

Adult Mental Health Patient Discharge Questionnaire: April 2014 to March 2015

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

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1 Introduction

1.1 Aim

The present report looks at responses to the Adult Mental Health Patient Discharge Questionnaire during the period April 2014 to March 2015. The analysis aims to identify equality issues arising from service user's responses to the questionnaire.

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.

1.2 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.)

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 2014 to March 2015, and analyses these responses by the equality monitoring information available.

1.3 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 counts of numbers of service users, analysed in several tables, by their protected characteristics (e.g., age group, gender). The use of these tables to produce aggregated summaries of service user counts 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 protected characteristic groups, especially when broken down by certain domains of interest. Such small counts could, potentially, be used to identify individual service users, even after

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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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. Where the redacted count can 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)

2 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 appendix.

2.1 Data quality

- A total of 142 Adult Mental Health Patient Discharge Questionnaires were returned in the period April 2014 to March 2015 for a total of 1558 patients discharged (9.1% 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 76.06% (age and religion or belief) and 83.10% (gender) complete (Table 8).
- 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.

2.2 Overview of the questionnaire

- 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? Figure 1 and Table 1).
- 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? Figure 1 and Table 1). This finding related especially to people of "other" religions or beliefs (other than Christianity or No Religion – specifically Buddhists, Jews, Hindus, Muslims, and Sikhs); please see below "Understanding of the reasons for taking medication and the side effects of the medication taken."
- The vast majority of respondents (88.3%) 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? Figure 1 and Table 1).

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- There were several areas where ratings differed across the protected characteristic subgroups covered. Broadly, patients of religions or beliefs other than Christianity or No Religion tended to rate the various measured aspects of their patient experience less positively. Please see the points outlined below for further details. It is noted that there were relatively few respondents of religions or beliefs other than Christianity or No Religion (19 people of “other” religions or beliefs), so it is difficult to assess how well their views reflect those of the wider groups that they represent in the analysis; increasing the percentage of those discharged who return the questionnaire will help to gain a more robust picture of the issues highlighted here.

2.3 Care on the ward

- Questions 1, 2, 4, and 5: people of religions or beliefs other than Christianity or No Religion gave less positive ratings in terms of
 - feeling welcome when they arrived on the ward,
 - feeling that staff knew about their condition and fully understood their needs,
 - the ease of finding a nurse or another member of staff on the ward that they could talk to about any worries or fears,
 - feeling the staff were kind and caring towards them while they were on the ward.

(Figure 6 and Table 6.)

- It is recommended to investigate why people of religions or beliefs other than Christianity or No Religion tended to rate the noted aspects of their care more negatively. It may be necessary to ensure that services are delivered in a culturally appropriate manner, with special consideration for the needs of certain groups.

2.4 Feeling safe on the ward

- Question 3: people who were not heterosexual felt less safe on the ward (Figure 7 and Table 7).

(There were relatively few respondents to the questionnaire who were not heterosexual, less than 10, so it is difficult to assess how well their views reflect those of the wider group that they represent in the analysis; increasing the percentage of those discharged who return the questionnaire will help to gain a more robust picture of the issue highlighted here.)

- It is recommended to take steps to make people who are not heterosexual feel safer on the wards. This may involve determining why this group feels less safe; tackling both perceptions of a lack of safety and any areas where there are material security and safeguarding issues.

2.5 Understanding of the reasons for taking medication and the side effects of the medication taken

- Questions 6a and 6b: BME people and people of religions or beliefs other than Christianity or No Religion understood less well why they were taking medication, whilst people of religions or beliefs other than Christianity or No Religion also understood less well the side effects of the medication they were taking (Ethnicity: Figure 4 and Table 4; Religion or Belief: Figure 6 and Table 6).
- It is recommended to take steps to ensure that patients from minority ethnic groups and minority religions understand why they are taking medication. Additionally, care should be taken to ensure that all patients understand the side effects of their medication (this area was rated least positively within the questionnaire overall), with special regard to understanding amongst patients of minority religions or beliefs. It may be necessary to determine any reasons for a lack of understanding amongst patients around the medication they are taking and its side effects; for instance, it may be that language in verbal and written communication is a barrier to understanding amongst patients of minority religions or beliefs.

2.6 Patient involvement in decisions about care and treatment, and discharge from the ward

- Questions 8 and 9: People of religions or beliefs other than Christianity or No Religion felt that they were less involved than they wanted to be in decisions about their care and treatment, and were less involved than they wanted to be in the planning of their discharge from the ward (Figure 6 and Table 6).
- It is recommended to ensure that all patients, including people of religions or beliefs other than Christianity or No Religion, are as involved as they want to be in decisions about their care and treatment, and in the planning of their discharge from the ward. This may involve, for instance, providing a culturally appropriate service and taking into account the communication needs of those for whom English is not their first language. Further investigation may be required to hone in on the exact barriers to involvement to be overcome.

