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ORIGINAL ARTICLE

A survey of Patients and staff satisfaction with a Rapid Response Psychiatric Liaison Service in an Acute Hospital: Are Elderly Patients Easier to please?

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ABSTRACT

Background: The provision and quality of mental health services in Acute General Hospitals is a growing concern. Developing research to elicit the views of patients and staff will offer insights into service improvements. The Rapid Assessment, Interface and Discharge service (RAID) developed in an Acute General Hospital to deliver a rapid-response, 24-hour, 7-day- a- week, age-inclusive intervention was evaluated for its impact on staff satisfaction, with emphasis on staff training; and patient satisfaction, with emphasis on the differences in satisfaction between working age (under 65 years) and older adults (over 65 years). Population: Staff working in acute hospital caring for patients with mental health needs, and patients presenting to acute hospitals, requiring clinical input for their mental health.

Methods: Data on patient satisfaction was collected through a structured telephone questionnaire including fixed and open-ended questions. Data related to staff satisfaction regarding the service provided was collected by a semi-structured interview administered face-to-face with staff from wards referring to the team. Training was evaluated using open-ended, Likert-scale and open-ended questionnaires.

Results: Results show that the majority of working age patients rated the service as 'good' (42.2%), felt that the team was helpful in their care (84.8%), met their mental health needs (69.7%), and treated them with respect (96.1%). Overall, older adults rated the service as 'excellent' (58.3%), felt that the team was helpful in their care (85.7%), met their mental health needs (85.7%), treated them with respect (92.9%) and stated that they were seen in good time (100%). The difference in satisfaction levels between patients of working age and older patients was statistically significant. Common aspects staff rated as most helpful were advice on managing patients (12.0%), support of staff (11.0%) and advice on medication (11.0%). The majority of staff surveyed felt that their practice would be improved following the training, and rated it as either excellent (61.6%) or good (36.3%).
Conclusion: This study highlighted the benefits of providing support and training to staff working directly with patients with mental health needs. It is more challenging to measure the satisfactory effect of older people who continue to give favourable answers on satisfaction questionnaires.

Keywords: *Patient satisfaction; Rapid Response Psychiatric Liaison; Elderly.*

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Background

Over the last decade, increasing attention has been paid to the quality of health care and mental health services in particular (Care Quality Commission, 2011). A study conducted in the UK by the Psychiatric Liaison Accreditation Network (PLAN) found that psychiatric teams across the country varied in size, caseload and the number of working hours (Royal College of Psychiatry, PLAN, 2010).

In 2012 the importance of mental health services in acute hospital settings was highlighted (Joint Commissioning Panel for Mental Health Liaison, 2012). Specifically, mental health disorders were found to account for approximately five per cent of A&E attendances, twenty five per cent of primary care attendances, thirty per cent of acute inpatient bed occupancy and thirty per cent of acute readmissions (Royal College of Psychiatry and British Association of Emergency Medicine, 2004).

Moreover, the Joint Commissioning Panel for Mental Health Liaison (2012) suggested that current psychiatry provision is often:

"patchy, despite its core role in risk management and in facilitating good physical health care...further complicated by the range of other services that provide behavioural input to physical healthcare. Liaison services have a unique and essential role in providing broad cover across health care settings, and in their capacity to handle the most severe and risky mental health problems" (pg. 8).

The Rapid Assessment, Interface and Discharge (RAID) is a new model for acute liaison services developed by Birmingham and Solihull Mental Health Foundation Trust and the University of Staffordshire. It is important to state that RAID is embedded within the acute hospital setting and whilst may be considered as 'liaison psychiatry' as a model; its structures and governance are managed within the acute hospital governance structures. This service delivers a rapid response, 24-hour, 7 day a week, age inclusive and comprehensive range of mental health specialties, including old age, working age, postnatal mental health and substance misuse, within one team. RAID has a one-hour target to assess patients who present to the Emergency department and 24 hour target for patients on wards. It is age inclusive, in that it provides service to any patient aged 16 years or over. Additionally, the team provides brief follow-up clinics within the acute hospital. This multi-professional team provides close clinical involvement alongside the provision of education, training, clinical support and supervision in mental health interventions for general hospital professionals, patients and carers. The team was launched at the City Hospital Birmingham serving an inner city ethnically diverse population and has 600 beds. The RAID service commenced in December 2009 as an integrated part of the hospital.

