



Title	What do you think of us? Evaluating patient knowledge of and satisfaction with a psychiatric outpatient service
Authors(s)	Jabbar, Faraz, Casey, Patricia R., Schelten, Sofia Laureano, Kelly, Brendan D.
Publication date	2011-03
Publication information	Jabbar, Faraz, Patricia R. Casey, Sofia Laureano Schelten, and Brendan D. Kelly. "What Do You Think of Us? Evaluating Patient Knowledge of and Satisfaction with a Psychiatric Outpatient Service." Springer for the Royal Academy of Medicine in Ireland, March 2011. https://doi.org/10.1007/s11845-010-0504-4 .
Publisher	Springer for the Royal Academy of Medicine in Ireland
Item record/more information	http://hdl.handle.net/10197/6013
Publisher's statement	The final publication is available at www.springerlink.com
Publisher's version (DOI)	10.1007/s11845-010-0504-4

Downloaded 2026-05-02 00:29:03

The UCD community has made this article openly available. Please share how this access benefits you. Your story matters! (@ucd_oa)



© Some rights reserved. For more information

What do you think of us? Evaluating patient knowledge of and satisfaction with a psychiatric outpatient service.

Faraz Jabbar

Patricia Casey

Sofia Laureano Schelten

Brendan D Kelly

Department of Adult Psychiatry,
University College Dublin,
Mater Misericordiae University Hospital,
62/63 Eccles Street,
Dublin 7,
Ireland.

Correspondence

Patricia Casey FRCPI, FRCPsych, MD

Professor of Psychiatry, University College Dublin, Mater Misericordiae University Hospital, 62/63 Eccles Street, Dublin 7, Ireland.

Tel. + 353 1 803 2176

Fax + 353 1 830 9323

e-mail apsych@mater.ie

Conflict of interest

None

Keywords: Out-patients Patient satisfaction Mental health services

Abstract

Aims

This study aimed to measure patient satisfaction with the care they were receiving; examine patients' knowledge of the psychiatric services in general; and identify variables associated with satisfaction.

Methods

Patients attending the Mater Misericordiae University Hospital psychiatric outpatient clinics over a 13-week period, and the Mater Misericordiae University Hospital clozapine clinic over a 4-week period, were invited to complete the Barker Scale of Patients' Views Towards Care Received From Psychiatrists.

Results

One-hundred and ninety-two patients were invited to participate and there was a response rate of 94%. Eighty-six per cent of respondents were satisfied with their care; 92% stated psychiatrists were caring towards them; 85% that psychiatrists know what they are doing; 84% that their illness was explained by their psychiatrist; and 65% that psychiatric care is improving; but 65% stated that psychiatric services are still not good enough. Eighty-six per cent were, or had been, in receipt of a psychological treatment. On multi-variable analysis, satisfaction was associated with the view that doctors explained treatment clearly, the view that doctors do not rely excessively on medication, and having been visited by a community mental health nurse.

Conclusions

Patients attending psychiatry outpatient services reported a high degree of satisfaction with the treatment they were receiving, although there were discrepancies between satisfaction with their own specific service and with psychiatric services in general.

Introduction

In 2001, Ireland's Department of Health and Children introduced "people-centredness" as a key value in Irish health services [1]. Ireland shares this value with many other countries, including the United States and France [2], where evaluating patient satisfaction has been mandatory since 1996 [3]. In this context, there is a notable paucity of patient satisfaction surveys in the area of mental health. More specifically, there has been a notably small number of studies examining the opinions of psychiatric out-patients [4, 5] as the majority of satisfaction studies in the area of mental health have focussed on in-patients [6-8].

Overall, the limited number of psychiatry outpatient satisfaction studies in the literature to date tend to show relatively high overall levels of satisfaction, sometimes in excess of 80% [4, 9]. Satisfaction rates are notably less impressive, however, for items measuring communication about the illness or treatment [5, 9]. The present study is a follow-on study from our earlier work [4] which revealed high levels of psychiatry outpatient satisfaction, in excess of 90 % for some measures. The present study aimed at assessing continuity of quality of care in this service, and facilitating additional analyses so as to add greater depth to our information on the variables influencing patient satisfaction [10].

