

Depot clinic: consumers' viewpoint

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With the emphasis on 'care in the community' there have been moves to provide psychiatric care away from the large psychiatric hospitals, which have resulted in the development of community mental health teams and the expansion of primary care and health centres to cater for people with psychiatric needs. The opinions of patients attending a hospital-based depot neuroleptic clinic are reported. A 17-item questionnaire was designed addressing the functioning of the clinic, including aspects of the medical and nursing care offered and the overall service provided. The majority of patients were in favour of attending this facility and expressed their wish for the service to continue.

The depot clinic has been an important part of British psychiatric services. With the emphasis on 'care in the community' many of the traditional, particularly hospital-based, methods of service delivery are becoming unfashionable. There has been criticism of clinics being out of date, inaccessible and not providing personalised care, especially regarding family factors which have been recognised as important in the management of chronic psychosis. Beveridge (1987) described them as a facility for the staff and not the patient. This has led to suggestions of alternative methods of administering treatment, for example, through the general practitioner, community mental health centre or at home.

Consumers' views have been recognised as an essential component of good community care yet they are rarely sought when planning services and dissatisfaction with existing services often reflects the assumptions and opinions of planners (Murphy, 1988). Although we share some of the reservations expressed regarding depot clinics, our experience suggested that a significant proportion of patients felt positively about them and some users even preferred the clinic to some of the alternatives proposed. To investigate the issue further we carried out the following study.

The clinic

The clinic was started in 1967 with approximately 50 patients. By 1973 the clinic maintained 550 patients and this number steadily increased to just under 900 patients in 1980. Since sectorisation, the clinic has had around 450 patients receiving depot medication either by attending the clinic or receiving a home visit.

West Birmingham is a geographically compact, diversely populated inner city area with a resident population of 210 000 (1981) with significant inner city and ethnic elements. Referrals come from within West Birmingham Health District following discharge from acute wards, from out-patient clinics or through community mental health teams. If possible patients attend the clinic with their key worker before discharge, enabling them to gain information about the service and to meet the staff.

A link or liaison nurse from the depot service is available to the four community mental health teams (CMHTs) to attend review or referral meetings. Patients who refuse medication or present themselves to the clinic with an acute problem would be brought to the attention of the CMHT. A record of medication is kept from the first referral to the clinic. It contains dates and times of the injections given, any changes in medication and the dates when the patient was reviewed by the doctor. Clinic opening hours are Monday-Friday 8.00 a.m.-3.45 p.m. and Saturday 8.30 a.m.-12.45 p.m.

Patients are not given fixed appointment times but are asked to attend on a set day. This offers a degree of flexibility and allows patients to organise their own time. A number are in full-time employment and the Saturday opening is for their benefit.

One of the successes of the clinic has been the follow-up system. If patients fail to attend, every effort is made to contact them, for example, by telephone or letter, and if there is no response, one of the staff makes a

community visit to offer the prescribed medication. The service offers a high level of continuity to a large number of patients. It also allows the patient access to a range of mental health services should the need arise. There are three full-time members of nursing staff and a psychiatrist on a sessional basis. Members of staff have worked in the clinic for a considerable time, adding to the continuity of care for the patients.

The study

A simple 17-item questionnaire was given to all the patients attending the depot clinic over a two-month period. The questions were direct, aimed at eliciting general attitudes and requiring a 'yes' or 'no' response; for example, do you value attending the clinic? Are you given enough time to discuss the problems with the doctor? Would you like to have your injection at your GP surgery? Do you find it helpful to see the same nurse regularly?

The questionnaire was offered to patients on a voluntary basis. A private room was available and family members or friends were encouraged to help if necessary. There was also an interpreting service but this was not needed. Patients completed the questionnaire in private and their responses remained anonymous. Names of patients returning the questionnaires were recorded to ensure no individual was included more than once. Out of 450 patients registered with the clinic 218 completed the questionnaire. One hundred and thirty patients receive their treatment through our home visiting service and were not included in the study. Thirty patients refused to complete the questionnaire and 72 patients were unable due to the severity of their mental health problems.

Findings

Of the 218 patients who completed the questionnaire, 62% were men, 52% from ethnic minorities (21% Asian and 31% Afro-Caribbean); 32% were married and 62% lived in independent accommodation. The most frequent diagnosis was schizophrenia (86%) with some cases of manic depressive psychosis (7%) and schizo-affective disorder (7%).

Ninety-three per cent of patients said that they enjoyed attending the clinic; 63% preferred to receive their treatments in the clinic rather than at home. Eighty-eight per cent

expressed an empathetic preference for the clinic as opposed to a GP surgery. Most patients felt that they were given enough time to see the doctor (86%) and the nurse (88%); 98% felt that it was helpful to see the same nurse regularly. The questionnaire also offered patients the opportunity to make comments on improving the clinic and 32% did so. Of those, 78% requested the availability of light refreshments and there were suggestions about improvements in the furnishings and decor; 40% suggested the provision of music in the waiting area and 46% requested more space.

Comment

With the move towards 'care in the community' alternative methods of administering treatment to the long-term mentally ill are growing in popularity. It has been suggested that the delivery of care should be moved to local health centres or CMHTs. There are a number of disadvantages of moving the clinic from the hospital site. It will be increasingly difficult for patients to be seen by psychiatric staff. The GP may become the accessible medical practitioner but there seems an alarming lack of enthusiasm among family practitioners to become involved with this growing group of patients (Kean & Fahy, 1982). Distancing the clinic from the hospital geographically may be seen as progress but we believe the link with the hospital is important. There are, in addition, purely practical considerations such as obtaining depot prescriptions, cost-effectiveness, efficient use of limited community psychiatric nurse time, record-keeping and patients' register etc.

One of the criticisms of the depot clinics has been that the staff tend to change frequently, as nurses along with medical staff tend to rotate to other placements so there is little continuity of care and patients find it unsatisfying to see different staff when they attend clinic (Beveridge, 1987). In our clinic, the same nursing staff have been with the clinic for over 10 years along with members of the medical staff who have been there since its inception in 1967 and every effort is made for the patients to see the same nurse on their visits; this was reflected in the study by 98% of the responders stating it was helpful to see the same staff.

Depot clinics offer a high standard of care and have the potential to provide a better service, opportunities for social interaction in

an unthreatening and familiar environment and a chance of friendship (76% of patients met friends at the clinic). For some it may simply be a reason to go out of the house for the day.

However, the clinic was not popular with a proportion of patients; 25% preferred alternative arrangements. Flexibility already operates to some degree in that some patients receive their treatment at home, from the GP etc, depending upon their needs. The patients who prefer the clinic to other methods felt the service should remain available although a number of improvements need to be made. Finally, greater attention should be paid to staff morale. Many of the problems of depot clinics reflect the larger issue of neglect of the staff who care for them. We were pleased to find that staff were interested to hear these results and in fact took an active part in organising this study.

Despite the simple method of the study, it would seem that depot clinics have some supporters. We strongly advocate the retention of this facility as part of a flexible comprehensive service and believe that there is scope for improvements in the delivery of care. When proposing provision of a service, attention should be given to identify the specific benefits offered by the service and those of alternatives

and consumer opinion could be an invaluable part of this appraisal.

The chance of losing these benefits in the process of change must be carefully considered and balanced against the advantages offered by a new alternative.

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