This study examined and evaluated both patient and staff satisfaction of the RAID service to inform further development of the service. An additional objective was to identify whether or not working age patients differed from older patients, in their experience of satisfaction of care provided by the RAID team, as found in other previous studies.

Hansson (2001) asserts that a comprehensive assessment of a service should be performed at both the system level (staff feedback) and patient level (those who directly receive the service). This study found that service use is influenced by a number of inputs to services, such as: capacity, availability of alternative community based services, mental health services delivered by the general health care system and social service system. It is presumed that measures of staff and patient satisfaction in relation to any service can be integrated as a valuable part of an evaluation (Priebe & Gruyters, 1995; Ruggeri, 1994). Elliot et al., (1995) argued that in order to better understand how treatment or services affect outcomes, patient and staff perspectives on service functioning, including patient well-being should be examined. It is clear that the processes involved in treatment within healthcare settings directly impact upon patient outcomes. Furthermore, the level of satisfaction expressed by a service user has been found to impact upon the course of treatment, qualities of patient -staff relationships and overall patient treatment outcomes (Björkman et al, 1996; Prebe & Gruyters, 1995). Patient satisfaction has also been correlated to compliance and participation in treatment (Priebe & Gruyters, 1995; Ruggeri, 1994).

Satisfaction with mental health services using telephone methodology was researched by Edlund and colleagues (2003). They found that ratings of quality of care were significantly associated with ratings of overall satisfaction. In contrast, dissatisfaction has been associated with patients feeling that they need more

information on medications, mental health problems and relapse-prevention (Cleary et al, 2003). Understanding the importance and influence healthcare professionals have on patient care is not a new phenomenon (Maycock, 1991). It is therefore vitally important that data surrounding staff and patient satisfaction is collected and analysed in order that new treatments and or services can be evaluated from the perspective of both those who have to implement them and those that receive them.

In relation to patient satisfaction scores, research has found differences between patient's satisfaction ratings according to their age. Research shows that higher levels of satisfaction have been associated with older age (Blenkiron & Hammill, 2003; Gharabawi et al, 2006). In support of this finding, age has been found as a determinant of satisfaction ratings and that older adults scored higher and were more satisfied than younger people (Kong et al, 2007). The reasons for this may be manifold; including lower expectations of older patients with relation to greater waiting times, leading to better satisfaction rates (Kong et al, 2007). More recently, user involvement has been seen as an integral part of measuring the outcomes and performance of clinical service delivery (Brunero et al, 2009). Chang and colleagues (2003) have found that it is common practice in healthcare settings to utilise satisfaction as a quality improvement tool for health care providers and that satisfaction has become an important measurement for monitoring health care performance of health plans.

Method

Patient Satisfaction

Data on patient satisfaction was collected via a structured telephone questionnaire including fixed and open-ended questions. The fixed questions consisted of seven dichotomous questions and one five-point Likert scale. The dichotomous questions asked were:

- Did you find the mental health team helpful in your care?
- Do you think you were seen in good time by the mental health team?
- Did you feel your mental health needs were met by the mental health team?
- Were you satisfied with the information given by the mental health team?
- Did you feel you were treated with respect by the mental health team?
- The five-point Likert scale question was;
- How would you rate the care provide d by the Mental Health Team?
- Two open ended questions asked included;
- Would you have liked there to be anything done differently?
- What the most helpful aspects of the care provided were?

The interview schedule was administered by telephone researchers. Demographics including ethnicity, age and gender were also collected during interviews. The contact details for all patients seen by RAID were obtained from the patient record electronic system.

Contact with patients was made as soon as possible after discharge from hospital. Responses were obtained using a telephone survey methodology. Interviews lasted between 5 and 60 minutes. Thematic analysis was utilised to analyse the data collected from open-ended question responses.

