

Assisted Admissions? A National Survey of General Practitioner Experience of Involuntary admissions

Abstract:

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Abstract

The 2001 Mental Health Act introduced in 2006, changed how a patient is admitted involuntarily to a psychiatric unit. This paper reports on a national survey of general practitioners' experience implementing the Act. Five hundred and sixty eight (568) GPs completed the survey. Twenty five percent (25%) of respondents had not used it. When used, twenty four percent (24%) report that it takes seven hours or more to complete an admission. Fifty percent (50%) of respondents are confident to complete the necessary paperwork. Overall GPs are dissatisfied with arrangements for transport of patients (mean Likert score 3.5), primarily due to the time delay. GPs believe this places risk on the patient, family and GP. Only thirty-three percent (33%) of respondents feel that the Mental Health Act has improved the patient, GP and family experience of involuntary admission

Introduction

The Mental Health Act 2001, implemented in 2006, was introduced to ensure that the rights of patients being admitted to a psychiatric unit (an approved centre) involuntarily are safeguarded, in keeping with European legislation clarifies how and by whom an application for involuntary admission is made. This process is supported by new paperwork and timeframe (Figure 1). Each year, nearly 1,500 patients are admitted involuntarily in Ireland introduction of this Mental Health Act, a number of reviews have been conducted at both national but data on the process of admission from the community perspective is lacking. The purpose of this study was to survey the experience of general practitioners admitting a patient involuntarily under the Mental Health Act, 2001.

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Methods

A national random sample of 1,000 GPs was provided by the Irish College of General Practitioners, following ethical approval. A questionnaire comprising 4 sections; socio-demographics, knowledge of the process of admission, experience using the Mental Health Act and satisfaction with the Act, was piloted and amended. A second mailing was sent to non-responders after 6 weeks. Data was entered into SPSS(v12). All open-ended questions were read, coded and grouped into themes.

Results

A total of 568 surveys were returned (56.8%), of which 564 were suitable for analysis.

Sociodemographics

Male GPs accounted for 59% of respondents. Forty four (44%) worked in an urban area, 34% worked in a mixed urban/rural area and 22% worked in a rural area. The percentage of General Medical Services (GMS) patients in respondents practices ranged from 0 to 100 with a mean of 50.6%. 32% of GPs reported that they worked in an area of social deprivation. 70% of respondents were working in general practice for 11 or more years. 80% had completed a rotation in psychiatry of 3-6 months. 72% are members of out of hours co-operative. A deputising service was used by 8% and 9% are part of a local rota. Less than 1% provided their own out of hours service.

Figure 1: Outline of process for involuntary admission, Mental Health Act 2001
Time frames refer to maximum time allowable for completion of the next step in the admission process

Knowledge on Process of Involuntary admission & paperwork

Seventy five per cent (75%) carry Form (5), a Recommendation by a registered medical practitioner for involuntary admission and 70% carry Form 1, a Application by a Spouse or Relative for a recommendation for involuntary admission of an adult. 20% of GPs carried forms for other applicants in particular Form 3, for completion by a member of the Gardai. 38% of respondents get replacement forms via the mental health service, 34% use the Mental Health Commission website, and 3.5% use both. 12% of respondents use other sources (not specified) and 11% of people

did not answer this question. Respondents rated their confidence completing paperwork on a Likert scale ranging from zero (not confident) to 10 (very confident). Fifty per cent of respondents rated themselves at 7 or higher (mean 6.3, SD 2.58, interquartile range of 5-8) (Figure 2). nineteen percent of GPs suggested changes for the forms. The most common suggestion for change was to revert to one single form. GPs requested the form be available in triplicate, to facilitate record-keeping. An increase in the amount of space to describe the reason for assessment was suggested as was clearer advice for families on how to complete the form. The area of greatest confusion related to insertion of times on Form 5.

Figure 2: Confidence of respondents completing paperwork associated with an involuntary admission

Use of the Involuntary Admission Process

24% of respondents had never used this Mental Health Act. 61% of GPs had used it one to four times and 16% had used it more than 4 times. Of the 427 GPs who had used the Act, the majority had experience of an assisted admission (n=322). Three hundred and five GPs answered the question 'who do you contact following completion of Form 5?' Fifty one per cent contact the approved centre, 7.5% contact the Gardai and 41% contact both services. When contacting the hospital, the non-consultant doctor on call is the most likely point of contact. For 64% of respondents an involuntary admission takes more than 4 hours, with 24% of GPs reporting times of 7 or more hours. The process of admission out of hours as reported to be more challenging by 71% of GPs, as GPs have no access to prior medical history. GPs described difficulty contacting services out of hours and the challenge of faxing information from remote areas.

Figure 3: GP satisfaction with transport arrangements for patients recommended for involuntary admission

Satisfaction with transport and the process of admission

GPs reported their satisfaction with transport arrangements for patients recommended for involuntary admission on a ten point Likert scale of 0 (very dissatisfied) to 10 (very satisfied). GPs are dissatisfied with arrangements, with a mean of 3.5 (SD 2.7, interquartile range of 1-5) (Figure 3). Time delays transporting patients was the most common problem identified. GPs feel this places risk on the patient, family and GP.

