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ORIGINAL

Audit of Deaf and Hearing patients' knowledge of the Care Programme Approach in a High Secure Psychiatric Hospital

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ABSTRACT

The Care Programme Approach (CPA) was developed by the UK Government in an attempt to improve the care of people with severe mental illness (DH, 1989) by having a co-ordinated, multi-disciplinary approach from service providers, relatives/carers and patients. For it to be meaningful, it is necessary that patients understand the CPA process in order that they can actively participate in it.

The aim of this audit was to ascertain whether patients who were deaf or hard of hearing (d/Deaf) had specific difficulties with regard to understanding the CPA process. To determine this we compared a group of d/Deaf patients with a group of male, hearing patients. Both groups have a diagnosis of at least one mental disorder and are detained under the Mental Health Act 1983 in long term care at Rampton Hospital, which is a high secure hospital in Nottinghamshire, England.

We found a significant difference in knowledge about CPA between d/Deaf and hearing patients. More effort needs to be made to improve communication with deaf patients about the CPA process.

KEYWORDS

Care Programme Approach, deaf, non-hearing, hearing, patients, high security

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Introduction

The care programme approach (CPA) was introduced as a national strategy in 1991[1] (and it followed previous guidance, such as 'Better services for the Mentally Ill'[2]. The intention was to provide a systematic approach for assessing the health care needs of patients who could possibly be treated in the community, with co-ordinated care from health and social service agencies. It was hoped that CPA would, with the involvement of the whole multidisciplinary team, streamline the care of patients, but that it is also essential for patients and their relatives/carers to be part of this process[3].

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The five main principles of CPA are that each patient should have an assessment of health and social care needs, a key worker to co-ordinate care, a written care plan, regular review and consultation with users and carers. Unfortunately, consultation with, and involvement of patients does not always occur[4], whereas improving patients' understanding of the CPA process and involvement in the design of their own care package may lead to greater satisfaction and compliance with the proposed care plan. Although generally regarded as an effective tool in the management of patients with a severe mental illness, CPA has been criticised in the past for being implemented inconsistently, for example patients not receiving copies of their care plans or being involved in care planning decisions[5].

CPA is also implemented inconsistently with non-hearing psychiatric patients and a homicide inquiries involving a Deaf man who was in receipt of psychiatric care[6] was critical of the multi-disciplinary CPA care planning that this individual received. Another independent inquiry into a homicide by a Deaf man[7]found that CPA was well done but that there was limited knowledge of deafness or communication needs amongst hospital staff. The government response to these inquiries 'Mental Health and Deafness; Towards Equity and Access'[8], re-affirmed under Standard 4:

All mental health service users on CPA should

- Receive care which optimises engagement, anticipates or prevents a crisis, and reduces risk
- Have a copy of a written care plan.

There is no reason why Deaf people should not expect this standard to be met.

However, it is also specified that CPA responsibility will lie with the local provider of mental health services for an individual d/Deaf patient, not one of the specialist Deaf services and there will, inevitably, be resource implications for this[9].

Despite the requirement from the Department of Health that d/Deaf people with mental disorder should be subject to CPA, there are communication challenges in delivering different types of healthcare information to deaf patients with regard to making appointments, diagnosis and information about medication[10,11] and d/Deaf patients have been found to have a poorer health care knowledge base than their hearing counterparts[12]. Lack of healthcare knowledge can have a profound effect on the overall health of a d/Deaf patient[13,14]. It has been shown that d/Deaf patients who receive sufficient information regarding their care receive greater satisfaction and less stress regarding their health, when compared with less well informed patients who were physically healthier[15].

Aims and Objectives

The hypothesis is that in line with Department of Health guidance, all d/Deaf and hearing patients should have equal knowledge of and involvement in the CPA process. The aim of this audit was to compare the knowledge, understanding and engagement in CPA's held annually on all patients in Rampton Hospital between the two groups.

Standards and Sample

Rampton Hospital is a high-secure psychiatric hospital in Nottinghamshire, England. It provides services to men and women who suffer from mental disorders and have exhibited serious, violent behaviour which is not manageable in conditions of lesser security. Within the hospital there is a single, ten-bedded ward for d/Deaf male patients. Although female d/Deaf patients may also be admitted, there is not a separate unit for them and they are located within the Women's service with access to interpreters and communication support workers to facilitate communication with staff.

The audit compared all inpatients on the deaf unit (nine patients) with the same number of male hearing patients in the Mental Health directorate. All participants had been patients in Rampton longer than 12 months and had, as a result,

experienced the CPA process at least twice during their admission. There were no female d/deaf patients admitted at the time of this audit.

Method

A set of 20 questions were compiled to test whether or not patients knew the basic aims and procedure of the CPA. These included questions about who was involved in the patient's care, the roles of different disciplines and patients' understanding of their legal rights. Patients were asked if the CPA process had been adequately explained to them and were also asked if they had found the CPA process useful.

