



‘Me at Mealtimes’ study – patient experiences of mealtimes on inpatient wards

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What do patients say about mealtimes?

It's stressful and
it shouldn't be
stressful

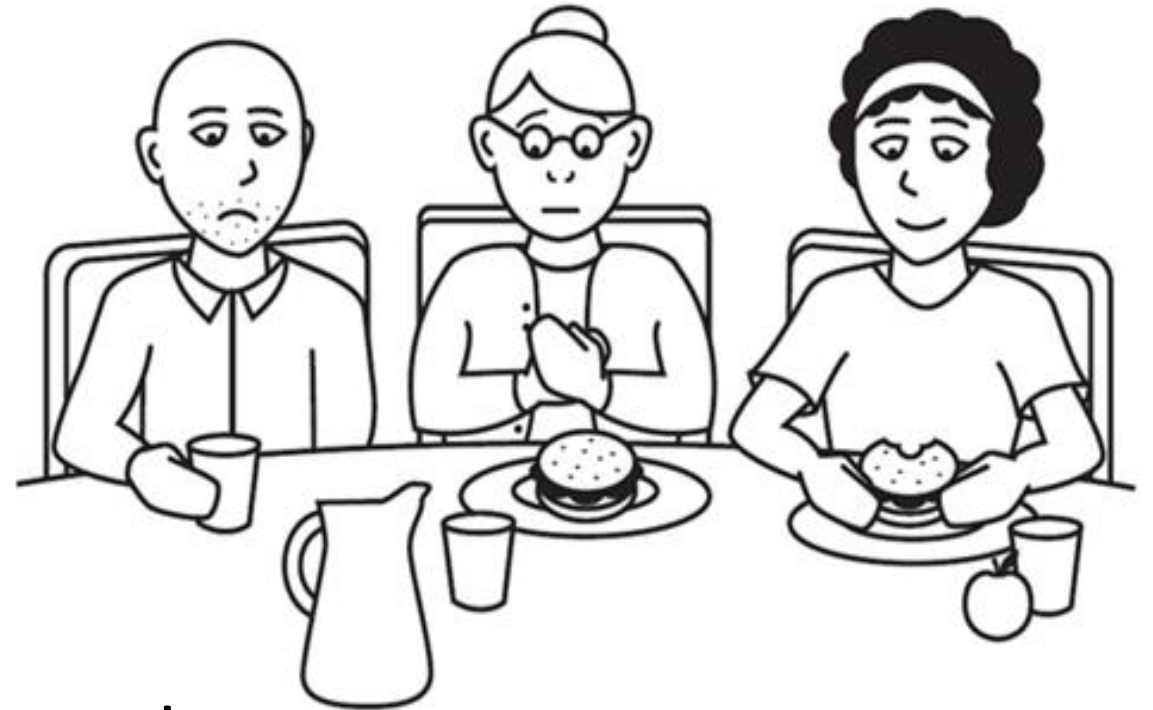


Pilot work

Choking can be fatal

Choking incident reports are important

Choking reports are infrequent - under-recognised and underreported



Pilot work, choking incidents (adults with IDs +/- mental illness)

Nationally: under-reporting of dysphagia
and choking incidents; diagnostic
overshadowing

Review of 12 months reporting:

| Local unit reports (400 beds) | National reports (England & Wales) |
|------------------------------------|---------------------------------------|
| 66 choking incidents, + 1 death | 435 choking incidents, + 1 death |



(Guthrie & Roddam 2011, Guthrie et al 2015, Guthrie & Stansfield 2017)

Mental health and swallowing

Prevalence of dysphagia (adults with mental illness): 9% to 46% (Aldridge and Taylor, 2012) or 0.85 per 1000 (Regan et al 2006)

