

Background

- UK policy on patient centred healthcare recognises the contribution of psychiatric ward design to patient outcomes (Department of Health, 2013).
- A recent systematic review found that research is inconclusive but that privacy and a sense of homeliness may improve outcomes and that staff and service users may have conflicting needs (Papoulias, Csipke et al, 2014).
- To date there are no end user generated tools for the assessment of psychiatric environments.

Aim

- To produce service user and staff generated outcome measures for the evaluation of psychiatric ward design.
- To investigate the usefulness of novel visual methods in eliciting supplementary data.

Method and Sample

Phase A - Measure Generation (n=20, 10 staff and 10 service users)

A literature review followed by staff and service user interviews from two acute wards. After thematic analysis, two questionnaires were generated.

Phase B - Feasibility study and psychometric evaluation of the new measure (n= 114, 61 staff and 53 service users)

We tested the measures for feasibility and acceptability by asking participants to rate ease of comprehension and completeness of measures. We then performed a psychometric evaluation, tested for demographic variables and for differences between staff and service user samples. Participants were recruited in four wards.

Phase C - Photographic Study (n=36 service users)

Participants took two photographs each, representing the best and worst aspects of the ward and described their choices. Seventy photographs were taken. . .

Results

Phase A

- One service user and one staff measure were generated (featuring 19 and 21 items respectively).
- Items were divided into domains (e.g. Communal Areas, Bathrooms, Garden).
- Items were rated on a six-point Likert scale ('strongly agree' to 'strongly disagree').
- Eight items were identical across both questionnaires to allow for a comparison of staff and service user views.

Phase B

Both service user and staff measures

- had high internal consistency (Cronbach's alpha 0.91 and 0.93 respectively)
- had good test retest reliability with strong agreement of the total scores between assessments (intraclass correlation was 0.84 (p<.001) for both)
- were easy to understand and complete

Additionally

- service users and staff from a white background had more negative scores on the measure (F= 5.70, p=.021; F =8.81 p=.004)
- service users with a psychosis spectrum diagnosis had more positive scores (F= 4.01, p = .025)
- service users were less likely than staff to find communal spaces conducive to socialising (Z = -3.188, p=.001) and viewed the ward as more prison-like than staff (Z= -5.121, p <.001)

Phase C

- The most frequently photographed areas were bathrooms (24%), dayrooms (20%) and bedrooms (17%).
- Bathroom photographs were overwhelmingly negative (88%), showing concern for unhygienic and poorly maintained facilities.
- Dayroom and bedroom photographs were positive (85% and 83% respectively), valuing privacy, brightness and sociable spaces.
- Some photographs showed how ward design disrupted daily routines; that the physical environment can trigger personal memories; that spaces can represent events or activities which take place there.

