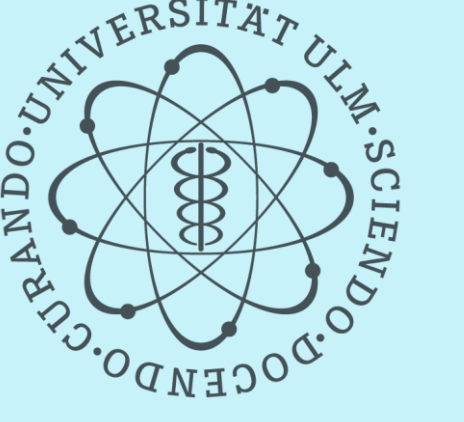


Renate Schepker, Ferdinand Keller, and Jörg M. Fegert

Trends in treatment satisfaction in German inpatient adolescent psychiatry – a 7-year panel analysis in 10 hospitals



Poster at ESCAP, Maastricht, June 19th – 21th, 2022

Background

German legislature increasingly enabled adolescents' participation in their psychiatric treatment. The Patients' Rights Act in 2013 introduced more information, transparency of documentation, and procedures for informed consent. More legal controls of coercive measures were introduced in 2017.

To measure potential effects, we traced changes in satisfaction of 6.893 patients across 10 hospitals at the end of their stay. We used the **Broad Evaluation of Satisfaction with Treatment for Adolescents (BEST-A)** questionnaire. The psychometric properties were published in Keller et al. (2021) [1].

Objective: Examining trends over time and effects of legislation in inpatient satisfaction in Germany.