Objectives of the study

This study aimed to:

- (a) Measure patient satisfaction with the care they specifically were receiving, using an established, validated questionnaire
- (b) Examine patients' knowledge of the psychiatric services and care in general
- (c) Identify variables associated with satisfaction.

Methods

Location and subjects

This study was conducted over a 13-week period at Mater Misericordiae University Hospital psychiatric outpatient clinic and over a 4-week period at the Mater Misericordiae University Hospital clozapine clinic; the clozapine clinic is a specialist clinic for individuals with treatment-resistant schizophrenia who are treated with clozapine (a specific anti-psychotic medication). These clinics provide outpatient services to patients from the local psychiatric sector (32,000 adults over 18) and to patients referred to the liaison psychiatrist in the Mater Misericordiae University Hospital. The hospital itself is the second largest general hospital in Ireland with some 400 beds and is a tertiary referral centre for certain specialties, including psychiatry.

Exclusion criteria included a diagnosis of dementia; learning disability; having a first language other than English; being acutely ill or suicidal; and being under the age of 18 years.

Each patient was asked to participate at one clinic visit only. Written consent was sought after the purpose of the study was explained. All patients were reassured that failure to participate would not in any way impact on their treatment. Patients had an

opportunity to discuss the study with the researcher before signing the consent form and could withdraw at any time. Ethical approval was obtained from the local research ethics committee.

Questionnaire

The Barker questionnaire [6] is a validated, reliable, self-rated scale for the assessment of patients' views towards care received from psychiatrists. The questionnaire is divided into two sections: the first comprises 15 questions about the person's own treatment in the specific psychiatric service they attend, and the second comprises 11 questions about knowledge of the psychiatric services and psychiatrists in general. All statements use a Likert scale (strongly agree/agree/uncertain/disagree/strongly disagree) to measure satisfaction and the questions are free of medical terminology. There is an approximately equal distribution of positive and negative statements. A free comments section is included at the end. One question was modified for the present study as this questionnaire was developed for use in an in-patient setting; the question concerning frequency of contact with the treating doctor was replaced by the statement: "Psychiatrists tell your family doctor about your illness".

Demographic details such as sex, age, marital status, work status, number of episodes of illness, family history of psychiatric illness and treatments received (including psychological interventions) were obtained from case notes.

Data analysis

Data were analyzed by SPSS [11]. The five-point scale was condensed into three points for the purpose of analysis. “Strongly agree” was combined with “agree” (hereafter termed “agree”) and “strongly disagree” was combined with “disagree” (hereafter termed “disagree”); thus there were three possible responses (agree, uncertain, disagree) to each question. For bi-variable analysis, t-tests, Chi square tests and Spearman’s correlations (*rho*) were used. We performed multi-variable linear regression analysis, with responses to “I am satisfied with the care I get here” (agree, uncertain, disagree) as the dependent variable; independent variables are outlined in the Results section.

Results

Demographic and illness characteristics

One-hundred and ninety-two patients were invited to participate of whom 5 refused. The overall response rate was 93.8%. Over forty per cent (41.9%) of respondents were male; 50.3% were never married; and 31.0% were in full-time employment (Table 1). The age range was 18-77 years (median 42 years, SD 12.94).

Insert Table 1 about here

Affective disorders were the most common mental illnesses in this group, followed by anxiety disorders, based on both self-reported (Figure 1) and case-notes diagnoses (Figure 2). Self-report and case-notes diagnoses were concordant in 60% of cases. There were significant differences in concordance rates between different diagnostic groups. At group level, 51% of respondents had self-reported depressive disorders, as

compared to 54% according to case-notes; in contrast, 7% of respondents had self-reported psychotic disorders, as compared to 16.5% according to case-notes. These findings were also apparent at individual level: 79% of individuals with case-notes mood disorder also had self-reported mood disorder, whereas only 46% of individuals with case-notes psychotic disorders also had self-reported psychotic disorders; the remainder self-reported mood disorders (25%) or did not know (29%).

