Journal of Psychosomatic Research 95 (2017) 26–32

Contents lists available at ScienceDirect

Journal of Psychosomatic Research

Liaison psychiatry professionals' views of general hospital care for patients with mental illness
The care of patients with mental illness in the general hospital setting

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ARTICLE INFO

Article history:
Received 14 October 2016
Received in revised form 3 February 2017
Accepted 5 February 2017

Keywords:
Diagnostic overshadowing
General hospital
Mental illness stigma
Physical health disparity

ABSTRACT

Objective: Explore the experiences of liaison psychiatry professionals, to gain a greater understanding of the quality of care patients with mental illness receive in the general hospital setting; the factors that affect the quality of care; and their insights on interventions that could improve care.
Methods: A survey questionnaire and qualitative in depth interviews were used to collect data. Data collection took place at the Royal College of Psychiatrists Faculty of Liaison Psychiatry Annual conference. Qualitative analysis was done using thematic analysis.
Results: Areas of concern in the quality of care of patients with co-morbid mental illness included 'diagnostic overshadowing', 'poor communication with patient', 'patient dignity not respected' and 'delay in investigation or treatment'. Eleven contributing factors were identified, the two most frequently mentioned were 'stigmatising attitudes of staff towards patients with co-morbid mental illness' and 'complex diagnosis'. The general overview of care was positive with areas for improvement highlighted. Interventions suggested included 'formal education' and 'changing the liaison psychiatry team'.
Conclusion: The cases discussed highlighted several areas where the quality of care received by patients with co-morbid mental illness is lacking, the consequences of which could be contributing to physical health disparities. It was acknowledged that it is the dual responsibility of both the general hospital staff and liaison staff in improving care.

1. Introduction

Over recent years the access to and quality of physical health care provided to patients with mental illness has been increasingly under scrutiny, with physical health disparities between people with and without mental illness being widely acknowledged. One consequence is that the life expectancy of people with certain mental illness diagnoses is 15 to 20 years less than the general population in high-income countries [1]. A possible explanation for this is diagnostic overshadowing: the process whereby physical symptoms are misattributed to mental illness [2]. Diagnostic overshadowing is thought to increase the risk of delay in diagnosis, treatment of primary pathology and possible complications [3]. Two recent studies investigated the experiences of staff in emergency departments in the UK and their views on diagnostic overshadowing related to people with mental illness [4,5]. It was found that diagnostic overshadowing was a "significant issue" with complex presentations, poor communication, time pressures and stigmatising attitudes being identified as contributing factors [5].

Previous work regarding diagnostic overshadowing has focused on emergency departments and primary care where consultation times are short, but, since 25% of inpatients in general hospitals have co-morbid mental illness [6], potential diagnostic overshadowing in general hospital inpatient wards requires further study. Therefore a study with both qualitative and quantitative methodology was designed to explore the experiences of liaison psychiatry professionals, to gain a greater understanding of the quality of care patients with mental illness receive in the general hospital setting, the factors that affect the quality of care and their insights on interventions to improve care.

2. Method

This was a study where quantitative data via a questionnaire and qualitative data via semi-structured interviews were collected during

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http://dx.doi.org/10.1016/j.jpsychores.2017.02.004
0022-3999/

the Royal College of Psychiatrists Faculty of Liaison Psychiatry Annual Conference, 13 to 15 May 2015, at the Royal College of Psychiatrists in London.

2.1. Ethics

The study was approved by the Psychiatry, Nursing and Midwifery Research Ethics Committee of King's College London. The completion of the questionnaire implied that the participant consented to its use. Written consent was obtained from each participant who took part in the interviews.

2.2. Sample, settings and recruitment

The Royal College of Psychiatrists Faculty of Liaison Psychiatry Annual Conference is a national conference, but also attracts international delegates, thus provided an opportunity for participants from a variety of geographical areas to be included within the research sample. The conference is primarily attended by doctors, but also nurses, psychologists and peer support workers, see Table 1.

Any conference attendee who worked for a liaison psychiatry department was considered eligible for the study. Prospective participants were given a copy of the questionnaire at time of registration or during the coffee breaks by one of the researchers, with a verbal explanation about the research and interview format given. The front sheet of the questionnaire included information on the research project and contact details of the principal investigator. The final question of the questionnaire provided an option to agree to partake in an individual interview during the conference. If they agreed to take part in the interview they were requested to include their contact details so the researchers were able to contact them in order to offer one of the multiple time slots available during the three day conference.