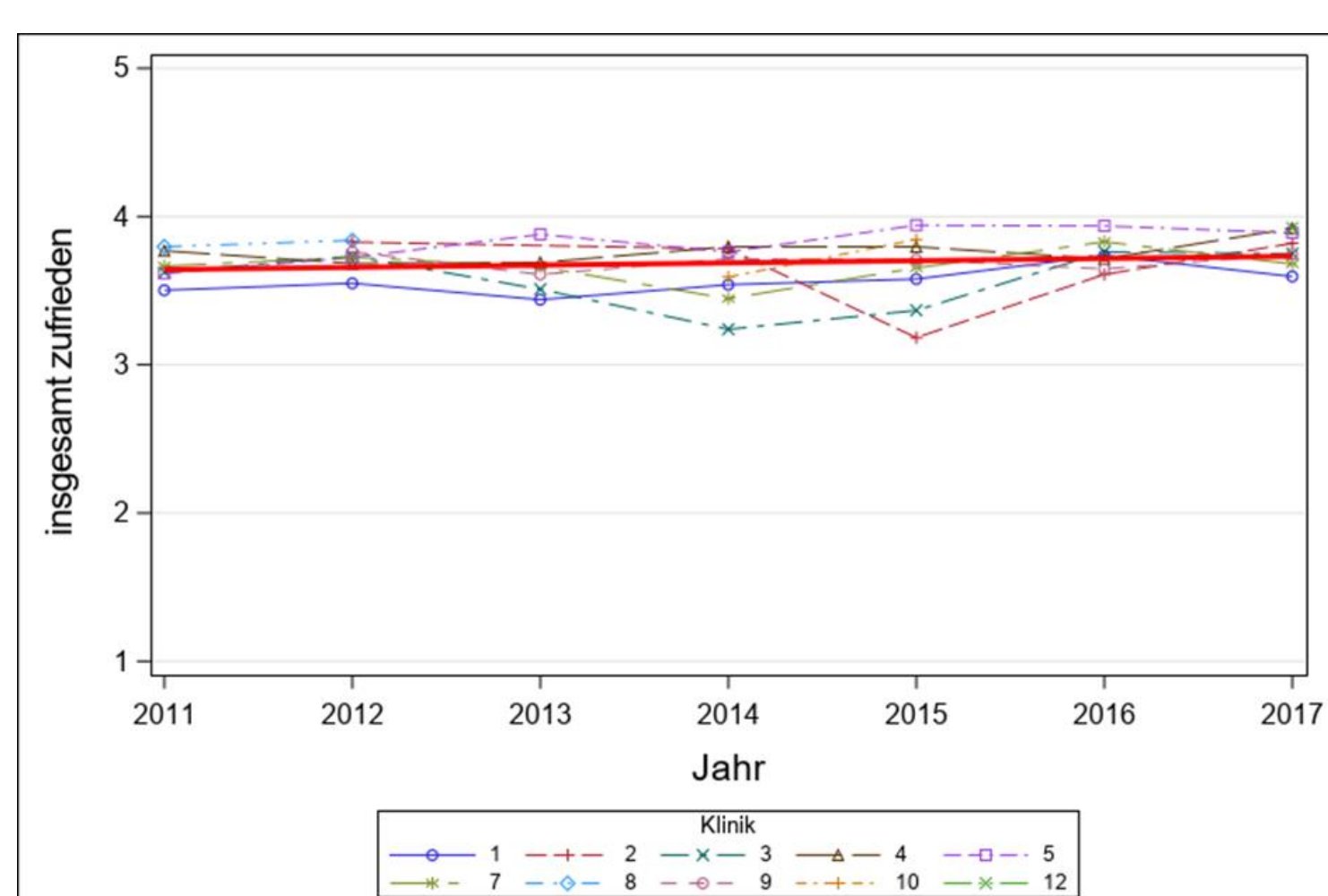
Method

BEST-A Questionnaires [1] were collected from 2011 to 2017 in 10 different sites from around 36-338 adolescents (median = 125) per site and year. Patients rated the items on a 5-point scale, high values signifying high satisfaction. In addition, differences between each satisfaction item and Item 1 (overall satisfied) were computed in order to account for site-specific conditions and changes such as renovation, leadership, or treatment approach.

Statistical Analysis: Regression analysis testing for linear trends (predictor: year)

Results

1) Overall satisfaction ratings were found to be stable over the years (red line = trend) and rated fairly high. Site specific deviations were observed.

