Data + Feedback

- **Patient complaints offer grassroots level raw data that can be used to change practice and improve patient experience and outcomes**

- **Feedback has the best evidence for bringing about sustainable change and forms the basis for any quality improvement (QI) programme**

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Learning from complaints: a staple of staff learning and development?

- **Clinicians are usually involved in individual complaints received. Rarely get systemic feedback about the complaints at service or organisational level**

- **Resolves individual complaint but misses the opportunity to make systemic changes that address the root cause of the problem**

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Psychiatry Teaching Unit: Where we fit in

- **Learning occurs best when it is set in the context of one's practice and when it creates an emotional resonance.**

- **Experiential learning creates deep learning and real patient narratives can bring to life an otherwise dry topic.**

- **This experiential learning can be made even more effective by combining it with feedback**

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Kirkpatrick's hierarchy

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Care outcomes

Behaviour

Attitudes

Skills

Knowledge

Satisfaction with teaching

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Structure of the talk

- **Complaints in the psychiatric setting**
- **What can YOU learn from complaints in the psychiatric setting?**
- **Why our model of involving patients in learning from complaints is a good model**

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True or False

- **Majority of complaints in the NHS are from patients with mental illness**

True or False

- **Majority of complaints in the NHS are from patients with mental illness**
- **Of 208,000 complaints in 2016-17, 14,000 were against mental health trusts**

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Clare Allan in Guardian

Typical Complaint:

- "I've been a loyal customer for the last 10 years and have always been tremendously impressed both by your products and your exceptional standards of service"; an expression of shock at being let down, culminating in "I was therefore extremely disappointed..."; empathy with the predicament of those responsible for the failure ….. or a request for some form of restitution and a threat of forever withdrawing custom if this is not forthcoming"

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Clare Allan in Guardian

….. the longevity and loyalty of their custom, far from aiding their cause, is likely to be held against them. Any shock or anger at the way they have been treated is easily dismissed as a symptom of their condition, and a threat of withdrawing custom can always be answered with a section...

- **A majority of the complaints are directed against non-clinical admin staff – receptionists, ward managers etc**

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- **A majority of the complaints are directed against non-clinical admin staff – receptionists, ward managers etc**
- **Almost 2/3rd directed at medical and nursing staff**

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True or False

- **Mental health funding has been falling in real terms over the past few years and the resultant gap in services is the leading cause of complaints against mental health trusts**

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True or False

- **Mental health funding has been falling in real terms over the past few years – the resultant gap in services is the leading cause of complaints againt mental health trusts**
- **2/3 of complaints are about staff attitudes and poor communication**

True or False

- **Complaints made by patients with mental illness are less likely to be upheld**

True or False

- **Complaints made by patients with mental illness are less likely to be upheld**
- **65% of the complaints were either upheld or partially upheld**

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4

1 in

people in the UK have experienced a mental health problem in the last year

What does mental health look like in the UK?
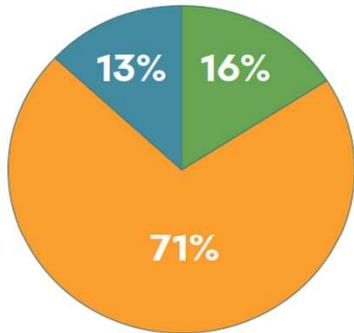
Pie chart:
- 16% Negative mental health
- 71% Average mental health
- 13% Positive mental health

Legend:
- Negative mental health (green)
- Average mental health (orange)
- Positive mental health (blue)

Income
Mental health status (%)
- Less than £1,200pm
- £1,201-2,200pm
- £2,201-3,370pm
- £3,701 or more pm