Staff Satisfaction

Data related to staff satisfaction regarding the service provided by the RAID team was collected by a semi-structured interview administered face-to-face with staff from wards referring to the RAID team in the preceding month. Data was collected using a questionnaire consisting of four dichotomous questions including:

- Did the service provided by Liaison Psychiatry have a positive impact on the care of the patient?
- Do you think the response time was appropriate?
- Do you think that the intervention/assessment provided by Liaison Psychiatry influenced the time the patient was on the ward?
- Do you think the involvement of Liaison Psychiatry improved the quality of care provided?
- One question consisted of a five-point Likert scale asking:
- How would you rate the service provided by liaison psychiatry?
- There were two open-ended questions including:
- Do you think there could have been anything done differently?
- What were the most helpful aspects of the service provided?

Thematic analysis was utilised to analyse the data collected from open-ended question responses. Typically interviews lasted between 5 and 20 minutes.

Training evaluation

As part of the RAID service there is an emphasis on providing training in assessment, detection and intervention of mental health difficulties for acute hospital staff. Training has been provided by the RAID team to acute hospital staff on mental health needs for working age adults, older adults and substance misuse patients. This training was evaluated using questionnaires, which were completed and returned by staff after each session. The questionnaire included three open-ended questions including:

- Can you say how you think it will/will not improve your practice?
- Are there any areas you would like us to provide further teaching on?
- What did you find most interesting/relevant to your work?
- Two questions consisted of five-point Likert scales, asking:
- How relevant did you find the training?
- How would you rate the training overall?
- Lastly, two dichotomous questions were utilised to evaluate the training. This included:
- Do you think today's session enhanced your knowledge/understanding.
- Do you think today's session will improve your practice?

Results

Patient Satisfaction

In total 886 patients were assessed by the RAID team between 1st December 2009 and 31st July 2010. Completed patient satisfaction surveys were obtained from 122 (13.8%) of these patients, as not all patients could be contacted. The mean age was 42.9 years and ranged between 16-92 years. The majority of participants were female (74, 60.7%). The most common ethnic groups surveyed were White British (70, 57.4%) and Asian/Asian British (15, 12.3%).

Data regarding feedback is categorised into two groups: patients surveyed under the age of 65yrs (106, 86.9%) and those aged over 65 (16, 13.1%) in order to compare responses of these user groups. However, it should be noted that percentages are given in relation to the number of people that responded to each question, as opposed to the number of people in the total sample category as not all participants answered every question asked.

Younger adults (below 65 years old)

The mean rating from patients of working age, in terms of the care provided by the RAID team, was 4.1 (good), on a scale ranging from 1 (very poor) to 5 (excellent). The majority of working age patients rated the service as 'good' (43, 42.2%). Where patients scored 'excellent', they felt that staff were considerate, understanding, professional, caring and helpful and made them feel that they were important (when answering what the most helpful aspects of the care provided were). Those who rated the service as 'very poor' felt that they were not offered help to get them back to work and felt worse off after the medication wore off. Table 1 summarises the responses obtained from patients of working age. Overall, majority felt that the team was helpful in their care (89, 84.8%), saw them in good time (87, 84.4%), met their mental health needs (69, 69.7%), treated them with respect (99, 96.1%) and provided them with a satisfactory level of information (89, 84.8%).

Older adults (65 years of age and over)

The mean rating from older adults for the question how would you rate the care provided by the Mental Health Team was 4.6 (good), on a scale ranging from 1 (very poor) to 5 (excellent). Overall, a higher percentage of older adults rated the service as 'excellent' (7, 58.3%). Patients that gave 'excellent' ratings felt that they were respected, their confidence was boosted; and that the team offered them reassurance, coordinated their care between other services and normalised the way that they were feeling.

Table 1 summarises the responses obtained from older adults and working age patients surveyed. When comparing patient responses by questionnaire item, all participants felt that the service was effective by answering yes, rather than no or unsure, on all measures, regardless of age group (see table 1).