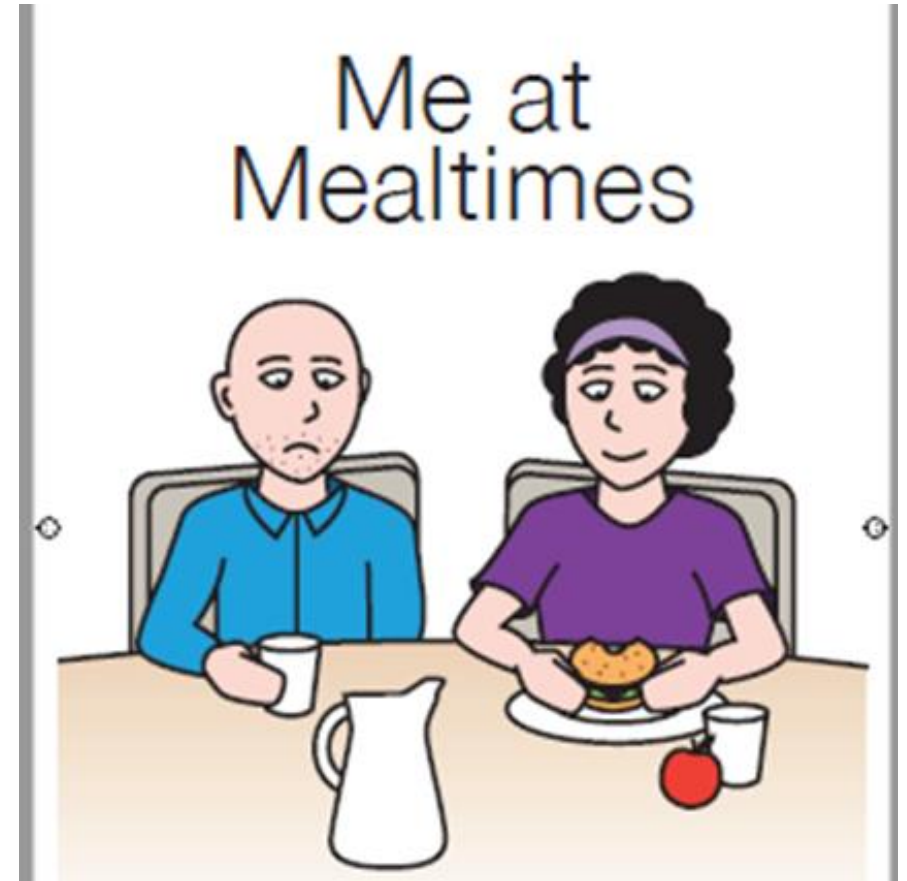
Mortality caused by choking in psychiatric patients was 100 times higher than that in the general population (Regan et al, 2006).

10-year follow-up study of an Irish psychiatric inpatient population showed that choking was the cause of 10% of accident deaths among psychiatric inpatients (Corcoran & Walsh, 2003).



Discussions with the experts: HEER and SUN

What do you think?
What's most important?



Confirming silences?

HEER group members:

- “Really interesting subject ... just never occurred to me ... need to talk about this and share ... the mind and the body are as one .. holistic approach “
- “Until having this conversation with you it never even occurred to me the difference between ...”
- “Just doesn’t occur to you when you’re an inpatient, you’re just kind of concentrating on what you’re supposed to be doing, you tend to almost forget..”

What do we know about swallowing difficulties and choking?

Literature review:
Dysphagia and choking
Working age adults with
non-organic mental illness.



Integrative review (Guthrie et al 2022)

| Main themes | Subthemes |
|---|---|
| 1. Medical perspectives on experiencing dysphagia | <ul style="list-style-type: none">• Medical and health professional perspectives on the patient's experience of dysphagia dominate the literature• "Self report" not elaborated• Emotional impact reported by people other than the patient• Family or support worker perspectives are limited |
| 2. Influencing factors presented without context | <ul style="list-style-type: none">• Medication side effects• Deterioration in mental health• Behavioural observations describing fast eating• Psychosocial and environmental influences |
| 3. Decision making led by clinicians | <ul style="list-style-type: none">• Clinician's perspective on assessment and intervention• Familiar staff develop insight into service-user needs and choices• Inclusion, capacity and consent seldom described• Patient perspective in decision-making not elaborated |

Research methods

Theoretical underpinning-

Interpretive description (Thorne, 2016)

Silences framework (Serrant, 2011)