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

- Question 10: People of religions or beliefs other than Christianity or No Religion were less likely to recommend the ward to friends or family if they needed similar care or treatment (Figure 6 and Table 6).
- It is recommended to further investigate why those of 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 religious groups. Some potential reasons why those of minority religions may be less likely to recommend their ward to friends or family have been identified in the present analyses:
 - care on the ward,
 - understanding of the reasons for taking medication and the side effects of the medication taken,
 - involvement in decisions about care and treatment, and discharge from the ward.
- Further investigation into these issues for people of minority religions may help to inform and target actions to be taken to make the experience of receiving treatment and care more positive for these groups of people. Additionally, given that there were just 19 respondents of “other” religions or beliefs to the questionnaire, increasing the numbers returning the questionnaire will help to gain a more robust picture of the issues highlighted.

2.8 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 organisational and divisional leaders; 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.

3 Appendix: Analyses

3.1 Overall analysis of the questionnaire

3.1.1 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?

3.1.2 Questions 1 to 9

- The overall mean score out of 10 varied across questions 1 to 9 (Figure 1 and Table 1):
 - Broadly, ratings were lowest for Question 6b (How well did you understand the side effects of the medication you were taking?), whilst ratings were highest for Question 5 (Do you feel the staff were kind and caring towards you while you were on the ward?); (Q6b: M = 6.8, SD = 2.9, n = 122; Q5: M = 8.5, SD = 2.1, n = 133).

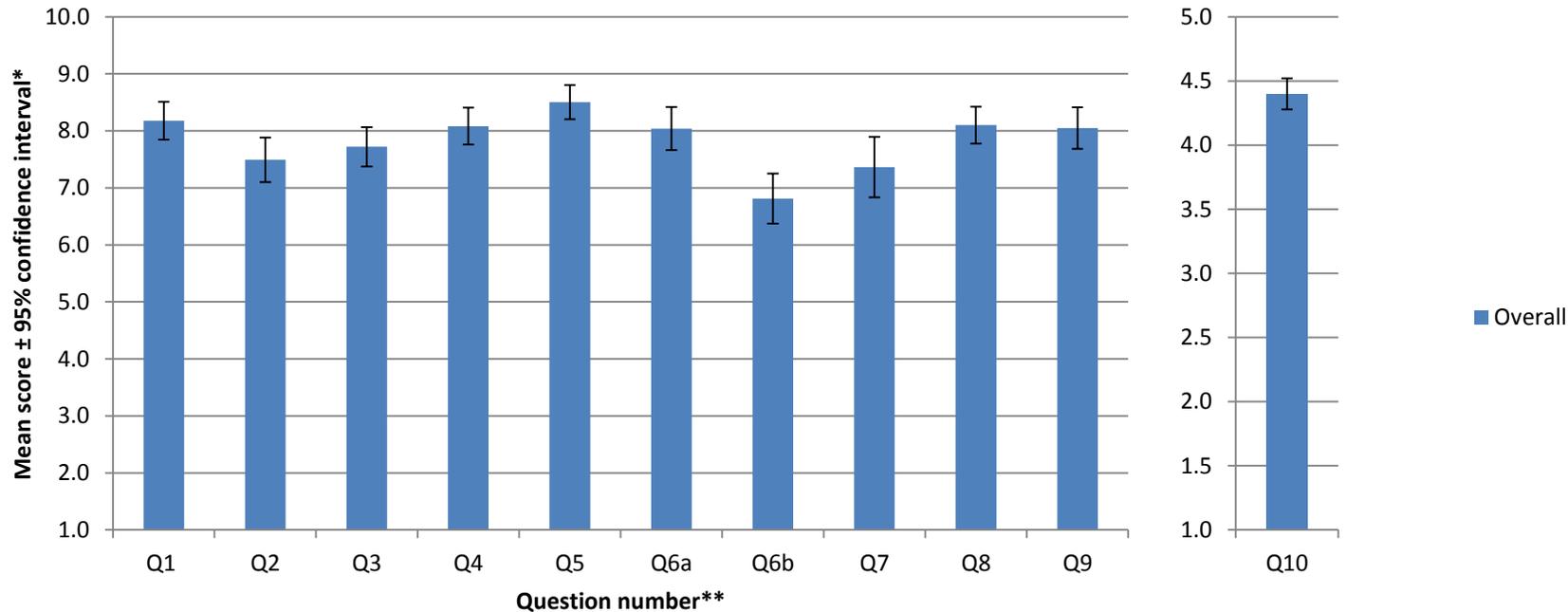
3.1.3 Question 10

- How likely are you to recommend our ward to friends and family if they needed similar care or treatment?
 - The vast majority of respondents (88.3% 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 (0.8) from 128 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:

Q10: How likely are you to recommend our ward to friends and family if they needed similar care or treatment? Categorical rating	Number of respondents by categorical rating	
	n	%
Extremely likely	72	56.25%
Likely	41	32.03%
Neither likely nor unlikely	10	7.81%
Unlikely	4	3.13%
Extremely unlikely	1	0.78%
Total	128	100.00%
<i>Blank or "don't know"</i> *	14	9.86%
Grand Total	142	

*Percentage blank or “don’t know” is calculated using the grand total as the base

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: Mean score (standard deviation); number of respondents

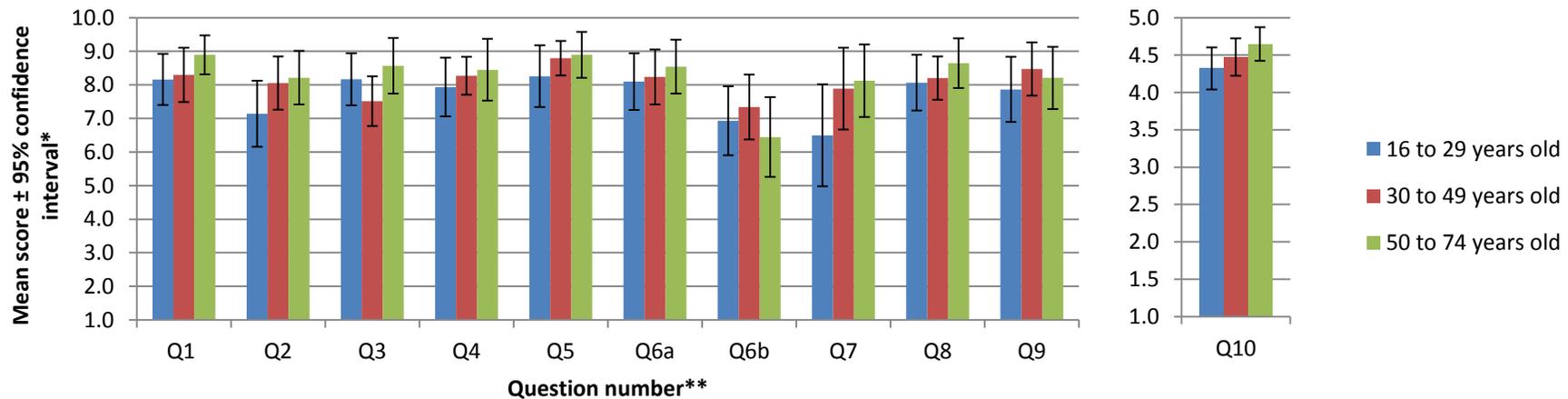
	Question number										
	Q1	Q2	Q3	Q4	Q5	Q6a	Q6b	Q7	Q8	Q9	Q10
Overall	8.2 (2.3); n = 130	7.5 (2.7); n = 128	7.7 (2.4); n = 129	8.1 (2.3); n = 133	8.5 (2.1); n = 133	8.0 (2.5); n = 125	6.8 (2.9); n = 122	7.4 (2.6); n = 69	8.1 (2.2); n = 131	8.0 (2.5); n = 127	4.4 (0.8); n = 128

3.2 Analysis of the questionnaire by age band

Overall

- For each question, the analysis did not indicate a statistically significant 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

