In-patient Alternatives to Traditional Mental Health In-Patient Care (The Alternatives Study)

Executive summary for the National Institute for Health Research Service Delivery and Organisation programme

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**Executive Summary**

**Background**

Little is known about what constitutes effective inpatient care and its purpose is often unclear. Acute mental health inpatient wards are costly and widespread service user dissatisfaction has been reported. A range of inpatient and non-hospital residential alternatives to standard inpatient care has been developed but the prevalence of alternatives within the UK acute care system or their effectiveness and acceptability compared to standard wards have not been extensively researched.

**Aims**

The Alternatives Study aims were to survey residential alternatives to standard acute admission within England, then evaluate in more detail six alternatives, representing different service models. Their effectiveness, cost and acceptability were compared with local acute wards.

**About this study**

The study used multiple methods to carry out a naturalistic evaluation of six alternatives and six comparison local acute wards. Information was collected for 35 consecutively admitted service users at each service regarding socio-demographic characteristics, health status at admission and discharge and one-year service use. Up to 40 service users at each service provided quantitative data about satisfaction with services. The experience of service users and carers and the views regarding alternatives of key clinicians and managers in the local acute care system were explored through semi-structured interviews. The content of care at services was assessed through observation, staff-report and patient-report measures. Each method has distinct strengths and limitations, an advantage of combining them is that a coherent overall picture has emerged that takes a variety of perspectives into account. Evidence is strengthened by triangulation of different types of data.
Key findings

- There is a range of alternatives to standard acute psychiatric wards in England, including 41 community-based residential crisis services.

- There was considerable overlap in the characteristics of populations using standard acute wards and community alternatives.

- Patients improved less during admission to alternatives than standard services but admission was typically briefer and cheaper. There was no difference in inpatient or community service use over one year follow up, suggesting no lasting consequences from the briefer initial admission.

- Patient satisfaction was greater with community alternatives than with standard wards. The quality of relationships with staff and perception of coercion and safety were key to patients’ experiences.

- Carers’ experience of alternative services was favourable compared to standard wards.

- Staff-patient contact was no greater at alternatives than standard wards.

Conclusions

Substantial numbers of residential alternatives to acute care have been established nationwide. These include short stay wards and wards implementing innovative models or specialising in particular groups. Community residential alternatives range from clinical crisis houses which resemble hospital wards to a considerable extent in their staffing, target populations and interventions to non-clinical alternatives, generally provided by the voluntary sector.

Alternatives are generally positively perceived by mental health commissioners, managers and clinicians. They are serving a severely mentally ill population. There is considerable overlap between people admitted to acute hospital wards and community alternatives. Alternatives can form a useful part of local acute care systems.

Patient satisfaction is greater with alternatives than standard services. Alternatives can provide a choice for service users at times of mental health crisis and may be more acceptable than hospital admission for many. Alternatives may therefore encourage prompt help-seeking and improve patients’ pathways to care.

The amount of contact and the quality of relationships patients have with staff are important. They may influence patients’ experience of acute admission more
than the physical environment of the service or the types of intervention provided. Service managers should focus attention on increasing the amount of time staff spend with patients and enhancing therapeutic alliance.

It is difficult to make definite conclusions about the clinical effectiveness and cost-effectiveness of alternative services. Patients typically improve less at alternatives than at standard services, during admissions which are on average briefer and consequently cheaper. No difference was found in follow-up use of services over 1 year. There was no indication that being discharged earlier with less improvement had an adverse impact on patients at alternatives.

Good relationships with staff, more contact with staff and less exposure to disturbance and aggression from other patients were all identified in this study as important for patients’ experience of admission. How to achieve these goals remains unclear and a focus for future research.

Should planners and commissioners support the development of residential alternatives? If the driver for decision-making is cost-effectiveness, then the study indicates that alternatives are associated with clinical improvement but not to the same extent as standard services, that they cost less, and that post-discharge service use one year later does not differ between people admitted to alternative and to standard services. If the driver for decision-making is the experience of admission, then the study indicates that satisfaction of service users – assessed using both qualitative and quantitative approaches – and of their carers is greater with admission to alternative services.
Disclaimer

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Addendum

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