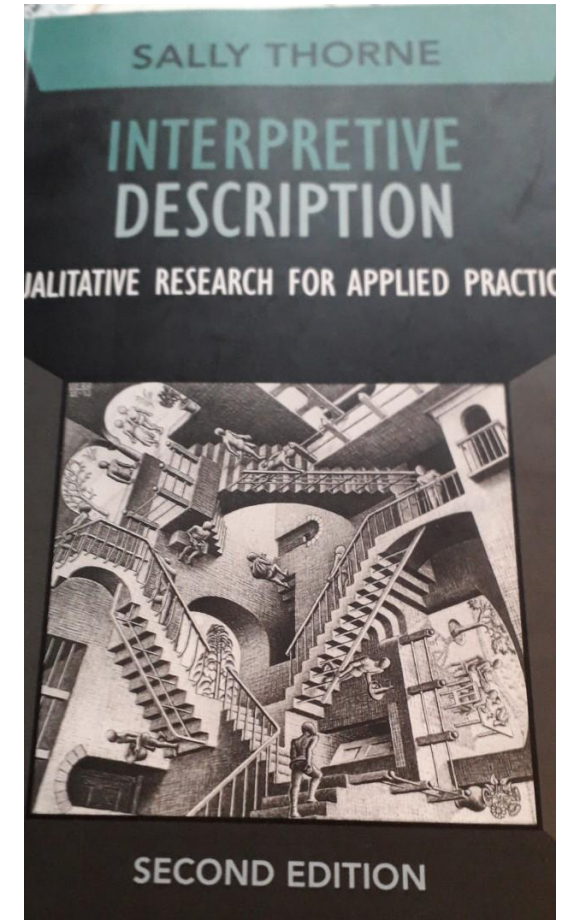
“As it is not proper today to cure the eyes without the head nor the head without the body, so neither is it proper to cure the body without the soul, and this is the reason why so many diseases escape Greek physicians who are ignorant of the whole.” (Socrates)

Interpretive description (Thorne 2017)

Acknowledges the interaction between researcher/clinician and patient

Value of 'thoughtful practitioner' overview and insights in addition to individual patient personal perspective

Not necessarily to advance theorising but to build contextual understanding



Research question:

(Academic) What are the perspectives and experiences of patients with dysphagia and their staff on inpatient mental health wards at mealtimes?

(Clinician) What is happening here? What variations exist?
How can we better understand? What is the context?
What factors/attitudes/beliefs influence the experience? Implications for practice



Interviews

Eligibility criteria:

- Inpatients and staff on mental health wards - Leeds & York.
- Excluding wards for people with eating disorders, dementia & older person
- SLTs working on inpatient wards in UK

Online or face to face options



Ethics, capacity and consent

Fluctuation in mental well being, capacity, access to wards

Accessible info – images, easy read, using email (literacy)