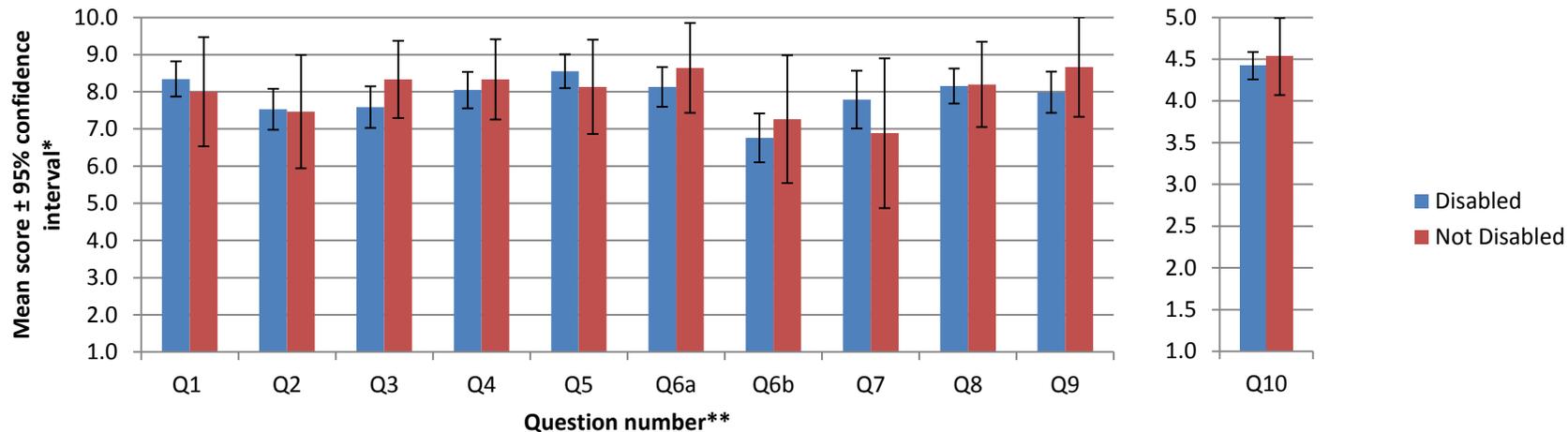
Age Band (years)	Question number										
	Q1	Q2	Q3	Q4	Q5	Q6a	Q6b	Q7	Q8	Q9	Q10
16 to 29	8.2 (2.1); n = 31	7.1 (2.6); n = 29	8.2 (2.1); n = 30	7.9 (2.4); n = 31	8.3 (2.5); n = 31	8.1 (2.3); n = 30	6.9 (2.7); n = 29	6.5 (2.9); n = 16	8.1 (2.3); n = 31	7.9 (2.6); n = 30	4.3 (0.7); n = 28
30 to 49	8.3 (2.4); n = 37	8.1 (2.4); n = 38	7.5 (2.2); n = 37	8.3 (1.8); n = 40	8.8 (1.6); n = 39	8.2 (2.5); n = 38	7.3 (2.8); n = 35	7.9 (2.4); n = 18	8.2 (2.0); n = 39	8.5 (2.4); n = 38	4.5 (0.8); n = 38
50 to 74	8.9 (1.5); n = 29	8.2 (2.1); n = 28	8.6 (2.1); n = 28	8.4 (2.4); n = 29	8.9 (1.8); n = 29	8.5 (2.0); n = 26	6.4 (3.0); n = 27	8.1 (2.0); n = 16	8.6 (1.9); n = 28	8.2 (2.4); n = 29	4.6 (0.6); n = 34

3.3 Analysis of the questionnaire by disability

Overall

- For each question, the analysis did not indicate a statistically significant variation by disability (Figure 3 and Table 3).

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	8.3 (2.2); n = 84	7.5 (2.5); n = 83	7.6 (2.5); n = 82	8.0 (2.3); n = 86	8.6 (2.1); n = 85	8.1 (2.4); n = 82	6.8 (2.9); n = 80	7.8 (2.5); n = †	8.2 (2.2); n = 84	8.0 (2.5); n = 82	4.4 (0.8); n = 83
Not disabled	8.0 (2.6); n = 15	7.5 (2.7); n = 15	8.3 (1.9); n = 15	8.3 (2.0); n = 15	8.1 (2.3); n = 15	8.6 (2.1); n = 14	7.3 (3.1); n = 15	6.9 (2.6); n = †	8.2 (2.1); n = 15	8.7 (2.4); n = 15	4.5 (0.8); n = 15