Analysis between the mean quality ratings of the RAID service by age cohort suggests a statistically significant difference P=0.02, with older patients reporting higher levels of service satisfaction. The following themes were identified from the open-ended question in relation to the most helpful aspects in patient care; clinician attitude and service provided. Examples of these were;

Patients felt that communication, follow up,

Table 1: A table to show quality ratings from both Older Adult and Working Age participants in relation to patient satisfaction

	Working Age			Older Adults		
Question	Yes	No	Unsure	Yes	No	Unsure
Did you find the Mental Health Team helpful in your care?	89 (84.8%)	14 (13.3%)	2 (1.90%)	12 (85.7%)	1 (7.1%)	1 (7.1%)
Do you think you were seen in good time by the Mental Health Team?	87 (84.4%)	21 (17.9%)	9 (7.7%)	13 (92.9%)	0	0
Did you feel your mental health needs were met by the Mental Health Team?	69 (69.7%)	3 (4.1%)	1 (1.4%)	14 (85.7%)	0	2 (12.5%)
Were you satisfied with the information given by the Mental Health Team?	89 (89.9%).	10 (9.5%)	6 (5.7%)	13 (92.9%)	0	1 (7.1%)
Did you feel you were treated with respect by the Mental Health Team?	99 (96.1%)	7 (6.4%)	3 (2.8%)	12 (92.9%)	0	1 (7.7%)

facilities, time, organisation, and unmet expectations could be improved. Examples of these were:

Clinician Attitude

'Staff were patient, professional, caring, discrete, done at my pace, showed empathy. Did not pre-judge, very positive experience. I would like to thank all of the team. Treated with upmost respect and would like my thanks to be fed back to the whole team' (30)

'They made me feel like I didn't want to die anymore they boosted my confidence' (84)

'Was all exceptional, definitely doing the right job, generally mental health services in city of Birmingham are inadequate. Can't speak for the rest of the hospital but she was exceptional' (56)

'They felt my pain, they really did. I felt really supported' (70)

'The main thing was that they said that the things I was experiencing were not all that uncommon, which was reassuring' (93)

Patients responses regarding the mental health service provided

'They liaised with my other mental health team about what was going to happen' (26)

'Trying to help identify triggers and talking really helped' (8)

'The plan (suicide management plan) was helpful and I've still got the Buzz guide you gave me, which I keep looking at' (19)

'There was someone there who was a specialist in mental health' (78)

Carers responses regarding the mental health service provided

'The understanding of my Father, he recognized what the problem was when everyone else was saying it was just confusion. It was such a lifeline to us, we needed somebody to recognize what was happening. We felt like somebody was on our side' (20)

Staff Satisfaction

In total, 50 staff were interviewed using a semi-structured questionnaire. The sample included ward sister (19, 38.0%) and ward manager (16, 32.0%). Members of the staff were asked to rate the services provided by RAID on a five-point Likert scale ranging from 0 (very poor) to 5 (excellent). The mean rating was 4.2, with responses ranging from 2.5 (poor) to 5 (excellent).

Most helpful aspects of the service

Pie chart 1 shows a breakdown of what staff reported were the most helpful aspects of the service provided by the RAID team. The most common aspects staff rated as most helpful were: advice on managing patients (25, 12.0%), support of staff (23, 11.0%) and advice on medication (23, 11.0%).

Results showed that all staff interviewed felt that the service provided by RAID had a positive impact on the care of the patient (50, 100%).

Communication from Patient and Carers

'I was quite upset at the time and had a lot going through my mind. I think it would have been better if I could have spoken to them when I was calmer. Also there were two of them and I would have felt more open to talk if it was just one person' (65)

'It was said that a letter would be sent to the GP with recommendations about her antidepressants and it has been sometime and the GP has not received anything. Would like a lot more communication with the family as we did not even know that she had seen the mental health team till near the end of her stay in hospital' (37)

Follow up
'The follow on care could have been better. I'm still waiting to hear if I even have a referral to the Sutton and Erdington mental health team. I was left waiting with nothing. I understand that I'm no longer under your care but the communication could be better between the different departments' (19)
'Team was excellent but I need to talk and have not been sent anything from GP and I think it is disgusting' (90)
Facilities
'The only thing is I don't think there were adequate facilities to be seen privately and talk' (63)
Time
'I would have liked more time to be seen for longer, felt a bit rushed. I found the Drs very helpful but if they could have given more information about my particular situation' (64)
I waited four days from first referral, which was supposed to be urgent. I would have liked to have been seen quicker' (66)
Organisation
'Yeah maybe because they are a new team, in the new building they were unsure who the team were in the hospital when I arrived and for someone with mental health difficulties it is not what you want. The last thing I wanted was to be around people' (107)
'The only reason I am scoring so low is because I am already under a team and I would have rather been seen by my own team rather than someone I had never met' (43)
Expectations
'Not to have been given the leaflet at the start, before I was told what was going to happen and then the assessment. I was given leaflet with Samaritans underlined at the start and it gave me bad expectations' (88)
'Someone to come and see me at my house, but they wouldn't' (91)