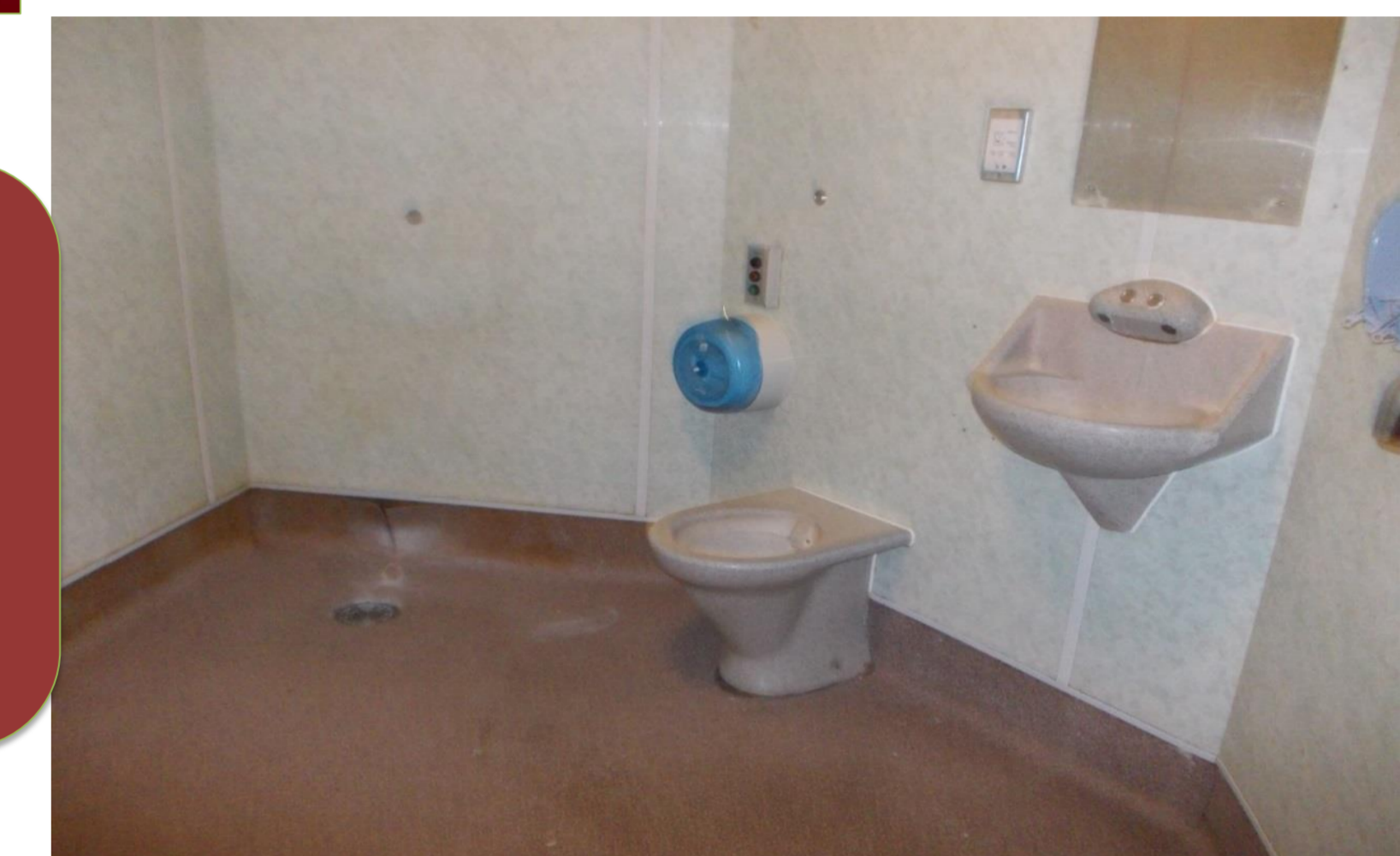
"To switch off the light you've got to get up, go straight outside. There is no reason why there should not be a switch for switching the light when I want to sleep"



"I like the built in wardrobes and the chair. It reminds me of all the holiday trips I've been on, which I really really enjoyed"



"I found the shower difficult to use, but this is where they showered me and every time I come here I remember what I've been through, the intrusion"



"I've taken the canteen, because the food that we get is really good. And the staff that serve it are good as well"



Conclusion and Recommendations

- A measure of staff and service user perceptions of ward design, produced through participatory methods, provides a robust resource in the evaluation of in-patient psychiatric facilities.
- Further research is needed to determine whether a BME background and a diagnosis of psychosis are indeed associated with lower expectations of ward design.
- Visual methods may allow us to access the symbolic dimension of ward design and may facilitate service user participation and engagement in the evaluation of ward design.

Service User Involvement in the Study

The study deployed a model of 'stakeholder involvement' and participatory methodology throughout:

- ✓ measures were generated through interviews assessing the priorities of service users and staff (Rose et al, 2011)
- ✓ photographic assessment of the wards was conducted by inpatients
- ✓ all data were collected and analysed by service user researchers (Rose et al, 2003)
- ✓ a service user researcher was joint first author in carrying out the initial systematic review and writing up the study

References

- Department of Health: *Health Building Note 03-01: Adult acute mental health units*. London: The Stationery Office; 2013.
- Papoulias C, Csipke E, McKellar S, Rose D, Wykes T: The psychiatric ward as therapeutic space: a systematic review. *Brit J Psychiat* 2014, 205:171-176.
- Rose, D., Evans, J., Sweeney, A., & Wykes, T. A model for developing outcome measures from the perspectives of mental health service users. *International Review of Psychiatry*, 2011, 23(1), 41-46.
- Rose D, Wykes T, Leese M, Bindman J, Fleischmann P: Patients' perspectives on electroconvulsive therapy: systematic review. *British Medical Journal* 2003, 326(7403):1363-1365.