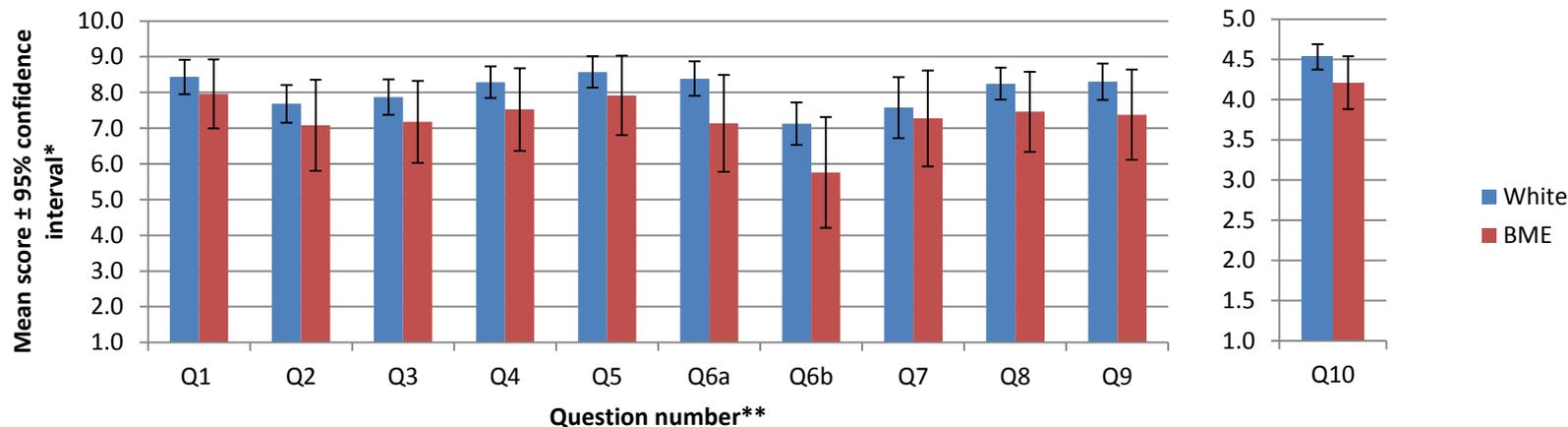
† REDACTED

3.4 Analysis of the questionnaire by ethnicity

Q6a: If you were taking any medication while on the ward: How well did you understand why you were taking the medication?

- The mean score varied to a statistically significant degree by ethnicity (Figure 4 and Table 4):
 - BME people understood why they were taking medication less well than White people (BME: M = 7.1, SD = 3.1, n = 22; White: M = 8.4, SD = 2.2, n = 80).

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

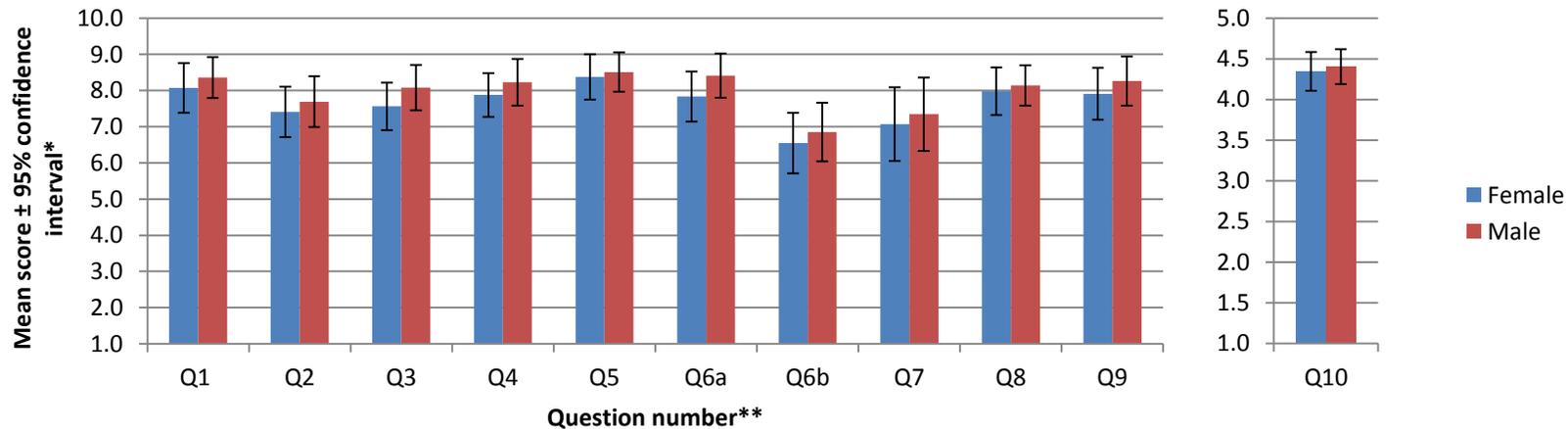
Ethnicity	Question number										
	Q1	Q2	Q3	Q4	Q5	Q6a	Q6b	Q7	Q8	Q9	Q10
White	8.4 (2.2); n = 81	7.7 (2.4); n = 81	7.9 (2.3); n = 83	8.3 (2.0); n = 84	8.6 (2.0); n = 84	8.4 (2.2); n = 80	7.1 (2.7); n = 79	7.6 (2.4); n = 33	8.2 (2.0); n = 82	8.3 (2.3); n = 80	4.5 (0.7); n = 81
BME	8.0 (2.3); n = 24	7.1 (3.0); n = 24	7.2 (2.7); n = 23	7.5 (2.8); n = 25	7.9 (2.6); n = 24	7.1 (3.1); n = 22	5.8 (3.4); n = 21	7.3 (3.0); n = 22	7.5 (2.7); n = 24	7.4 (3.0); n = 24	4.2 (0.8); n = 24