Figures 1 and 2 about here

Of the 176 patients for whom information was available, 22.2% were currently attending a psychological service, while 64.0% had previously attended a clinical psychologist, a counsellor or a psychotherapist. Overall, 86.0% of those evaluated were, or had been, in receipt of specific psychological input.

Of the 154 patients for whom information was available, a community psychiatric nurse (CPN) had attended 18.8% at least once. Almost half of those evaluated (48.1%) had been treated as in-patients and, of these, 31.2% had attended as out-patients between one and three times; 10.4% between four and six times; and 6.5% more than six times. The majority attended the outpatient clinic once every 1-2 months (55.9%) or every 3-5 months (31.3%). The remainder attended once (or more) every 2 weeks (7.8%) or once (or less) every 6 months (5.0%). Regarding the number of times patients did not attend their appointments during the 13-week period of the study, 55.9% had never missed an appointment, 38.4% had missed between one and three appointments, and 5.6% had missed more than three.

Patient satisfaction with their own service

Insert Table 2 around here

Overall, there was a high level of satisfaction with treatment and 86% agreed with the statement: “I am satisfied with the care I get here”; 92.2% agreed with: “Psychiatrists here are caring towards their patients”; and 85.5% agreed with: “The psychiatrists here know what they are doing.” Including those who were uncertain, a significant minority felt they might not have a psychiatric illness (44.7%), that they should not be attending the clinic (44.1%) or did not need psychiatric treatment (43.5%).

Relationships between satisfaction and other variables

On bi-variable analysis, there was no relationship between satisfaction with own care (as measured by statement 4, Table 2) and gender ($\chi^2=0.565$, $df=2$, $p=0.754$), age (Spearman's ρ 0.004, $p=0.959$), frequency of attending the outpatient clinic ($\chi^2=3.092$, $df=6$, $p=0.797$), number of attendances during the last year ($\chi^2=54.308$, $df=40$, $p=0.065$), attendance from a CPN ($\chi^2=1.202$, $df=2$, $p=0.548$), attending a psychological service currently ($\chi^2=2.084$, $df=2$, $p=.353$) or in the past ($\chi^2=.198$, $df=2$, $p=.906$), number of times a respondent has been an inpatient ($\chi^2=3.246$, $df=6$, $p=0.777$), self-report diagnosis ($\chi^2=31.402$, $df=24$, $p=0.143$) or case-note diagnosis ($\chi^2=6.191$, $df=16$, $p=0.986$).

Regarding communication and satisfaction, participants who agreed with “I am satisfied with the care I get here” were more likely to agree with “Doctors here have explained my treatment clearly to me” (Spearman's ρ 0.478, $p<0.001$); “Psychiatrists here are caring towards their patients” (Spearman's ρ 0.472,

$p < 0.001$); and “I do have a say in the treatment I receive here” (Spearman’s ρ 0.215, $p = 0.004$). They were less likely to agree with “It is difficult to talk with the doctors here about your problems” (Spearman’s ρ -0.155, $p = 0.039$); “Doctors here use too many technical terms” (Spearman’s ρ -0.188, $p = 0.012$); and “Most psychiatrists do not listen carefully to what patients say to them” (Spearman’s ρ -0.343, $p < 0.001$).

Opinion of psychiatric care in general

Overall, participants’ opinions of the psychiatric services in general were more negative than their opinions of their own service: 64.8% agreed that psychiatric care is improving all the time (statement 5, Table 3), although 43.6% were unsure whether psychiatrists are better trained than before (statement 1, Table 3). Combining those who were uncertain or agreed, 43.6% of participants thought that there were hardly any useful treatments for people with mental health problems (statement 4, Table 3), while 64.8% were uncertain or agreed that the help for mental health problems is not good enough (statement 2, Table 3).