Economic activity
Mental health status (%)
- Full time education
- Paid work
- Unemployed
- Retired
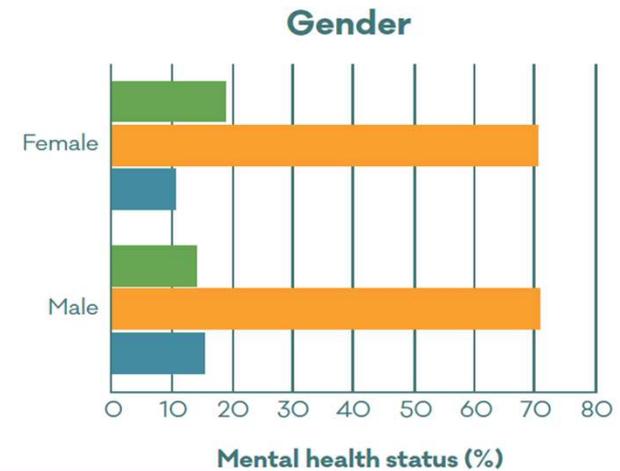- Other

Age
Mental health status (%)
- 18-34
- 35-54
- 55+

Gender
Mental health status (%)
- Female
- Male

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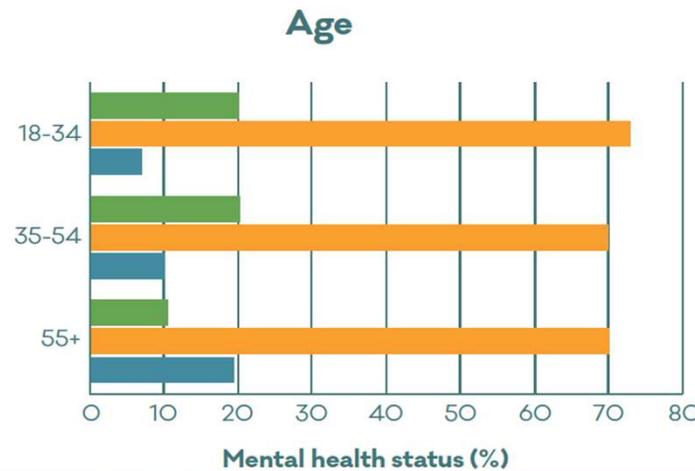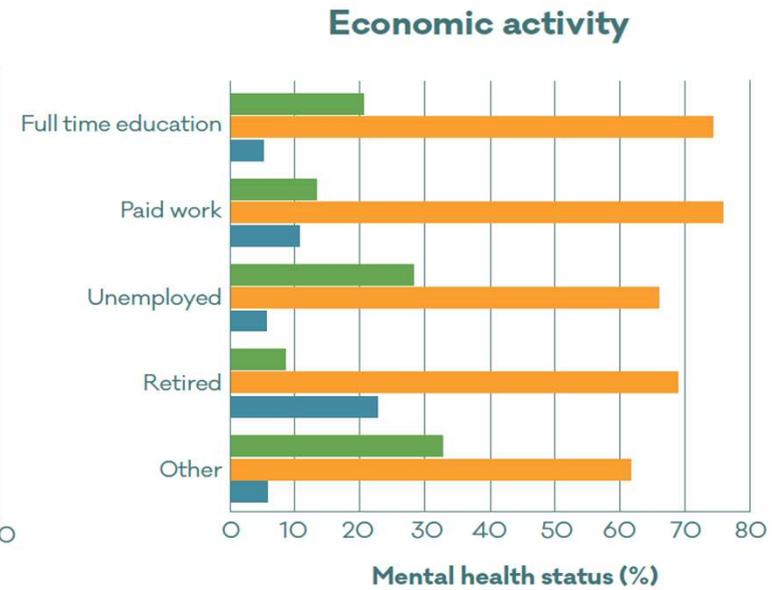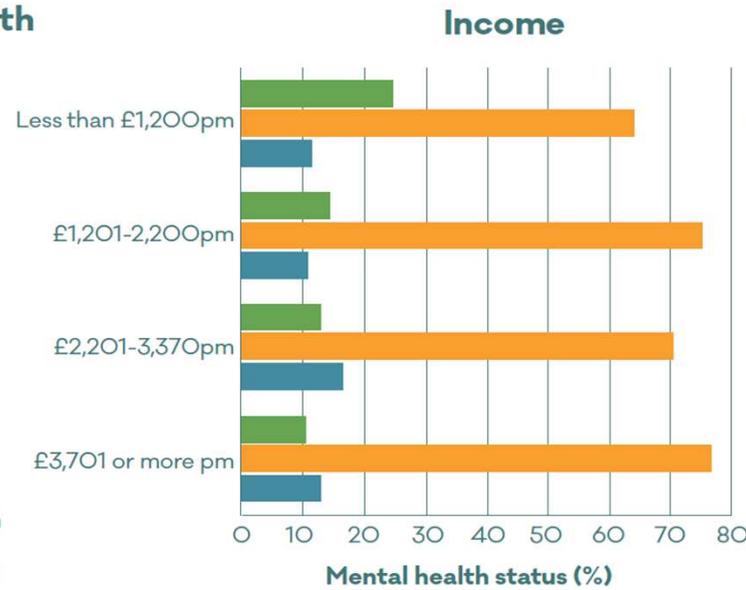
Types of issues being raised (1)

