point scale: extremely unlikely; unlikely; neither likely nor unlikely; likely, extremely likely. These points on the scale were given arbitrary ordinal rankings from 1 (extremely unlikely) to 5 (extremely likely) for the purposes of the present analysis. An additional “don’t know” response option was excluded from the present analysis.

Demographic information collected on the questionnaire form: ward; date of birth (used to derive age at the date on which the form was returned); gender; disability; ethnicity; sexual orientation; religion or belief.

Other information collected alongside the questionnaire form: date that the form was returned.

The scores for each question were analysed by each of the demographic factors given above, using both a parametric ANOVA and a non-parametric ANOVA (Kruskal-Wallis test); where overall statistically significant differences were indicated between the subgroups of each demographic factor ($\alpha = .05$), the ANOVA was followed by *post-hoc*, pairwise tests to identify which subgroups differed to a statistically significant degree (with the Bonferroni correction applied to correct the α -level for making multiple comparisons).