Insert Table 3 around here

The majority of respondents (64.2%) disagreed with the statement: “In general psychiatrists are not good at communicating with patients.” A sizeable minority (30.2%) considered that psychiatrists depended on pills and drugs too much for treating patients and this percentage rose to 61.5% if those who were uncertain are included. Concerning whether psychiatrists thought they always know best, 34.1% agreed, 34.6% were uncertain and 31.3% disagreed. There was some evidence of a

lack of understanding of the psychiatric services and its personnel: over 50% were uncertain or thought that psychiatrists and psychologists were essentially the same. Over 70% knew that all psychiatrists are qualified doctors but almost 40% were uncertain about the statement: “All psychiatrists are trained to analyse peoples’ minds.”

There was no significant difference in any of the satisfaction ratings for patients who had missed clinic appointments compared to patients who did not miss clinic appointments ($p > 0.05$ in all cases). Nor was there any significant difference in any of the satisfaction ratings for patients whose self-reported diagnoses were concordant with case-notes diagnoses, as compared to those patients whose diagnoses were discordant ($p > 0.05$ in all cases).

Relationship between satisfaction with own service and perceptions about medication use

Since a substantial minority of patients (30.2%) felt that psychiatrists in general depended too much on medication, we explored how this was related to participants’ overall evaluation of their own service. Those who agreed with “Psychiatrists depend on pills and drugs too much for treating patients” were less likely to agree with “I am satisfied with the care I get here” (Spearman’s ρ -0.284, $p < 0.001$), as well as with the statements “Overall we have a good psychiatric service” (Spearman’s ρ -0.293, $p < 0.001$) and “The psychiatrists here know what they are doing” (Spearman’s ρ -0.272, $p < 0.001$). There was no statistically significant relationship between having received some form of psychological intervention and agreeing with

the statement “Psychiatrists depend on pills and drugs too much for treating the patients” ($\chi^2=3.271$, $df=2$, $p=.195$).

Multi-variable model

We performed multi-variable linear regression analysis, with responses to “I am satisfied with the care I get here” (agree, uncertain, disagree) as the dependent variable. Independent variables included were (a) variables of relevance in most multi-variable analyses (age, gender, marital status); (b) variables the literature and clinical experience suggested might be of particular relevance (case-notes diagnosis, contact with a CPN, having ever received psychological treatment); (c) the ‘communication’ variable with the strongest bi-variable correlation with satisfaction in our study (“Doctors here have explained my treatment clearly to me”); and (d) the ‘medication’ variable with the strongest bi-variable correlation with satisfaction in our study (“Psychiatrists depend on pills and drugs too much for treating patients”). In this model, satisfaction was significantly associated with the view that doctors explained treatment clearly, the view that doctors do not rely excessively on medication, and having been visited by a CPN (Table 4). This model accounted for 31.2% of variance in satisfaction between participants (adjusted $r^2=31.2\%$).

Free Comment Section

Almost half of respondents (47.5%) wrote comments in the free comment section of the questionnaire, of which 55.3% were favourable; 27.1% were critical; 14.1% contained both critical and favourable elements; and 3.5% were neutral. Of the critical comments, 17.7% concerned the change of junior doctors every six months;

17.7% criticised the absence of forms of treatment other than medication, mainly psychological treatments and social support; 13.3% focussed on matters relating to the running of the clinic; 11.1% commented on a perceived over-reliance on medication; 11.1% commented on a perceived general lack of resources/services to treat mental health problems in the country overall; and 8.8% commented on the waiting time at the clinic.

Discussion

This study is one of a relatively small number of studies examining the opinions of psychiatric out-patients in relation to their treatment and diagnoses [4, 5]; the majority of comparable studies have focussed on psychiatric in-patients [6, 7, 8].

This study has a number of strengths. The response rate of 95.7% is very high and selection bias is thus unlikely to have had a substantive effect on results. Moreover, this study has the advantage of examining both the subjective evaluation of the out-patient service delivered to specific patients *and* their opinions of the services *in general*.