- Found the experience on the wards to be eye opening - staff don't co-operative with patients and they don't listen to them.

- Telephone call from a patient who had been assessed and told that they had been referred for assessment, they had heard nothing since and do not know who to contact to chase this up.

- A lack of communication about service changes made the patient feel like they had been treated in a disrespectful and dismissive manner.

- Patient concerned about the attitude of the receptionist when they arrived.

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Types of issues being raised (2)

- Patient not happy with the attitude of the ward manager who they felt was unhelpful and dismissive which led to them taking their own discharge.

- Patient felt that the staff member wasn't actually interested or listening to them.

- Patient asked why the staff member had talked down to them.

- Patient complained about one member of the team who made an unprofessional comment about her appearance.

- Telephone call from patient unhappy as a letter from the consultant had, on two occasions, been sent to the wrong GP Practice.

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Types of issues being raised (3)

- Patient feels that the staff member does not show any empathy or understanding and this makes them feel that they don't matter.

- Father feels that there has been a poor level of engagement with his son, which left him feeling frustrated.

- Patient says they had a much better relationship with the previous worker but unfortunately the new worker "winds them up".

- Staff had made inappropriate comments about a patient's dress and general look.

- Patient asked why the member of staff had not returned any of the phone calls?

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Learning from Complaints

- **Combining QI with educational principles, we decided to use themes from patient complaints to develop training for our colleagues**

- **Themed complaints - 60 per cent related to staff attitudes and communication and only 10 per cent related to lack of service provision**

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Learning from Complaints

- **Thematic analysis demonstrated hot spots around patient interaction with non-clinical staff and in staff interaction with patients with a diagnosis of personality disorder.**

- **A half-day training programme was designed by the psychiatric teaching unit that addressed these specific hotspots**

