# Patients or clients? – a hospital survey

*Mark W.M. Upton, G. Harm Boer and Alastair J. Neale*

**The use of the term client, rather than patient, has become frequent in psychiatric hospitals. There is little evidence to justify this change, so this study surveyed the views of the in-patients in a community based psychiatric hospital to establish the term they prefer. It concludes that a clear majority of people admitted to a psychiatric hospital think of themselves as patients, not clients.**

The use of the term client, rather than patient, is becoming increasingly fashionable in psychiatric hospitals (Morgan, 1992; Shore, 1988). Indeed, the word patient is considered by some to be patronising and outdated, a perception that is at odds with a recent study of people attending a general practice surgery which concluded that an overwhelming majority still wished to be called patient (Sullivan, 1992).

In order to determine the views of hospital in-patients, we conducted a survey of people admitted to a psychiatric hospital where the term client is frequently used by nursing staff.

## The study

All in-patients in a psychiatric hospital on one day in July 1992 were invited to take part in the study. The hospital is part of a community oriented service and includes four acute, one rehabilitation and one elderly functionally ill ward. We did not include the child and adolescent units nor the wards for the elderly confused.

The subjects were given a simple questionnaire asking them "When you see a psychiatrist, do you think of yourself as a service user, client, customer, patient or consumer?" The question was then repeated substituting the word psychiatrist with psychiatric nurse and with general practitioner. People who were on leave, too ill or who had been admitted that day were not included. The questionnaires were distributed by the ward clerk and collected on the same day.

## Findings

Of the 94 in-patients, 85 were elegible for inclusion. Seventy-five (88%) questionnaires were returned completed, 41 from men and 34 from women. The age range was 18 to 85. Sixty-two (83%) indicated that they preferred the term patient and five (7%) client when seeing a psychiatrist; 58 (77%) chose patient and (13%) client when seeing a psychiatric nurse; and 64 (85%) chose patient and 4 (5%) client when seeing their general practitioner (Table 1).

Table 1. The preferred term chosen by the 75 in-patients when seeing a psychiatrist, nurse or their general practitioner

| | Psychiatrist | Psychiatric nurse | GP |
|---|---|---|---|
| Service User | 4 (5%) | 3 (4%) | 3 (4%) |
| Client | 5 (7%) | 10 (13%) | 4 (5%) |
| Customer | 1 (1%) | 1 (1%) | 3 (4%) |
| Patient | 62 (83%) | 58 (77%) | 64 (85%) |
| Consumer | 1 (1%) | 2 (3%) | 0 (0%) |
| Other | 2 (3%) | 1 (1%) | 1 (1%) |

People who preferred the term client were much more likely to be female (13 female, two male). These women were aged between 30 and 42. Everyone over the age of 61 ($n$=20) preferred the term patient.

Two of the questionnaires were answered more imaginatively: one respondent thought of himself as a chess player, another as a prisoner.

## Comments

Our results clearly indicate that a large majority of those surveyed preferred the term patient to be used when admitted to a psychiatric hospital, a finding that agrees with Sullivan's survey in general practice (1992). However, contrary to the general findings, people on two of the wards returned a much lower preference for the word patient. This may have been influenced by the terminology used by the non-medical staff on these wards and may be consistent with Morgan's observations in a neighbouring district



https://doi.org/10.1192/pb.18.3.142 Published online by Cambridge University Press

where many members of staff actively discouraged the term patient in favour of client (1992).

The term client has been used in hospital settings since the 1960s. Its use grew mainly among clinical psychologists and social workers and evolved out of dissatisfaction with the word patient which is thought by some to be loaded with negative aspects such as dependence and powerlessness. The introduction of the term client is thought to break away from these connotations as well as to demedicalise illness. Moreover, increasing commercialisation and medical consumerism in the NHS is encouraging the use of a marketplace vocabulary. However, there are problems and implications associated with the use of the term client beyond semantic and etymological arguments. Its use may cause inappropriate demedicalisation, denial of illness or a detrimental consumerist attitude which could impede treatment and recovery. It may also affect the doctor-patient relationship.

With its undercurrent of passivity, it can also be inappropriate to use the word patient at times, but this problem is not improved by the substitution of patient with client. There are times when the doctor's or nurse's relationship with a patient is one of power and dependency but it is naive to assume that a different name will solve this: the very act of consulting with a health care professional puts a person in a dependent position.

We should be wary about abandoning a term favoured by those to whom it refers. Public opinion may change but for now the 'patient' is alive and well.

## References

MORGAN, H.G. (1992) Suicide prevention – Hazards on the fast lane to community care. *British Journal of Psychiatry*, **160**, 149–153.

SHORE, M.F. (1988) Patient or client? *Hospital and Community Psychiatry*, **39**, 1247.

SULLIVAN, F. (1992) Patient or consumer? *British Journal of General Practice*, **358**, 213.

Mark W. M. Upton, *Registrar in Psychiatry;* Harm Boer, *Registrar in Psychiatry; and* Alastair J. Neale, *Registrar in Psychiatry, Wonford House Hospital, Exeter EX2 5AF*

# The Mental Illness Specific Grant in Scotland

## Poor coordination, haphazard implementation

*D.A. Coia, A. McKillop and R.G. McCreadie*

**Our objectives were to identify and assess the services provided by the Mental Illness Specific Grant in Scotland and to determine whether they meet government aims for the grant. Scottish Office information proved to be inaccurate on what projects are funded and currently running. Slippage was common with 39% of projects failing to start in Year 1 and 23% in Year 2. The grant appears to have funded easy option services, self-help, drop-in, which are less expensive and only require short-term planning. Despite being given priority by the Scottish Office, housing, supported accommodation and occupation remain unmet needs.**

The Mental Illness Specific Grant (MISG) was introduced in the National Health Service Community Care Act 1990 to "enable local social services to improve the social care they can provide to people with a mental illness in need of specialist psychiatric care". Access to the grant, according to the guidelines, should be confined to the severely mentally ill, those needing or receiving help from specialist psychiatric services, people with dementia, and those requiring continuing care following brain injury (Scottish Office Circular SW13/1991). The aims of the scheme are to reduce the number of mentally ill people requiring admission to hospital because of lack of resources; to support them living at home; and to enable more people to leave hospital and live with suitable support in the



https://doi.org/10.1192/pb.18.3.142 Published online by Cambridge University Press