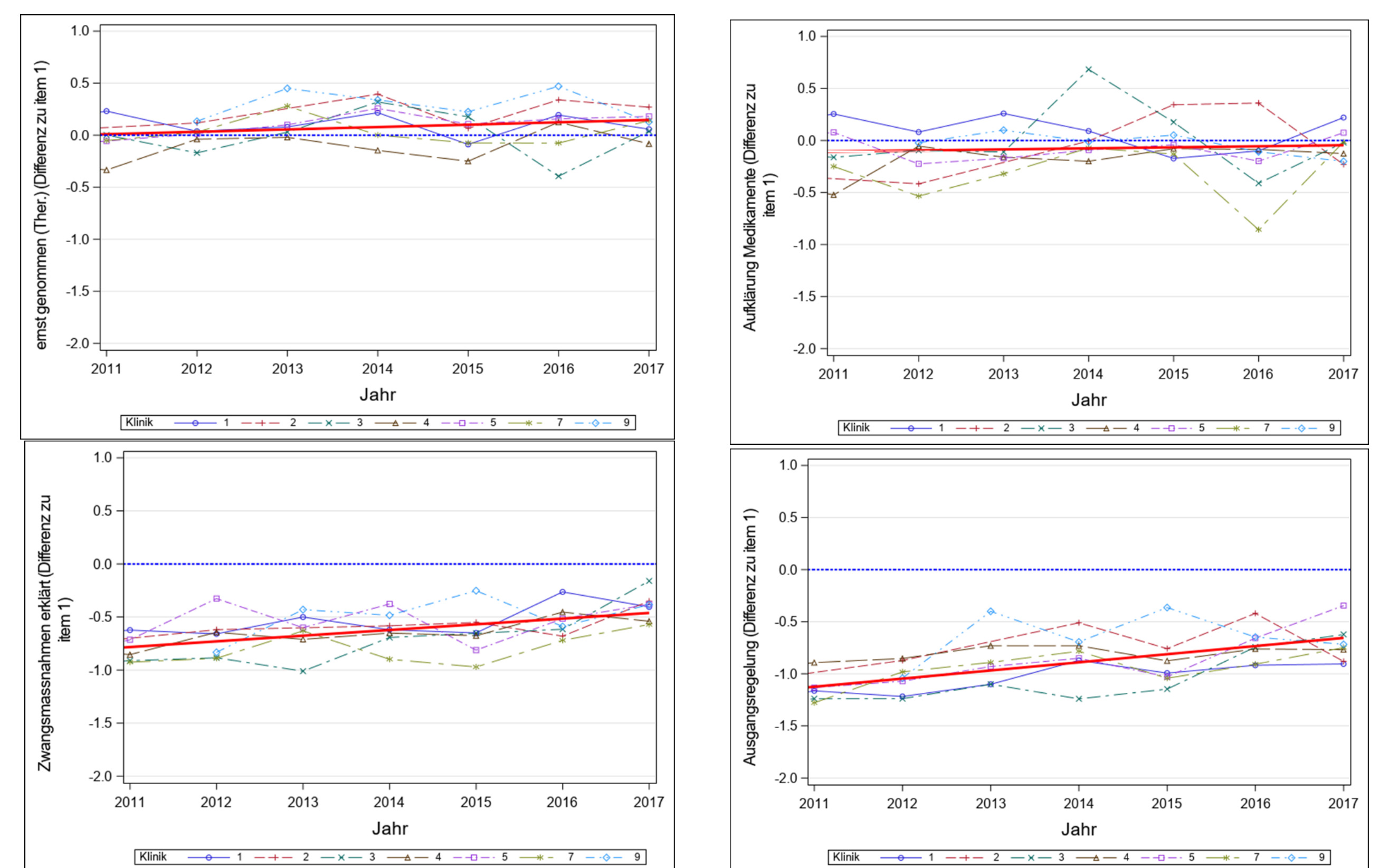


2) In regression analysis, most items show at most a slight upward trend during the 7-year-period.

Table: Results of a regression analysis for linear trends in selected items of BEST-A (differences between item 1 (overall satisfied) and item *n*).

Item, number and content	B	p
1. Overall satisfied (reference)	-	-
2. Stay on ward was helpful	.003	.785
4. Information about illness/problem	.019	.213
5. Information about medication	.010	.618
6. Taken seriously by therapist	.016	.261
7. Effectiveness of 1:1 sessions	.018	.195
9. Taken seriously by caregivers	.035	.032
12. Information about coercive measures	.053	.0002
13. Leave regulations (weekdays)	.066	<.0001
14. Food quality	.028	.212
15. Sanitary facilities	.037	.115
17. Decoration of the ward	.030	.284
19. Had a say in selection of therapies	.023	.109
22. Atmosphere among adolescents	.031	.122
23. Privacy respected	.043	.003
24. Opportunities to be alone	.019	.181
25. Goals of treatment discussed	.026	.016

Remarks: B is the unstandardised slope, i.e. the estimated linear rise per year; significant *p*-values in bold figures.



Upper left: taken seriously by therapist; upper right: information about medication; Lower left: information about coercive measures; lower right: leave regulations.
Remarks: red line = trend line; blue line = no difference to item 1 (overall satisfied)

3) Both therapeutic relationship and information on medication were on average rated as high as overall satisfaction (blue line: difference = 0; red line = trend). All other items were rated lower. The relation to caregivers improved during the sample period.

Remarkably, satisfaction with information on disorder/problem and information on coercive measures was much lower than with information on medication. Leave regulations on weekdays were overly disapproved, but there was a positive trend over time.

Accommodation quality (food, sanitary facilities, decoration, privacy) ranged worst with 1-2 points below overall satisfaction. In contrast, peer relations were rated fairly good (not shown).

Discussion

The slight upward trends may have been influenced by upcoming legal improvements in patients' rights (2013) and in control of coercive measures (2017), as by introduction of medication information leaflets in 2010. The extended declaration of Geneva (respect the autonomy and dignity of the patient) calls for mandatory changes. Despite positive trends, the differences between overall satisfaction and information on coercion or leave regulations are a cause for concern.

Our data shows a need for more participation and improved information, especially in psychoeducation regarding the individual disorder. Overly restrictive leave regulations need attention of all professional groups in CAP. Information on coercive measures also need much improvement, such as the right to engage a lawyer or the right to ask the Family Court to evaluate the legal correctness after detention or fixation.

"We do not want to have to earn rights in so-called therapeutic programs. We want our rights to be granted right away, and restricted if necessary and legal."
(Former adolescent patient)

References

[1] Keller F, Naumann A & Fegert JM (2021). Satisfaction with in-patient child and adolescent psychiatric treatment: development and psychometric properties of the BEST questionnaires for adolescents and for parents. *Child Adolesc Psychiatry Ment Health* 15, 46.

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