The questionnaire was used for both patient populations and two audit researchers (HO & GG) interviewed the patients. The deaf patients required a sign language interpreter and, in some cases, a deaf support worker, with the data being collected over a four week period.

Each patient was given an explanation of the audit to ensure that they understood and gave verbal consent for the interview. Eighteen patients consented to completing the audit across the two populations.

Results

The number of people who answered the 20 questions correctly is given in Table 1.

Questions	Deaf	Hearing
1. Do you know what CPA is?	**7** (78%)	**9** (100%)
2. Do you understand who the care plan is for?	**6** (67%)	**9** (100%)
3. Do you understand how it works?	**5** (56%)	**8** (89%)
4. Do you know who can attend the CPA Meeting?	**6** (67%)	**9** (100%)
5. Do you know who your named nurse is?	**9** (100%)	**9** (100%)
6. Do you know who your care co-ordinator is?	**7** (78%)	**5** (56%)
7. Do you know about the staff responsibilities for CPA?	**6** (67%)	**8** (89%)
8. Do you understand what happens next?	**5** (56%)	**8** (89%)
9. Do you know how often a CPA takes place?	**5** (56%)	**7** (78%)
10. Do you understand what your legal rights are?	**3** (33%)	**7** (78%)
11. Do you understand what will be in the care plan?	**5** (56%)	**7** (78%)
12. Have you had a chance to see your care plan?	**6** (67%)	**9** (100%)
13. Has someone talked to you of what is in your care plan?	**8** (89%)	**5** (56%)
14. Have you been given a copy of your last CPA?	**7** (78%)	**9** (100%)
15. If you want, can your carers or family be involved?	**7** (78%)	**9** (100%)
16. Do you prefer for someone else to speak for you?	**4** (44%)	**1** (11%)
17. Do you understand about confidentiality?	**5** (56%)	**8** (89%)
18. Did you have access to an interpreter if necessary?	**9** (100%)	**8** (89%)
19. Were you given a 'Recovery' document to complete?	**7** (78%)	**5** (56%)
20. Do you think the CPA meeting was useful for you?	**7** (78%)	**6** (67%)

The deaf patients were more likely to want someone to speak on their behalf at the CPA meeting and to know who their named nurse was. However, it is clear from Table 1 that deaf patients understood significantly less about the CPA process than their hearing counterparts with hearing patients scoring more than or equal to deaf patients on 14 of the 20 questions.

The set of questions was reviewed and revised by a team comprised of two consultant forensic psychiatrists, a communication support worker, a sign language interpreter and an audit facilitator.

Approximately three-quarters of deaf patients said that they knew what a CPA was, compared with all of the hearing patients and one third of deaf patients said that they understood their legal rights, compared with three-quarters of hearing

patients. Deaf patients were less likely to know who could attend the CPA meeting and approximately half the deaf patients were aware of the frequency of CPA meetings compared with three-quarters of the hearing patients. Despite these figures, it is notable that slightly more of the deaf patients found their CPA to be 'useful' to them.

Discussion

This audit is limited by the small sample size but it should be noted that the 9 d/Deaf patients constitute the entire population of the National High Secure Deaf Service.

CPA was introduced in England and Wales to try and ensure that all patients had appropriate plans in place prior to their discharge to the community. Our audit demonstrates that, despite being subject to the same standards, d/Deaf people in a high-secure psychiatric hospital have considerably less understanding of the CPA process. This is a cause for concern, not least because d/Deaf patients are significantly over-represented in high-secure psychiatric settings[16].

A number of factors may lead to a reduced understanding of the CPA process within the d/Deaf population. Written English, which forms the bulk of the CPA documentation, is not always understood by d/Deaf patients, many of whom will have BSL as their first language. Some patients have minimal language skills and a proportion of d/Deaf patients in Rampton Hospital have borderline or mild learning disability. It requires additional resources to explain the CPA process to d/Deaf patients, including, for example, sign language interpreters and communication support workers. It is possible that legal representatives or advocates may also find communication demanding of resources.

It is especially concerning that only three of the nine d/Deaf patients said that they understood their legal rights in relation to CPA. This audit only examined d/Deaf patients' knowledge of the CPA process and it is possible that they may have similar shortfalls in understanding other aspects of their detention and treatment in hospital.

We have an obligation to attempt to improve d/Deaf patients understanding of the care that they receive. A number of measures could be taken which might help the situation, which include:

- Involving deaf support workers and interpreters in the writing of CPA paperwork

- Investigating individualised forms of communication in an attempt to ascertain the optimal mode of communication for particular patients, especially those who do not have English as their first language.

- Considering alternative forms of communication, for example, having CPA documentation converted into 'Plain English' format, production of DVDs in BSL, or using Widgets or illustrations to simplify and clarify.

- Better training of staff about the relevance of named nurse CPA discussions, given that d/Deaf patients seem to rely more on others to speak for them.

The findings of this audit mirror evidence from elsewhere that deaf patients suffer a lack of accessibility to healthcare information when compared to their hearing counterparts and this has a considerable negative impact on both their physical and mental health[11].

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