3.5 Analysis of the questionnaire by gender

Overall

- For each question, the analysis did not indicate a statistically significant variation by gender (Figure 5 and Table 5).

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	8.1 (2.5); n = 54	7.4 (2.6); n = 54	7.6 (2.4); n = 55	7.9 (2.3); n = 57	8.4 (2.3); n = 56	7.8 (2.5); n = 54	6.5 (3.0); n = 53	7.1 (2.7); n = 29	8.0 (2.5); n = 57	7.9 (2.6); n = 55	4.3 (0.9); n = 55
Male	8.4 (2.0); n = 53	7.7 (2.5); n = 52	8.1 (2.2); n = 51	8.2 (2.3); n = 53	8.5 (2.0); n = 53	8.4 (2.2); n = 51	6.9 (2.8); n = 48	7.3 (2.7); n = 29	8.1 (2.0); n = 51	8.3 (2.4); n = 50	4.4 (0.8); n = 52

3.6 Analysis of the questionnaire by religion or belief

For the analysis of religion or belief, those of religions or beliefs other than Christianity or No Religion have been categorised as of “other” religions or beliefs; this group includes 19 respondents in total (although not all gave a response to every question), comprising Buddhists, Jews, Hindus, Muslims, and Sikhs.

Q1: Did you feel you were made to feel welcome when you arrived on the ward?

- The mean score varied to a statistically significant degree by religion or belief (Figure 6 and Table 6):
 - compared to people of no religion and Christians, people of “other” religions or beliefs felt that they were made to feel less welcome on arrival at the ward (No Religion: M = 9.2, SD = 1.9, n = 25; Christian: M = 8.3, SD = 2.1, n = 58; Other: M = 6.8, SD = 2.6, n = 15).

Q2: Did you feel the staff knew about your condition and fully understood your needs?

- The mean score varied to a statistically significant degree by religion or belief (Figure 6 and Table 6):
 - compared to Christians, people of “other” religions or beliefs felt that staff knew less about their condition and needs (Christian: M = 8.0, SD = 2.2, n = 57; Other: M = 6.3, SD = 2.9, n = 16).

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?

- The mean score varied to a statistically significant degree by religion or belief (Figure 6 and Table 6):
 - compared to people of no religion, people of “other” religions or beliefs felt that it was less easy to find a nurse or another member of staff on the ward to talk to about any worries or fears (No Religion: M = 8.9, SD = 1.6, n = 27; Other: M = 6.8, SD = 2.9, n = 16).

Q5: Do you feel the staff were kind and caring towards you while you were on the ward?

- The mean score varied to a statistically significant degree by religion or belief (Figure 6 and Table 6):
 - compared to people of no religion and Christians, people of “other” religions or beliefs felt that staff were less kind and caring towards them (No Religion: M = 8.9, SD = 1.9, n = 26; Christian: M = 8.9, SD = 1.9, n = 59; Other: M = 7.2, SD = 3.1, n = 16).

Q6a: If you were taking any medication while on the ward: How well did you understand why you were taking the medication?

- The mean score varied to a statistically significant degree by religion or belief (Figure 6 and Table 6):
 - compared to people of no religion and Christians, people of “other” religions or beliefs understood less well why they were taking medication (No Religion: M = 9.2, SD = 1.3, n = 25; Christian: M = 8.2, SD = 2.2, n = 56; Other: M = 6.2, SD = 3.2, n = 16).

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

- The mean score varied to a statistically significant degree by religion or belief (Figure 6 and Table 6):
 - compared to people of no religion and Christians, people of “other” religions or beliefs understood less well the side effects of the medication they were taking (No Religion: M = 7.9, SD = 2.9, n = 22; Christian: M = 7.1, SD = 2.6, n = 57; Other: M = 5.2, SD = 3.1, n = 16).

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 to a statistically significant degree by religion or belief (Figure 6 and Table 6):
 - compared to people of no religion and Christians, people of “other” religions or beliefs felt that they were less involved than they wanted to be in decisions about their care and treatment (No Religion: M = 8.9, SD = 1.5, n = 25; Christian: M = 8.0, SD = 2.2, n = 59; Other: M = 6.5, SD = 2.8, n = 16).