One of weaknesses of our study is that only patients currently attending the outpatient clinic were included and it did not include those who had defaulted due to dissatisfaction. A further source of bias may stem from a desire to please (response bias); in an attempt to reduce this, data were collected by a researcher who was unknown to the patients.

Self-reported and case-notes diagnoses

Affective disorders were the most common diagnoses in this group of outpatients. However, while there was considerable consistency between self-reported and case-notes diagnoses of depressive disorder, there was notably less consistency between self-reported and case-notes diagnoses of psychotic disorders: only 46% of individuals with case-notes psychotic disorders also had self-reported psychotic disorders; the remainder self-reported mood disorders (25%) or did not know (29%). This finding highlights a need to provide effective psycho-education to patients with psychotic disorders so as to enhance their understandings of their mental health problems.

Patient satisfaction with psychiatric services

Overall, 86% of outpatients were satisfied with the out-patient service and this is comparable with previous studies [4, 12]. One explanation for the high level of satisfaction in this study may be that a high proportion of patients in this study definitely recalled being seen by their consultant (77%), as opposed to 29% of inpatients in another study [6] who reported that they had never seen their consultant and had much lower proportions (62%) expressing satisfaction. High levels of satisfaction may also stem from the fact that 84% felt the doctors had explained their treatment clearly and had communicated well. However, those that were satisfied with the treatment they received may be more likely to recall such communication positively (recall bias). It is therefore not possible to study the direction of the association between communication and satisfaction in this study.

The finding that 44% of participants in our study agreed or were uncertain that there were ‘hardly any useful treatments’ suggests that satisfaction levels are relatively independent of treatment efficacy; this emphasizes the importance of other factors in determining satisfaction, especially (as we found) effective communication between service-user and service-providers.

On bi-variable testing, we found no association between having been visited by a community mental health nurse and levels of satisfaction, but on multi-variable testing, having seen a CPN was significantly associated with higher rates of satisfaction (Table 4); this is consistent with previous studies which also associated community mental health nurses with increased levels of satisfaction [13].

Another striking feature of this study is the very high proportion who had in the past or were currently in receipt of some form of psychotherapy – a proportion that is three times higher than reported in other studies [14] – although, surprisingly, this was not associated with any significant effect on satisfaction. A possible explanation is that the number not receiving this treatment may have been too small to detect a significant impact on satisfaction, resulting in a type 2 error.

There was no relationship between patients’ evaluation of their psychiatric service and other variables such as age, sex or marital status, a finding at variance with previous studies of in-patients [7] showing that females and younger patients were most dissatisfied. The lack of association in this study may reflect differences between out-patients and in-patients.

Relationship between satisfaction with own service and perceptions about medication use

Those who believed that doctors depend excessively on medication were more likely to be dissatisfied with their own treatment and the quality of their own service; this is consistent with previous studies [15, 16]. These findings may be linked to a misunderstanding about the role and effects of medication in treatment and are consistent with a broader perception that psychiatrists depend too much on medication [17, 18]. It might be expected that those who received psychotherapy might not share the view that there is an apparent over-reliance on medication; however, we found no significant association between having received psychological treatment and suggesting that there is an over-reliance on medication. This may be explained by the distinction that participants in this study have made between their own experiences and their broader views about the quality of psychiatric services in general, a view that may be based on reality or that may stem from media-driven misinformation.

An additional item that emerged in the 'free comments' section of the questionnaire was participants' concern about the regular rotation of doctors and while this was mentioned by less than 20% of those who completed this section, future studies of satisfaction should incorporate specific questions relating to this as it has been identified as an issue in other studies [19] and requires further investigation.

Conclusions

This study highlights the usefulness of developing an awareness of the relationships between mental health service-users' levels of satisfaction and specific variables

related to service provision. Future studies could usefully focus on identifying sub-groups of service-users likely to be dissatisfied with services; our findings suggest that issues related to communication and perceived medication usage, rather than age, gender, marital status or diagnosis, are likely to be of greatest help in identifying and addressing the concerns of such service-users.