Learning from Complaints

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- **Co-produced**

- **Aimed to embed the learning using established techniques**

- **Drew on the skills and experience of two Expert Patient educators**

- **Forum theatre**

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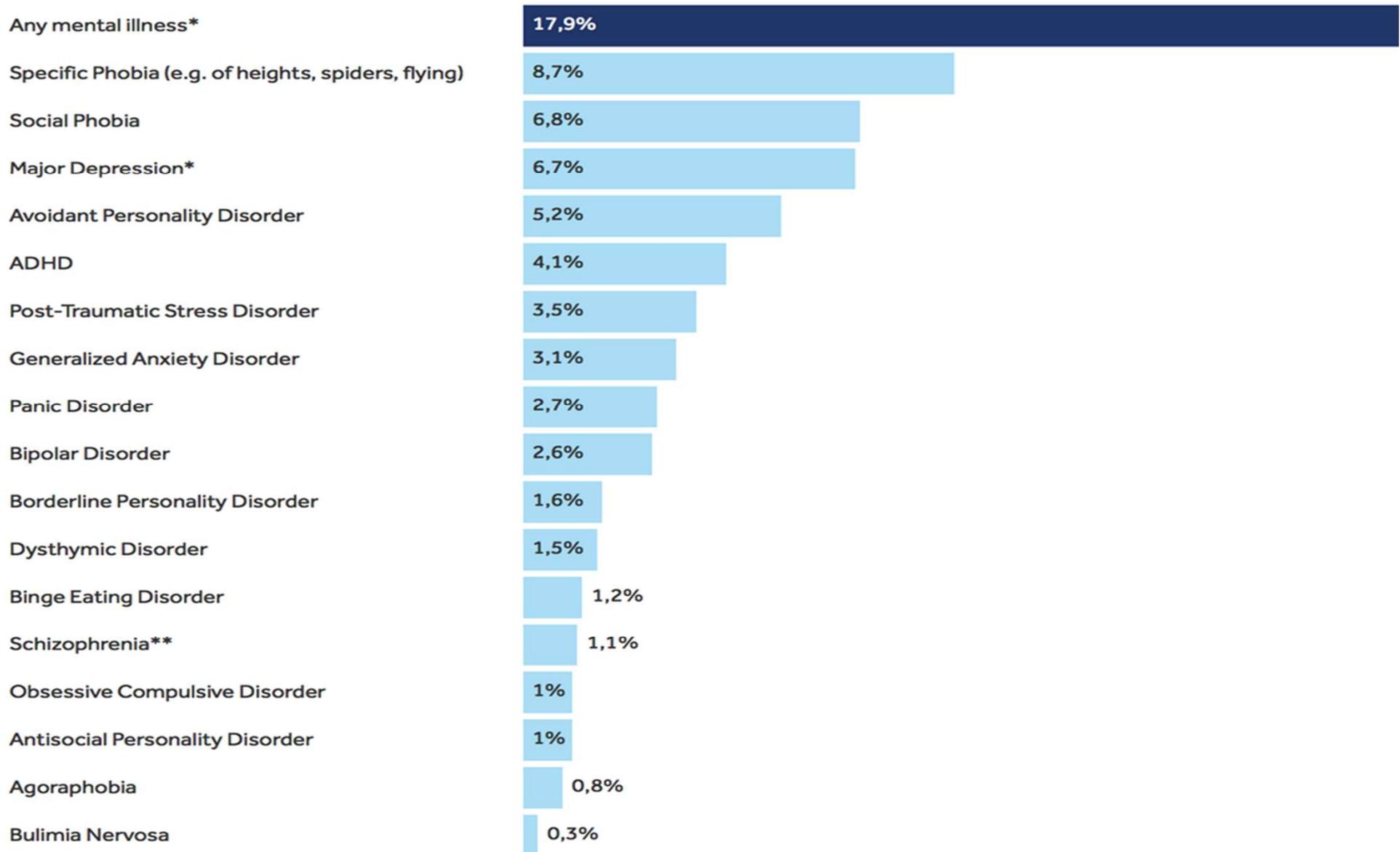
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Partnership not exploitative

- **Long term relationship with Expert Patients involved**

- **No pressure**

- **Support and training – tied to learning objectives**

- **Paid**

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12-month prevalence of mental illness among adults ages 18+, by disorder, early 2000s