Raising risks & confidentiality

Secure/forensic risks

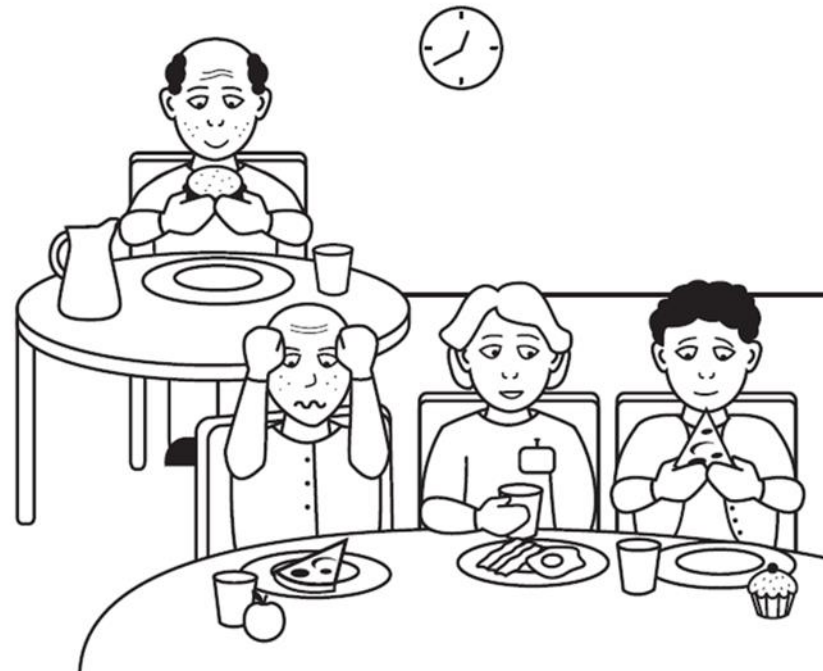
COVID-19



Themes: heightened emotions “ associated with mealtimes

Emotional response to the mealtime

Connecting with others through mealtimes



Valuing choice and autonomy

Interaction between mental health and mealtimes

Inpatient perspectives – Kathy's story



Inpatient Mealtimes

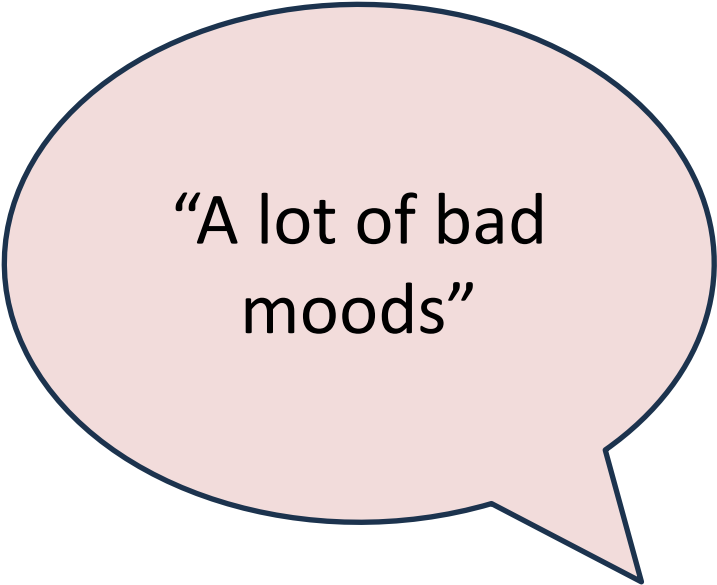
I didn't like what I had today, so I left half of it,
it weren't very nice
you never know: if you're filling the menu -
it don't mean you're going to get
what's on the menu

Usually when I go ... I leave it enough time
so there's not as many people around then
sometimes it's a bit awkward, feel uncomfortable eating
Yeh, I don't really like sitting there with men
Staff watching you ... watching
to make sure nothing gets out of hand
or nobody can be themselves or something ...
they don't like it if you be yourself, if you understand
Makes you feel a bit uncomfortable, out of line
I don't think I'll go to tea this time.

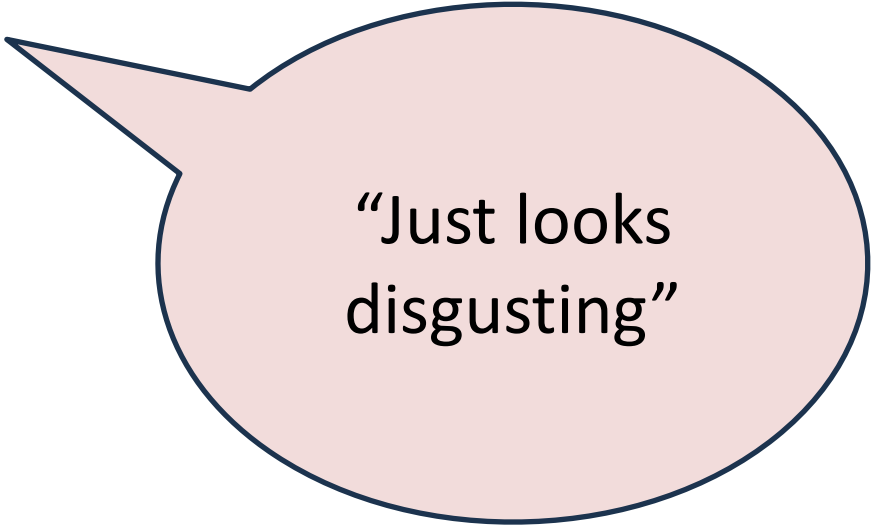
Mealtimes at home

I live on me own, I'll be on me own, .. so it's just right,
you know
its right for me is the house
I like buying raspberries or strawberries and having
them with cream on
It just depends, I might get ... something to put in the
microwave ..
or make an omelette or something ...
I like making those little potatoes with tuna, ... tuna
mayonnaise ...
I like making er .. mushroom omelettes .. with some
cheese on ... melting
I can sit at the table or watch the telly
Yes, its nice, at home, really.