References

1. Department of Health and Children (2001) Quality and fairness: a health system for you. Stationary Office, Dublin
2. Howard PB, Rayens MK, El-Mallakh P, Clark JJ (2007) Predictors of satisfaction among adult recipients of Medicaid mental health services. *Arch Psychiatr Nurs* 21:257-269
3. Boyer L, Francois P, Doutre E, Weil G, Labarere J (2006) Perception and use of the results of patient satisfaction surveys by care providers in a French teaching hospital. *Int. J. Qual. Health Care* 18: 359 - 364
4. Horgan A, Casey P (2007) What do you think of us? Attitudes to psychiatric treatment. *Quarterly Journal of Mental Health* 1: 67-74
5. Gigantesco A, Picardi A, Chiaia E, Balbi A, Morosini P (2002) Patients' and relatives' satisfaction with psychiatric services in a large catchment area in Rome. *Eur Psychiatry* 17: 139-147
6. Barker DA, Shergill S S, Higginson I, Orrell MW (1996) Patients' views towards care received from psychiatrists. *Br J Psychiatry* 168: 641-646
7. Greenwood N, Key A, Burns T, Bristow M, Sedgwick P (1999) Satisfaction with in-patient psychiatric services. *Br J Psychiatry* 174: 159-163
8. Hansson L (1989) Patient satisfaction with inpatient psychiatric care. A study of a one year population of patients hospitalised in a sectorised care organization. *Eur Arch Psychiatry Neurol Sci* 239: 93-100
9. Fitzpatrick R (1997) The assessment of patient satisfaction: Assessment and evaluation of health and medical care. Open University Press, Buckingham
10. Kilbourne AM, McCarthy JF, Post EP, Welsh D, Pincus HA, Bauer MS, Blow F (2006) Access to and Satisfaction with Care Comparing Patients with and without Serious Mental Illness. *Int J Psychiatry Med* 36:383-399
11. Statistical Package for the Social Sciences 1998: SPSS Inc

- 12 Perreault M, Rogers WL, Leichner P, et al (1996) Patients' requests and satisfaction with services in an outpatient psychiatric setting. *Psychiatr Serv* 47:287-292
- 13 McCann T, Clark E. (2008) Attitudes of patients towards mental health nurse prescribing of antipsychotic agents. *Int J Nurs Pract* 14: 115-121
- 14 Mojtabai R, Olsson M (2008) National Trends in Psychotherapy by Office-Based Psychiatrists. *Arch Gen Psychiatry* 65: 962-970
- 15 Calnan M L (1988) Evaluation of medicine and medical practice: report of a pilot study. *Int J Health Serv* 18:311-22
- 16 Nunley M (1994) Why psychiatrists in India prescribe so many drugs. *Cult Med Psychiatry*. 20:165–97
- 17 Treichel AJ (2003) Stigma Keeps Residents from Admitting Psychotropic Use. *Psychiatric News* 38: 5
- 18 Jatovic M, Jenkins JH (2007) Is antipsychotic medication stigmatizing for people with mental illness? *Int Rev Psychiatry* 19:107-12
- 19 Donahue EK, Ashkin E, Pathman ED (2005) Length of patient-physician relationship and satisfaction. *BMC Fam Pract* 6:40

Table 1 Socio-demographic profile of participants

<i>Variable</i>		<i>% (n=179)</i>
Gender	Male	41.9%
	Female	58.1%
Marital status	Never married	50.3%
	Married	36.3%
	Cohabiting	5.0%
	Divorced/separated	7.3%
	Widowed	1.1%
Employment	Full time	31.0%
	Part time	10.6%
	House worker	11.2%
	Retired	5.6%
	Students	8.4%

Figure 1 Self reported diagnosis (%)