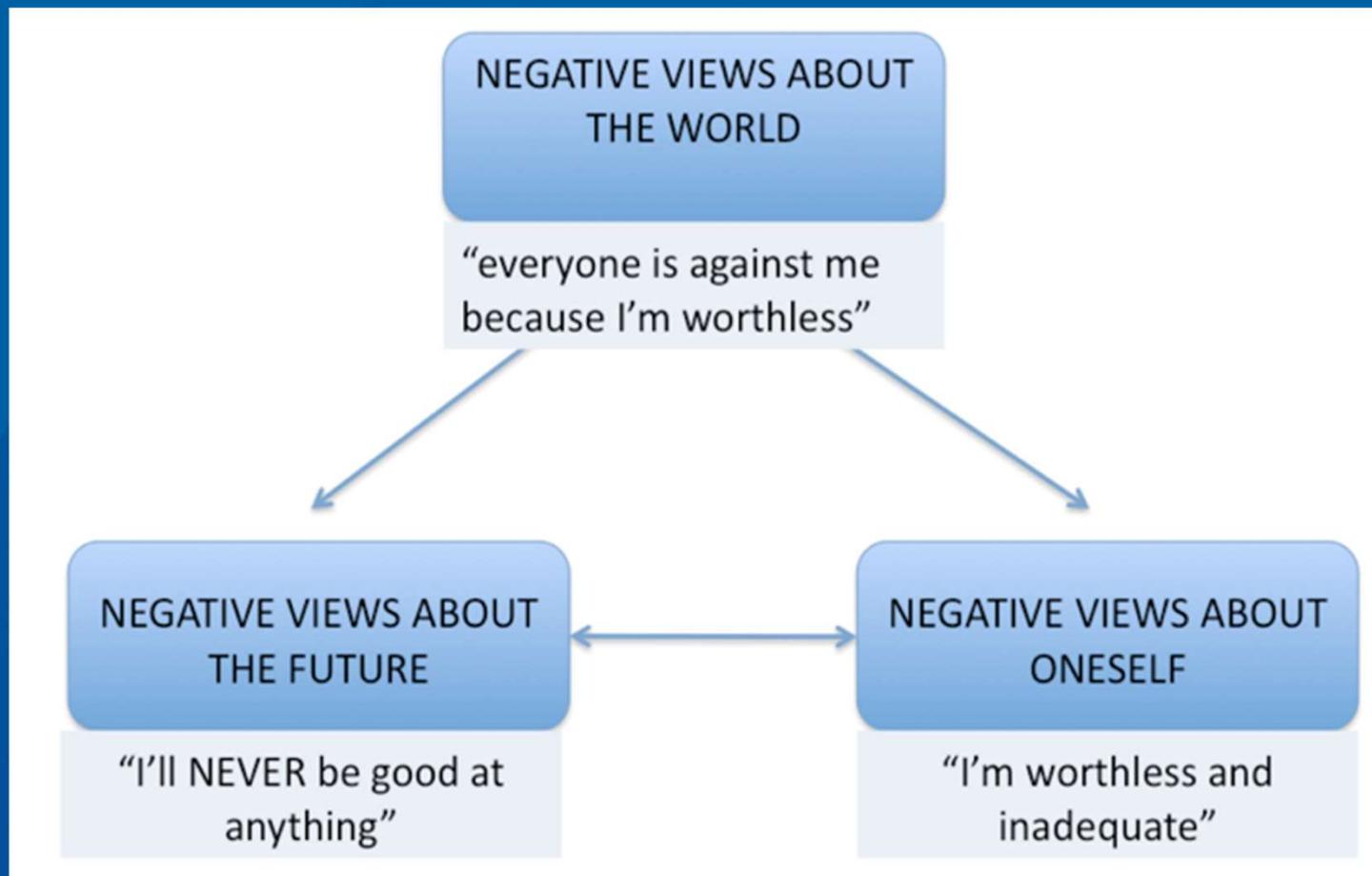| Disorder	Prevalence
Any mental illness*	17,9%
Specific Phobia (e.g. of heights, spiders, flying)	8,7%
Social Phobia	6,8%
Major Depression*	6,7%
Avoidant Personality Disorder	5,2%
ADHD	4,1%
Post-Traumatic Stress Disorder	3,5%
Generalized Anxiety Disorder	3,1%
Panic Disorder	2,7%
Bipolar Disorder	2,6%
Borderline Personality Disorder	1,6%
Dysthymic Disorder	1,5%
Binge Eating Disorder	1,2%
Schizophrenia**	1,1%
Obsessive Compulsive Disorder	1%
Antisocial Personality Disorder	1%
Agoraphobia	0,8%
Bulimia Nervosa	0,3%

MCQ

Commonest diagnostic category: Complaints in psychiatric settings?