In addition, results showed that 46 (92.0%) members of staff interviewed felt that RAID responded within the time frame stipulated by the RAID service. In relation to the intervention/assessment provided by RAID influencing the time the patient was on the ward, 12 (24.0%) staff felt that patients had a shorter stay, 38 (76.0%) felt that there were unsure and no staff felt that the team increased patients stay on wards.

In response to whether or not staff felt the involvement of RAID improved the quality of patient care, 43 (86.0%) indicated yes and 7 (14.0%) were unsure. In terms of improvements by the RAID team, staff suggested that more training in areas such as psychosis, psychiatric medication, the referral process, psychiatric services and use of the Mental Health Act 1983, would be beneficial.

Teaching and Training

There were 130 (out of 158, 82.3%) completed surveys following the training provided by RAID. When asked how relevant staff felt the training provided was, the most common response was 'highly relevant' (110, 90.2%). Other responses were: slightly relevant (8, 6.6%), neutral (4, 3.3%), slightly irrelevant (0) and not at all relevant (0).

When staff were asked about whether they felt the training would improve their practice, majority of staff surveyed felt that their practice would be enhanced following the training (93, 94.9%). Other responses were: neutral response (5, 5.1%) and would not advance practice (0).

When asked if staff felt that the training enhanced knowledge and understanding, the majority of staff stated they felt that it did (62, 85%). Other responses were: no response (7, 10%), neutral (4, 5%), and did not enhance knowledge and understanding (0).

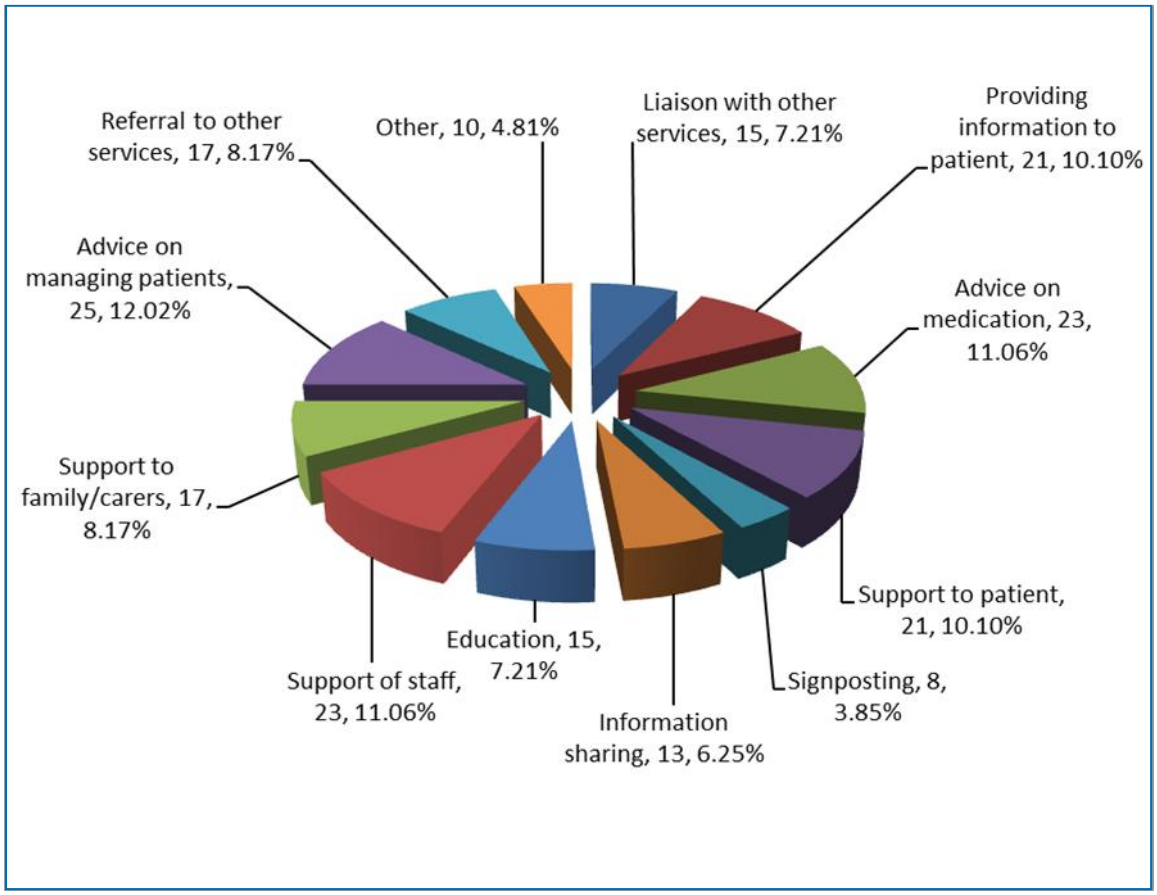
The majority of staff rated the teaching overall as either excellent (74, 61.2%) or good (44, 36.4%). No respondents rated it as very poor or poor, and 3 (2.5%) were neutral.