Theme 1: emotional response to inpatient mealtimes

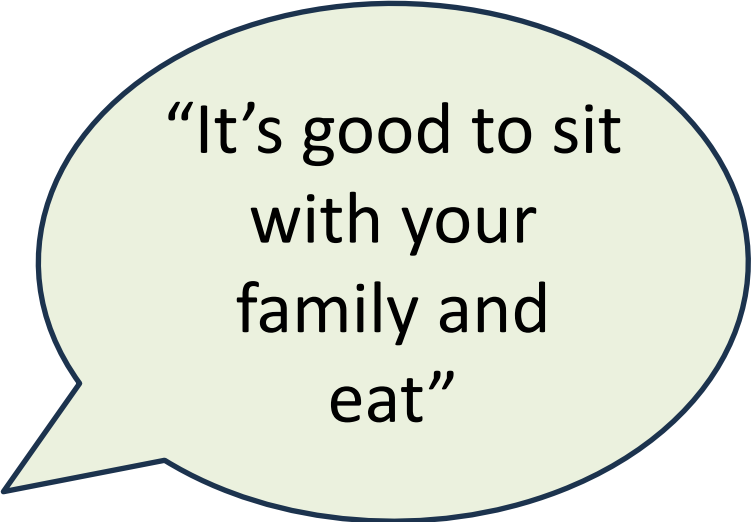


“A lot of bad moods”

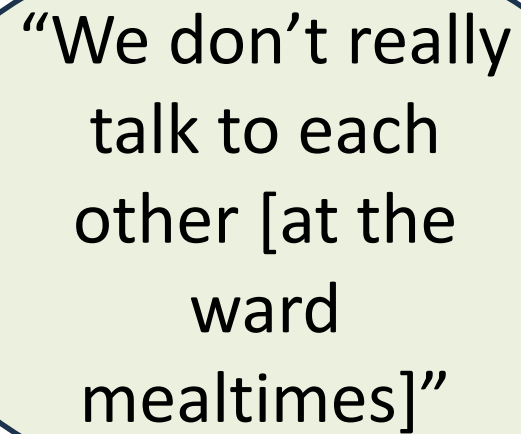


“Just looks disgusting”


Theme 2: connecting with others through mealtimes



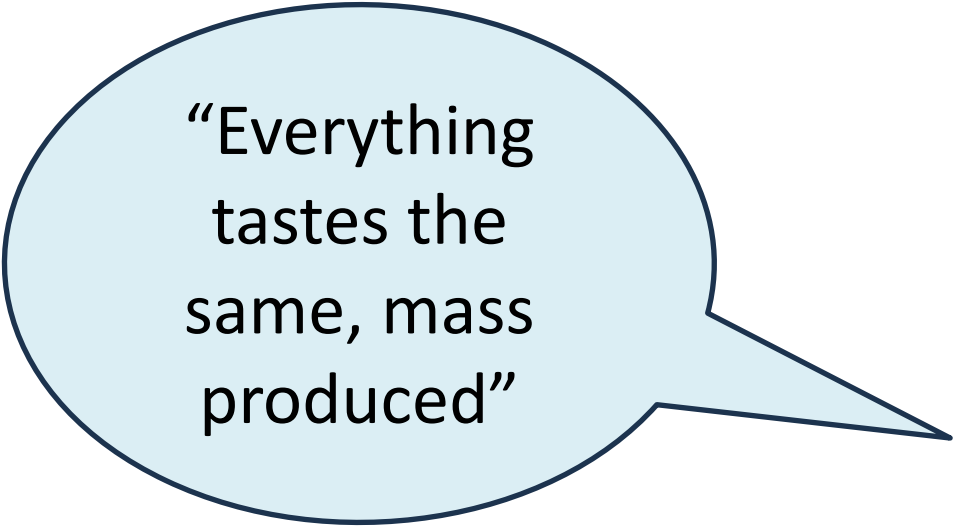
“It’s good to sit
with your
family and
eat”