- ~~Schizophrenia~~
- ~~Depression~~
- ~~Personality Disorder~~

Depression

Depressive triad

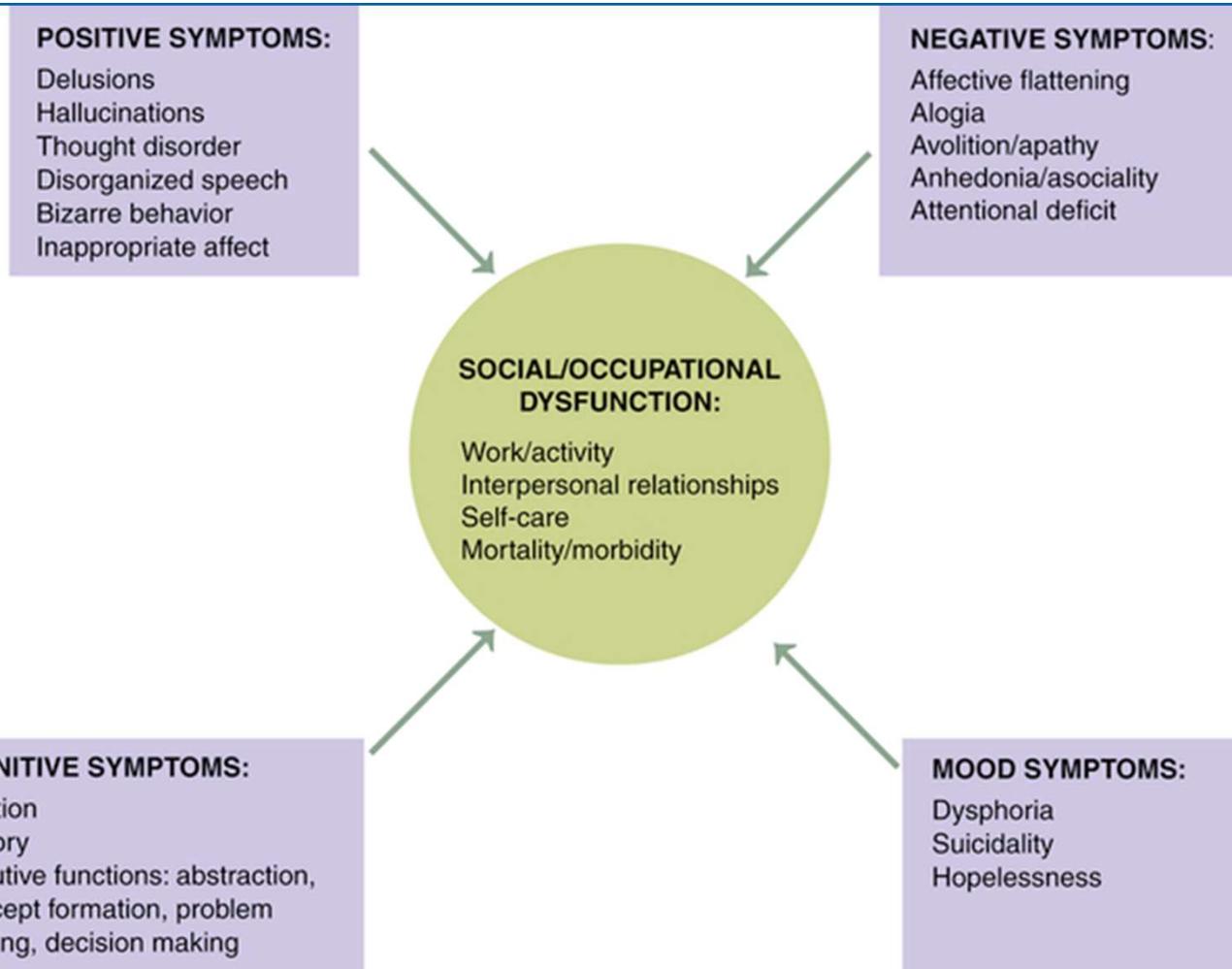NEGATIVE VIEWS ABOUT THE WORLD

"everyone is against me because I'm worthless"