Feedback from the open-ended question asking how the training would enhance practice was as follows:

- They were more confident and willing to make assessments of capacity.
- They could facilitate discharge planning.
- The training had helped them breakdown capacity.
- It had increased their general awareness, understanding and knowledge, and specifically in relation to patients with dementia and why they might act in certain ways.
- It will improve care delivery
- It helped to think in view of the ageing brain
- It will make you think before making judgments
- It helped to alleviate a slight fear of treating dementia patients
- It helped with how to approach patients with different types of dementia
- Staff also expressed a need for further training.

In terms of the areas that staff wanted teaching on Responses highlighted the following areas:

- Medication
- All areas relating to how we care for patients
- Assessments for capacity
- Case studies



Pie Chart 1: Breakdown on what staff surveyed felt were the most helpful aspects of the service provided

- Process of Independent Mental Capacity Advocates [IMCA] and Deprivation Of Liberty Standards [DOLS]
- Concept of insight
- How to word questions when assessing capacity
- Power of attorney and advance directives

Items that were found to be most interesting/ relevant to participants work were:

- Treating the patient as a human being and valuing them
- Communication
- How to deal with, care for and cope with patients with dementia
- Life story book/ This is me
- Person centred approaches
- Getting to know the person and carer
- Signs of dementia
- Ward environment
- Understanding why the patient is acting in a certain way and what is in their mind
- Strategies for coping
- See things from a patient perspective
- How to calm patients down
- Different types of capacity assessments
- Restriction and deprivation of liberty
- Concept of a sliding scale of capacity
- Principles and process of capacity
- IMCA
- Advance refusal
- Best interests
- Legal aspects
- Implications of capacity

Discussion

Participants of both genders in the present study, ranged between 16 and 92 years old, with a range of ethnic presentations. The majority of patients felt the team was respectful towards them and helpful in their care; and they were satisfied with the information that was provided by the team and appreciative of being seen in good time. Reasons for this could be attributed to the quality of care they received, as previous studies have found that quality of care was significantly associated with ratings of overall satisfaction (Edlund et al, 2003).

Following a thematic analysis of patient responses to open-ended questions, the results suggested that patients were satisfied with their clinicians' attitude. In terms of the service provided, patients' responses were extremely positive. The importance of mental health speciality knowledge in mental health was highlighted as suggested by Summers & Happell (2003) who found that availability of staff with psychiatric qualifications and experience to provide treatment, support and care were associated with patient satisfaction.

However, areas that were identified by patients as needing improvement included; communication, follow up, facilities, time, organisation and expectations. Previous evidence suggested that patients felt the negative aspects of mental health services included lengthy waiting times, lack of privacy in the triage area and negative attitudes of general staff (Summers & Happell, 2003). Lengthy waiting times have more of a negative effect on adults of working age (Kong et al, 2007).