%

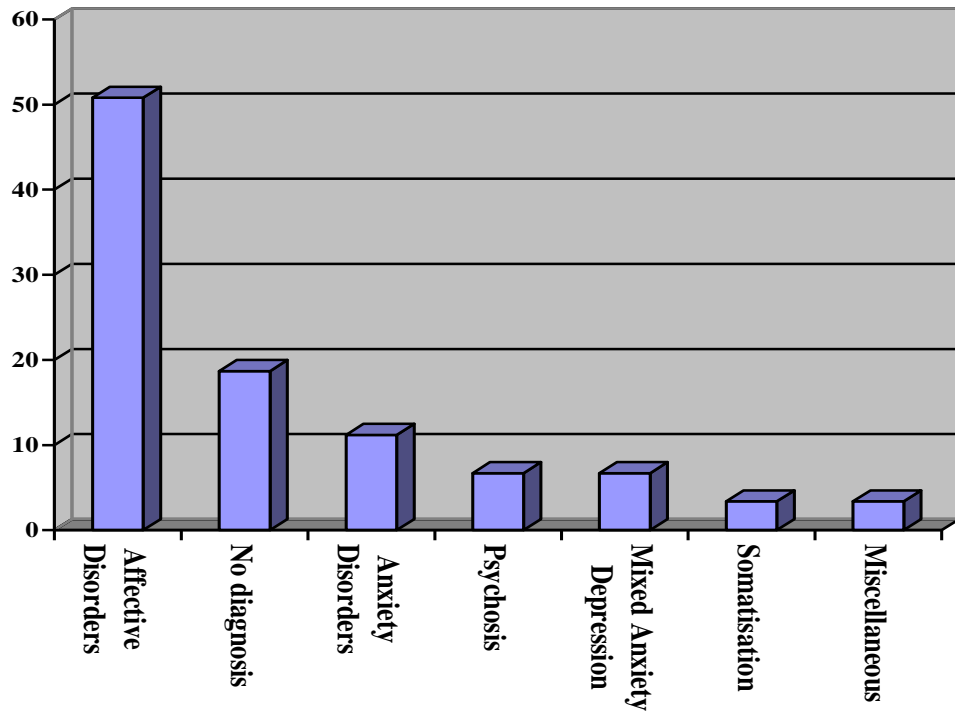


Figure 2 Case-note diagnosis (%)