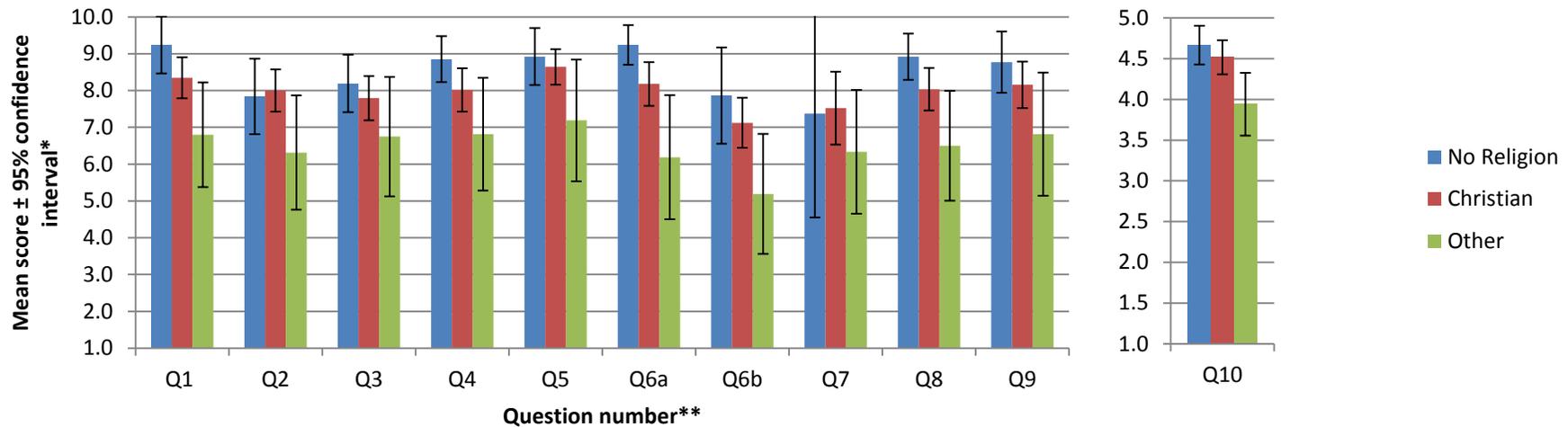
Q9: Did you feel you were involved as much as you wanted to be in the planning of your discharge from the ward?

- The mean score varied to a statistically significant degree by religion or belief (Figure 6 and Table 6):
 - compared to people of no religion, people of “other” religions or beliefs felt that they were less involved than they wanted to be in the planning of their discharge from the ward (No Religion: M = 8.8, SD = 2.1, n = 26; Other: M = 6.3, SD = 3.1, n = 16).

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

- The mean score varied to a statistically significant degree by religion or belief (Figure 6 and Table 6):
 - compared to people of no religion and Christians, people of “other” religions or beliefs were less likely to recommend the ward to friends and family if they needed similar care or treatment (No Religion: M = 4.7, SD = 0.6, n = 24; Christian: M = 4.5, SD = 0.8, n = 58; Other: M = 3.9, SD = 0.7, n = 17).

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	9.2 (1.9); n = 25	7.8 (2.5); n = 25	8.2 (1.9); n = 26	8.9 (1.6); n = 27	8.9 (1.9); n = 26	9.2 (1.3); n = 25	7.9 (2.9); n = 22	7.4 (3.4); n = †	8.9 (1.5); n = 25	8.8 (2.1); n = 26	4.7 (0.6); n = 24
Christian	8.3 (2.1); n = 58	8.0 (2.2); n = 57	7.8 (2.3); n = 58	8.0 (2.3); n = 59	8.6 (1.9); n = 59	8.2 (2.2); n = 56	7.1 (2.6); n = 57	7.5 (2.5); n = 27	8.0 (2.2); n = 59	8.2 (2.4); n = 58	4.5 (0.8); n = 58
Other	6.8 (2.6); n = 15	6.3 (2.9); n = 16	6.8 (3.0); n = 16	6.8 (2.9); n = 16	7.2 (3.1); n = 16	6.2 (3.2); n = 16	5.2 (3.1); n = 16	6.3 (3.0); n = †	6.5 (2.8); n = 16	6.8 (3.1); n = 16	3.9 (0.7); n = 17