When comparing responses from patients of working age and older adults, in terms of the overall care provided by the RAID team, a statistically significant difference was found; older adults scored the service higher (4.6) than working age patients (4.1). On satisfaction questions, the majority of older adults were satisfied with any information provided and felt that the team were helpful in their care, met their mental health needs and saw them in good time. This finding supports the work of previous research (conducted by Blenkiron & Hammill, 2003; Rosenheck, Wilson & Meterko, 1997; Gharabawi, Greenspan & Rupnow, 2006; Cohen, 1996; Wilde et al, 1995) who found that higher levels of satisfaction have been associated with older age.

In terms of staff satisfaction; advice on managing patients, support of staff and advice on medication were highlighted as the most helpful aspects of the service. Staff felt that the RAID team were successful in communicating appropriate care plans (e.g. onward referral or medication advice) following patient assessments.

In addition, staff felt that the RAID team were very efficient, in that they had a very quick response time and answered any queries very promptly. This led them to infer that patients could or would be discharged sooner should they receive the most appropriate treatment earlier. However, the authors may infer that the high satisfaction rates could be attributed to quick response rates to referrals.

A negative aspect of the staff experience was that at times, they are forced to make clinical decisions without as much guidance as they would have liked. Therefore, it is inferred that it may be beneficial for the team to carry out follow-up assessments on a regular basis.

It is suggested that higher levels of staff satisfaction are associated with sustainability and better patient care (South Staffordshire PCT, 2011). Moreover, motivated and involved staff have been found to be more knowledgeable in what is working well, and how to improve services for the benefit of patients and the public (South Staffordshire PCT, 2011).

Limitations of the study

A limitation of this research was the number of patients recruited to take part. Possible reasons include patients not being contacted immediately after discharge, with contact at between one and five weeks after discharge, due to the large volume of patients being discharged. In addition, the time of day patients were contacted may have impacted upon response rates, as contact was made between the hours of 9am and 5pm (working day).

A potential limitation of having a small sample size is that it is NOT possible to generalise conclusions (Yin, 1994), as the responses obtained may not be an accurate reflection of all the patients seen by the team. However, it has been found that smaller sample sizes may be more useful in examining a situation more closely (Myers, 2000).

Conclusion

The exploration of patient and staff satisfaction is integral to service evaluation and development. This study has demonstrated that the RAID service produced high levels of patient and staff satisfaction with this new way of working. This evaluation highlighted the benefits of providing support in managing patients through direct clinical intervention and training staff. Elderly patients are more likely, possibly for many non-service related reasons, to appear more satisfied with services compared to younger adults. Methods other than direct surveys are needed to measure their real satisfaction. With the increasing ageing population in acute hospitals, this needs urgent consideration. Rapid response 'embedded' psychiatric services might attract a better level of satisfaction for patients and acute hospital staff when com-

pared with traditional models of liaison psychiatry. This new service delivery models needs rigorous evaluation for its impact on patient and staff satisfaction when compared to traditional models of mental health care delivery in acute hospital settings.

References

Blenkiron, P. and Hammill, C. A. (2003). What determines patients' satisfaction with their mental health care and quality of life? *Postgraduate Medical Journal*, 79, 337-340.

Björkman, T., Hansson, L., Svensson, B. and Berglund, I. (1996). What is important in psychiatric outpatient care? Quality of care from the patient's perspective. *The International Journal for Quality in Health Care.* **7**: 355–362

Brunero, S., Lamont, S. and Fairbrother, G. (2009). Using and understanding consumer satisfaction to effect an improvement in mental health service delivery. *Journal of Psychiatric and Mental Health Nursing.* **16**: 272–278

Care Quality Commission. (2011). *Dignity and nutrition inspection programme: National overview.* Retrieved November 9, 2011, from http://www.cqc.org.uk/sites/default/files/media/documents/20111007_dignity_and_nutrition_inspection_report_final_update.pdf

Chang, E., Hancock, K., Chenoweth, L., Jeon, Y. H., Glasson, J., Gradidge, K. and Graham, E. (2003). The influence of demographic variables and ward type on elderly patients' perceptions of needs and satisfaction during acute hospitalization. *International Journal of Nursing Practice.* **3**:191-201.