NEGATIVE VIEWS ABOUT THE FUTURE

"I'll NEVER be good at anything"

NEGATIVE VIEWS ABOUT ONESELF

"I'm worthless and inadequate"

Psychosis

Psychosis: Core Symptoms

POSITIVE SYMPTOMS:
Delusions
Hallucinations
Thought disorder
Disorganized speech
Bizarre behavior
Inappropriate affect

NEGATIVE SYMPTOMS:
Affective flattening
Alogia
Avolition/apathy
Anhedonia/asociality
Attentional deficit

SOCIAL/OCCUPATIONAL DYSFUNCTION:
Work/activity
Interpersonal relationships
Self-care
Mortality/morbidity

COGNITIVE SYMPTOMS:
Attention
Memory
Executive functions: abstraction, concept formation, problem solving, decision making

MOOD SYMPTOMS:
Dysphoria
Suicidality
Hopelessness

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Delusions	Hallucinations	Illusions
Fixed, false beliefs, cannot be corrected by logic and **are not consistent with culture and education** of the patient.	**False sensory perception** experienced **without real external stimulus**. They are usually experienced as originated in the outside world not within the mind as imagination.	**Misperception of real external stimulus**. Most likely to occur when general level of sensory stimulation (consciousness) is reduced.

Emotionally unstable personality disorder

Borderline type

At least three of the symptoms mentioned in criterion for impulsive type, and:

(1) disturbances in and **uncertainty about self-image, aims, and internal preferences**

(2) liability to become involved in intense and **unstable relationships**, often leading to **emotional crises**

(3) excessive efforts to avoid **abandonment**

(4) recurrent threats or acts of **self-harm**

(5) chronic **feelings of emptiness**

Experiential Learning

- **Role plays to facilitate experience of emotional contexts that trigger complaints**

- **Using stop/start role plays with group involvement to think of responses that help deal with angry / dissatisfied / emotional patients and carers**

- **Come up with own top tips**

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Compassionate Curiosity

APPROACH CONFLICT WITH COMPASSION AND CURIOSITY

- **What happened?**
- **Oh dear, Looks like you've had a really rough day**
- **Who followed you?**
- **What are they saying? Are they being nasty to you?**
- **Are they loud? Do they ever stop?**

Reflecting Emotions

Reflecting emotions

- **You look really upset**
- **Looks like something is bothering you**
- **I can see that you are not happy with what I have suggested**
- **I am sorry- looks like something I said has annoyed you**

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Persistent Complainant

- **Remain calm and focused**
- **Involve multidisciplinary team or colleague asap**
- **Maintain records**
- **Don't get into litigious speak- focus on the whole person**
- **Try and identify underlying issues**
- **Set boundaries but offer support with conditions if any set out clearly and transparently**
- **Seek support from colleagues**

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Feedback

- **95% of delegates rated training 'very good' or 'excellent'**

- **Delegates highlighted ways in which they would improve their practice**

- **Rolled out to other staff groups**

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Take home points

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- **Focus on own emotional experience and on that of complainant**
- **Reflect emotions**
- **Involve patients to facilitate emotional experience and deep learning**
- **Use complaints data to contextualise learning to staff role**
- **And no.. Complaints in psychiatric setting does not equate to vexatious complaints!**

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Get in touch

NHS
Derbyshire Healthcare
NHS Foundation Trust

- **@subodhdave1**
- [**subodhdave@nhs.net**](mailto:subodhdave@nhs.net)
- **https://localgiving.org/fundraising/subodh/**
- **(Borderline Arts)**

TIME
10:36:09

MARATHON

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