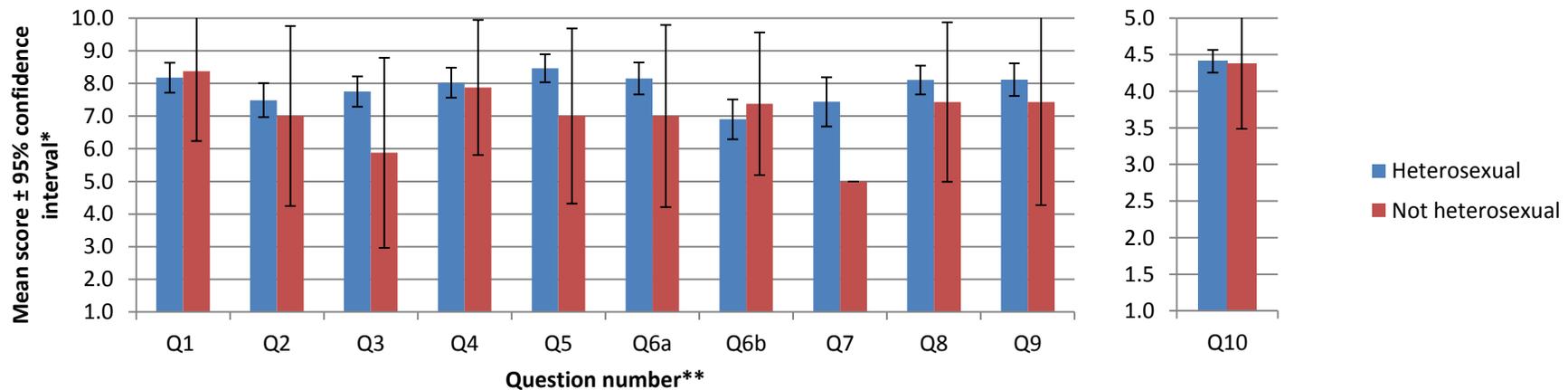
† REDACTED

3.7 Analysis of the questionnaire by sexual orientation

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

- The mean score varied to a statistically significant degree by sexual orientation (Figure 7 and Table 7):
 - people who were not heterosexual felt less safe on the ward than people who were heterosexual (heterosexual: M = 7.8, SD = 2.6, n = REDACTED; not heterosexual: M = 5.9, SD = 3.5, n = REDACTED).

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
Heterosexual	8.2 (2.3); n = †	7.5 (2.6); n = †	7.8 (2.3); n = †	8.0 (2.3); n = †	8.5 (2.1); n = †	8.2 (2.4); n = †	6.9 (2.9); n = †	7.4 (2.7); n = †	8.1 (2.2); n = †	8.1 (2.4); n = †	4.4 (0.8); n = †
Not heterosexual	8.4 (2.6); n = †	7.0 (3.3); n = †	5.9 (3.5); n = †	7.9 (2.5); n = †	7.0 (3.2); n = †	7.0 (3.3); n = †	7.4 (2.6); n = †	5.0 (0.0); n = †	7.4 (2.6); n = †	7.4 (3.4); n = †	4.4 (1.1); n = †

† REDACTED

4 Appendix: 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 76.06% complete (for age and religion or belief) and 83.10% complete (for gender) (Table 8). Consequently, whilst the data are near complete, there is a need to encourage more respondents to disclose their equality monitoring information. A total of 142 questionnaires were returned in the period April 2014 to March 2015, for a total of 1558 patients discharged (9.1% 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 8: Data quality amongst responses to the Adult Mental Health Patient Discharge Questionnaire

Data quality		Age		Disability		Gender	
		n	%	n	%	n	%
Valid Data		108	76.06%	109	76.76%	118	83.10%
Missing	Prefer not to say	0	0.00%	5	3.52%	3	2.11%
Data	blank/NULL	34	23.94%	28	19.72%	21	14.79%
Grand total		142	100.00%	142	100.00%	142	100.00%
Data quality		Ethnicity		Religion or Belief		Sexual Orientation	
		n	%	n	%	n	%
Valid Data		117	82.39%	108	76.06%	113	79.58%
Missing	Prefer not to say	4	2.82%	13	9.15%	9	6.34%
Data	blank/NULL	21	14.79%	21	14.79%	20	14.08%
Grand total		142	100.00%	142	100.00%	142	100.00%

5 Appendix: Analytical methods

Responses to the Adult Mental Health Patient Discharge Questionnaire were collected for the period April 2014 to March 2015. A total of 1558 patients were discharged in the period and 142 questionnaires were returned (9.1% 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: 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 a parametric ANOVA; 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).