Cleary, M., Horsfall, J., Hunt, G. (2003), Consumer feedback on nursing care and discharge planning. *Journal of advanced nursing.* 42(3), 269-277.

Cohen, G. (1996). Age and health status in a patient satisfaction survey. *Social Science and Medicine*. 42 (7): 1085-93.

Edlund, M. J., Young, A. S., Kung, F., Sherbourne, C. D., and Wells, K. B. (2003). Satisfaction and the technical quality of mental health care. *Health Services Research,* 38(2), 631-645.

Elliott, R. L., Cohen, M. D and Evans, D. L. (1995). Reforming Georgia's mental health system. *Community Mental Health Journal.* **31**:413-423

Gharabawi, G., Greenspan, A., Rupnow, M. (2006). Reduction in psychotic symptoms as a predictor of consumer satisfaction with antipsychotic medication in schizophrenia: data from a randomised double-blind trial. *BMC Psychiatry* **6**: 1–7.

Great Britain. *Mental Health Act 1983*: Elizabeth II. Chapter 20. 1983. London: The Stationary Office.

Hansson, L. (2001). Outcome assessment in psychiatric service evaluation. *Social Psychiatry and Psychiatric Epidemiology*. **36**: 244–248

Joint Commissioning Panel for Mental Health Liaison. (2012). *Guidance for commissioners of liaison mental health services to acute hospitals.* Retrieved March 9, 2012, from http://www.rcpsych.ac.uk/PDF/JCPMH%20liaison%20(Feb%202012).PDF

Kong, M. C., Camacho, F.T., Feldman, S. R., Anderson, R. T. and Balkrishnan, R. (2007). Correlates of patient satisfaction with physician visit: Differences between elderly and non-elderly survey respondents. *Health and Quality of Life Outcomes*. 5: 62.[1]Department of Pharmacy Practice and Administration, Ohio State University College of Pharmacy, Columbus, Ohio, USA

Maycock, J. A. (1991). Role of health professionals in patient education. *Annals of the Rheumatic Diseases.* **50**: 429-434.

Myers, M. (2000). Qualitative Research and the Generalizability Question: Standing Firm with Proteus. *The Qualitative Report*. **4**: 3-4.

Priebe, S. and Gruyters, T. (1995). Patients' assessment of treatment predicting outcome. *Schizophrenia Bulletin.* **21**: 87–94

Rosenheck, R., Wilson, N. J., Meterko, M. (1997) Influence of Patient and Hospital Factors on Consumer Satisfaction with Inpatient Mental Health Treatment. *Psychiatric Services,* 48(12):1553–61.

Royal College of Psychiatrists (2004) *Psychiatric Services to Accident and Emergency Departments* (Council Report CR118). London: Royal College of Psychiatrists.

Royal College of Psychiatrists. (2010). *Psychiatric Liaison Accreditation Network Annual Report.* Retrieved October 11, 2011, from http://www.rcpsych.ac.uk/pdf/PLAN%20Annual%20Report%20Cycle%201%202009-2010.pdf

Ruggeri, M. (1994). Patients' and relatives' satisfaction with psychiatric services: the state of art of its measurement. *Social Psychiatry and Psychiatric Epidemiology.* **29**: 212–227

Summers, M. and Happell, B.(2003). Patient satisfaction with psychiatric services provided by a Melbourne tertiary hospital emergency department. *Journal of Psychiatric and Mental Health Nursing.* **10**: 351-357.

South Staffordshire PCT. (2011). Patient and Public Experience and Engagement: Real Accountability. Demonstrating responsiveness and accountability. Retrieved November 7, 2011, from http://www.southstaffordshirepct.nhs.uk/Aboutus/Docs/PCT-RealAccountability2011.pdf

Wilde, B., Larsson, G., Larsson, M., Starrin, B. (1995). The patient evaluates health care (in Swedish). FoU Report 45: The Care Federation.

Yin, R. (1994). Case study research: Design and method (2nd edn.). Thousand Oaks: Sage Publication.