%

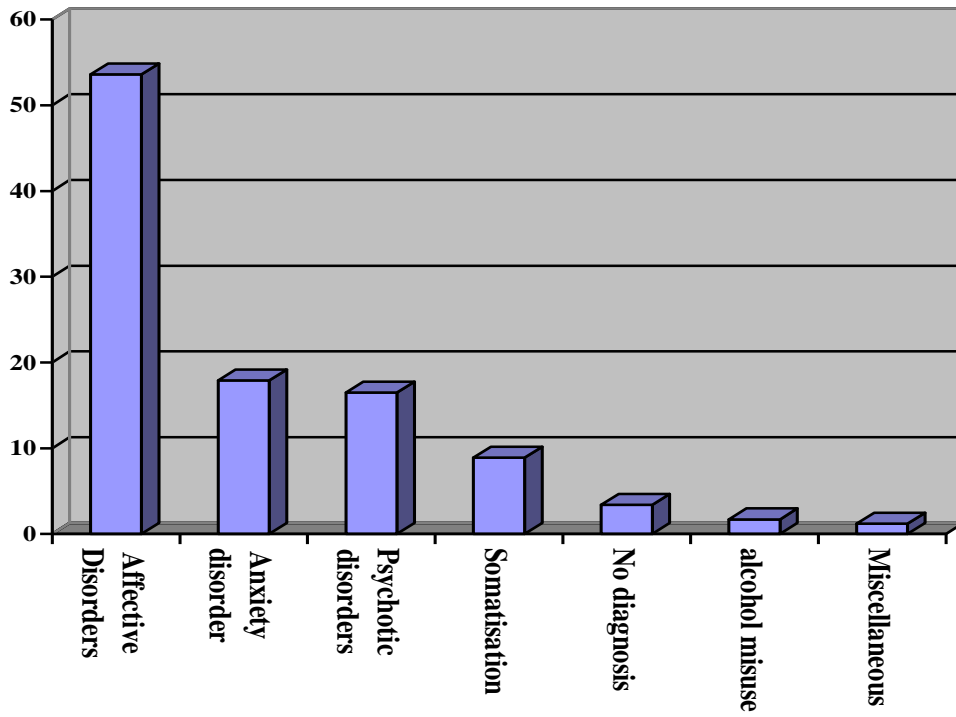


Table 2 Satisfaction with own service

<i>Statement</i>	<i>Agree</i>	<i>Uncertain</i>	<i>Disagree</i>
1. Doctors here have explained my treatment clearly to me	151 84.4%	19 10.6%	9 5.0%
2 Psychiatrists here are caring towards their patients	165 92.2%	13 7.3%	1 0.6%
3 It is difficult to talk to the doctors here about your problems	27 15.1%	29 16.2%	123 68.7%
4 I am satisfied with the care I get here	154 86.0%	18 10.1%	7 3.9%
5 Overall we have a good psychiatric service	135 75.4%	33 18.4%	11 6.1%
6 There are many things about my treatment here which could be improved	39 21.8%	66 36.9%	74 41.3%
7 The psychiatrists here know what they are doing	153 85.5%	24 13.4%	2 1.1%
8. I do not have a psychiatric illness	31 17.3%	49 27.4%	99 55.3%
9 Doctors here use too many technical terms	32 17.9%	29 16.2%	118 65.9%
10 I have been seen by my consultant psychiatrist	138 77.1%	22 12.3%	19 10.6%
11 I do not need to be at the hospital	40 22.3%	39 21.8%	100 55.9%
12 I do have a say in the treatment that I receive here	128 71.5%	31 17.3%	20 11.2%
13 It is hard for me to see a doctor when I need to	21 11.7%	30 16.8%	128 71.5%
14 I need psychiatric care	101 56.4%	38 21.2%	40 22.3%
15 Doctors here tell your GP about your illness	94 52.5%	67 37.4%	18 10.1%

Table 3 Opinion of psychiatric care in general

<i>Statement</i>	<i>Agree</i>	<i>Uncertain</i>	<i>Disagree</i>
1 Psychiatrists are better trained than ever before	101 56.4%	78 43.6%	0 0%
2 The help for mental health problems is not good enough	54 30.2%	62 34.6%	63 35.2
3 Psychiatrists and psychologists are essentially the same	22 12.3%	72 40.2%	85 47.5%
4 There are hardly any useful treatments for people with mental health problems	35 19.6%	43 24.0%	101 56.4%
5 Psychiatric care is improving all the time	116 64.8%	57 31.8%	6 3.4%
6 All psychiatrists are qualified doctors	126 70.4%	45 25.1%	8 4.5%
7 All psychiatrists are trained to analyse peoples minds	94 52.5%	71 39.7%	14 7.8%
8 In general Psychiatrists are not good at communicating with patients	30 16.8%	34 19%	115 64.2%
9 Most psychiatrists do not listen carefully to what patients say to them	28 15.6%	34 19.0%	117 65.4%
10 Psychiatrists depend on pills and drugs too much for treating patients	54 30.2%	56 31.3%	69 38.5%
11 Psychiatrists always think they know best	61 34.1%	62 34.6%	56 31.3%

Table 4**Multi-variable linear regression analysis of satisfaction with own psychiatric service**

<i>Variable</i>	<i>β</i>	<i>Standard error</i>	<i>t</i>	<i>p</i>
Age	0.005	0.002	1.918	0.057
Gender	0.039	0.064	0.614	0.540
Marital status	-0.056	0.030	-1.848	0.067
Case-notes diagnosis	-0.008	0.012	-0.687	0.493
Previous contact with a CPN	0.185	0.081	2.273	0.025
Previous psychotherapy	-0.026	0.064	-0.405	0.686
Response to: "Doctors here have explained my treatment clearly to me"	0.455	0.064	7.115	0.000
Response to: "Psychiatrists depend on pills and drugs too much for treating patients"	-0.084	0.038	-2.187	0.030
Constant	0.379	0.245	1.547	0.124

Note:Adjusted $r^2=31.2\%$.