“We don’t really
talk to each
other [at the
ward
mealtimes]”

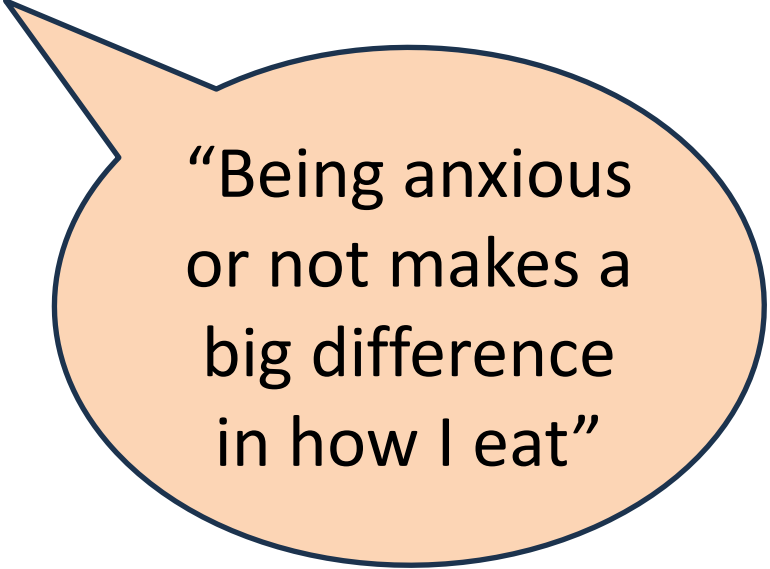


“They [staff]
don’t like it if
you be
yourself”

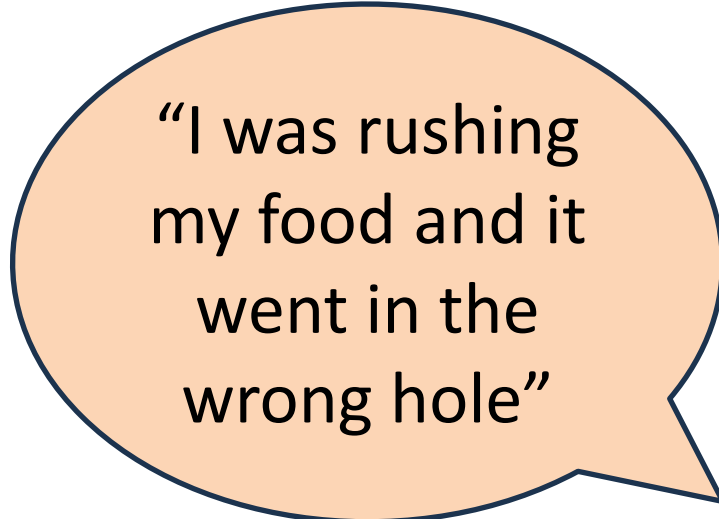


“Everything
tastes the
same, mass
produced”