â Difficult to get GP, patient and transport together. Transport (assisted) takes hours & difficult to manage patient during this timeâ (respondent number 98, female)

â .âfit places the patient, family, community and GP at huge riskâ (respondent number 172, male)

GPs recognise the stress placed on families and the patient, with possible adverse impact on their therapeutic relation with the patient. â little assistance available, families poorly supportedâ (respondent number 29, female)

Satisfaction with the Mental Health Act

GPs rated their overall satisfaction with the Mental Health Act, using a Likert scale of 0 (very dissatisfied) to 10 (very satisfied). This showed a near normal distribution, with mean satisfaction score of 4.4, (SD 2.4). Respondents were asked if they felt the Mental Health Act had led to an improvement in the patient experience of being admitted, the family's experience of an involuntary admission and the GP experience of an involuntary admission. For all questions, only one third of GPs thought there was an improvement. 241 suggestions were made to an open ended request for improvements. GPs recognise that the process of involuntary admission is complex but feel isolated in this process. There were requests to improve the channels of communication, particularly with non-consultant hospital doctors. Concern was expressed that patient well-being seemed less important than correct completion of the paperwork, which was felt as being somewhat threatening.

â more focus on the patient and their wellbeing. Currently too much focus on having the paperwork absolutely perfectâ (respondent number 482, female)

Improved access to consultant expertise was advocated â More access to direct psychiatrist involved who may intervene to avoid the trauma the family and patients endureâ (respondent number 35, female). A sense of frustration at the perceived unnecessary complexity of the process, the amount of time it requires and lack of remuneration was evident.

â far too complex, no support for GP trying to coax local gardai and ambulance to co-incide at site. Makes you feel youâ re seeking a favour instead of using a service paid for by taxpayersâ (respondent number 30, male)

Recommendations are to streamline the process by having a single point of contact, readily accessible within the approved centre.

Discussion

We provide information from a national sample of general practitioners on their experience using the Mental Health Act, implemented in 2006. Involvement in an application for involuntary admission is an infrequent event for general practitioners. Three years since the implementation of the Mental Health Act, one quarter of the sample had never used it. This self-report study shows that GPs feel confident to complete the paperwork associated with an involuntary admission. This contrasts with previous reports^{3,5,6}. Rafiq et al⁶ showed an increase in the number of incorrectly filled forms, in their audit which was conducted shortly after the introduction of the Mental Health Act. In this study the commonest mistake was the incorrect recording of time. Whilst GPs are likely now more familiar with the new paperwork, confusion over the timings required on the forms remains.

Once a GP uses the Act, they are likely to require assistance with the transfer of the patient to the approved centre. The time delay whilst a vulnerable patient awaits transfer to hospital is identified as the biggest concern. As far as we are aware, no other medical emergency takes as long to process. The average admission takes more than four hours with one quarter of admissions taking seven hours or more. This is a considerable work-load. A number of suggestions were made advocating earlier involvement^{9,10} of community psychiatric services, supporting calls for the development of community mental health teams. The need for family support during the time of admission is identified. General practitioners feel that family members are concerned about the consequences of being applicants. Family members remain the most likely applicants² (62%). Previous work has shown that this is a stressful time for families¹¹. Recent qualitative interviews with patients suggest that over one quarter of patients experience a negative impact upon their relationship with their family as a consequence of the involuntary admission⁷.

A limitation of the study is the self-report nature of the survey and we are unable to correlate self reported levels of confidence with successful form completion. We did not collect data on GPs knowledge of the criteria for admission. Non-response is an important source of bias in survey research and GPs can be difficult to survey¹². Evidence shows that the response rate to GP surveys have been falling in recent years¹³. One of the stipulations of our ethical approval was the anonymous nature of the replies, so we have no way to quantify if our non-responder profile differs from that of our respondents. It is more likely that non-responders are less interested in the subject matter as this is a key factor in predicting survey response¹⁴, thus it is possible that non-responders may be less confident of their ability to complete the paperwork.

Our sample is comparable with a national sample in terms of demographic profile of the GPs¹⁵ and the proportion of patients suffering social deprivation¹⁶. Our sample has slightly more females (41%) than that of Oâ Dowd et al¹⁵ (30%). This is likely a true finding as women are increasingly represented in undergraduate and GP training and so our sample is quite likely to be representative of the current gender balance among GPs. Our sample has a higher level of psychiatric training at 80%, than previously reported level of 65%. We show a rise in co-operative membership â from 40% to 72%, this is also likely to be a true finding given the growth of co-operatives in recent years and also indicates our sample is still quite likely to be representative. Three years from the implementation of the Act, only one third of respondents feel that the Act has led to an improvement in patient care. Concern is expressed about the legal focus of the process rather than the patient. This is affecting professional and therapeutic relationships as expressed by psychiatrists⁵. Gaps in terms of inter service communication, particularly out of hours are highlighted. Most importantly, streamlining the process of how a patient is transferred to an approved unit needs to be tackled.

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