2.3. Questionnaire

The questionnaire was used to obtain data regarding the general views of conference attendees about the quality of care that patients with co-morbid mental illness receive while inpatients in the general hospital wards. The questionnaire was anonymous and began with, 'Have you ever been concerned about the quality of care patients with mental illness have received while an inpatient in a general hospital? Yes or No'. This was then followed by a multiple-choice question on how frequently the participant was concerned. The next questions focused on specific incidents in which the participant was asked to mark the frequency of each incident: 'At least weekly', 'At least 6 monthly', 'Less frequently than 6 monthly', 'Never'. An example of one of these specific incidents was 'Have you observed any of the following - Failure to give psychotropic medication?', see Table 2. This questionnaire was developed by the research team then administered to members of the liaison psychiatry service at King's College Hospital, London. Their feedback led to additional questions being added to the questionnaire.

Table 1
Demographics of conference attendees.

	All ($n = 267$)
Gender, *n*(%)	
Female	140(52.4)
Male	127(47.6)
Country, *n*(%)	
England	180 (67.4)
Scotland	7(2.6)
Wales	6(2.2)
Republic of Ireland	4(1.5)
Northern Ireland	4(1.5)
Outside UK	8(3.0)
Not stated	58(21.7)
Career status, *n*(%)	
Core trainee doctors year 1–3	13(4.9)
Specialist trainee doctors year 4–6	32(12.0)
Staff grade and associate specialist doctors	16(6.0)
Consultant	134(50.2)
Retired	2(0.7)
Student	4(1.5)
Not stated	66(24.7)

2.4. Interviews

The topic guide was created by JN, AC, TD, AK, OG, EL and CH. JN is a specialist registrar in general adult psychiatry, who has 22 months experience in working in liaison psychiatry and has attended training on qualitative research through the National Institute of Health Research. AC is a specialist registrar in general adult psychiatry, who has 18 months experience working in liaison psychiatry. TD is an academic clinical fellow in psychiatry who is currently using mixed methods to evaluate medical student training on stigma. AK is a medical student and OG is a core psychiatry trainee who has 10 months experience in liaison psychiatry. ELC is a consultant psychiatrist who is currently undertaking a PhD and CH is a clinical senior lecturer and honorary consultant who has previously worked in liaison psychiatry. She led research on barriers to diagnosis of people with physical complaints and comorbid mental illness in emergency departments [4,5,7], the results of which were used to design the current study. The interviewer for one of these studies, Guy Shefer, [5,7] assisted in the development of the topic guide.

All interviews were conducted during the conference in private meeting rooms and were audio recorded. Interviews were conducted by JN, AC, TD, AK and EL. Participants were asked to provide information about their current role within their liaison psychiatry service and experience within this sub-specialty. They were asked to describe a specific case when they were concerned about the quality of care a patient with co-morbid mental illness received as an inpatient in a general hospital. Van Nieuwenhuizen et al. [4] found that asking participants to describe particular cases was a useful method to obtain the required data, as participants found it an easier way to recall information rather than answer more specific questions. This was followed with questions regarding their general view of how this group of patients is cared for in the general hospital setting and whether patients with a particular diagnosis tend to receive poorer quality of care than others. They were also asked to recall a specific case that demonstrated good clinical care.

2.5. Data analysis

Descriptive analysis was used to summarise the data collected from the questionnaires.

The interviews were transcribed verbatim and then compared with the recordings to ensure accuracy. Thematic analysis was used following the methods of Braun and Clarke [8] to analyse interview data. A combined deductive and inductive approach was taken, using the topic guide questions while not being limited to these. Transcripts were reviewed by two researchers (JN, AC) to identify and develop a coding framework and to identify themes. Both researchers reviewed the framework after the initial coding so similar codes could be arranged into themes and subthemes. Themes used in the analysis of the data included 'diagnostic overshadowing', 'complex diagnosis' and 'formal education'. NVivo software was used to assist in the coding process.

3. Results

3.1. Questionnaire results

Ninety-five conference delegates returned their questionnaires to research staff, giving a response rate of 36%. Two questionnaires were