Impact of mental health on mealtimes



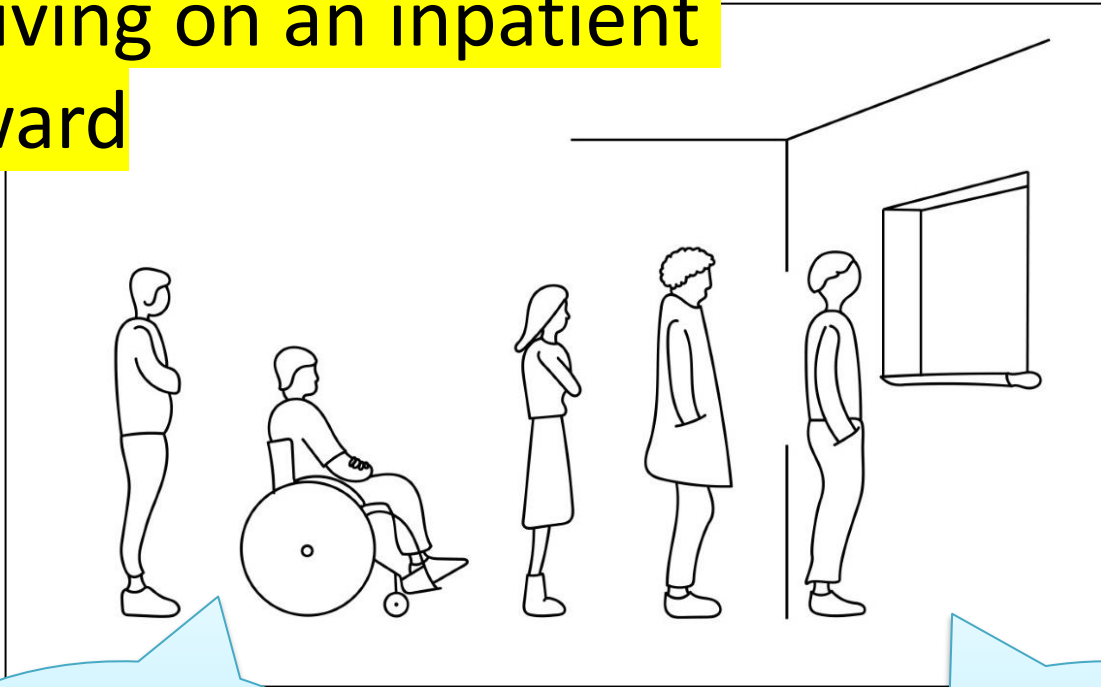
“Being anxious or not makes a big difference in how I eat”



“I was rushing my food and it went in the wrong hole”

What does this research contribute?

Living on an inpatient ward



“We don’t really talk to each other”

“Everything tastes the same ... mass produced”

Living at home



“comfort food, soothing food, tastes nice, and gives you a warm feeling”
(patient talking about home)

Eli's story "It's just ... mealtimes"

Oh its just the wait, you have to wait,
Yes, its er busy
sometimes it takes 10 minutes, 5 minutes
Lot of people as well yeh ...
Oh no I eat in my room
Yeh, there's too many

Just er, the food
give us more choices ...more choices
I think the food is too repetitive ... yeh it's repetitive
they just bring whatever they think is good for the
patients..
maybe I'm right or wrong..

it's just my preference
just just too many people, puts me off...
a canteen should be just ... spaced out
we don't really talk to each other
its hard to explain

Just ...I think it is the mood
places like this one makes you feel a bit um...
just a bit more... not old, ...
it's not good thing cosit's less sociable
in here it's hard
we just ignore each other
No... no idea...it's sad...

Its just ... I wouldn't... I don't want to say.
but the staff ...
they don't really talk to patients
just cooking and not thinking you know

Just food ... I were choking...
when I was in the ... in the hospital
And then oh... I must have
someone had to slap me in the back yeh,
one of the staff
Maybe its bad luck or something ...

... places where you can't live your life.



Confirming silences?

SLT: that's food for thought for me actually because I think ... because mealtimes are seen as this thing to just 'get through'. I don't ... I doubt that anybody ever says to a patient 'What are your meal times like at home'

N: I think it's appropriate to ask, and I think I will be doing that because I hadn't thought about it and it seems like a reasonable thing... that we could do to support people.

Recovery worker: up until this conversation actually I had never even thought about it. Or clocked with her the whole ... the way she would drink and smoke and drink a smoke and it just being very very rapid, like I'd ... I'd never even thought about it up until this point, to be perfectly honest.

So ... how was your dinner?



- Twitter/X @SusanGuthrieSLT
- <https://www.researchgate.net/profile/Susan-Guthrie-2/research>
- Me At Mealtimes booklet
<https://mentalhealthresearchinleeds.co.uk/2021/04/23/research-about-the-experience-of-meal-times-on-acute-mental-health-wards/>