

CLAHRC BITE

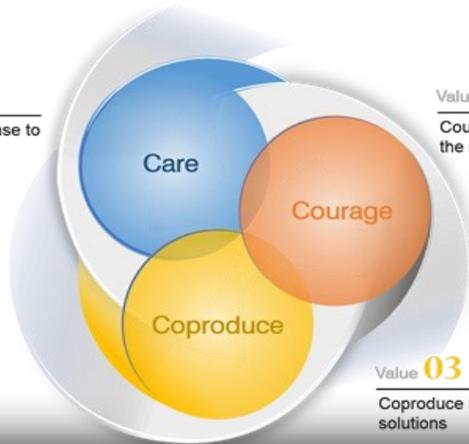
CLAHRC EoE BITE no 19
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A bite-sized summary of CLAHRC research: PROMISE - reducing physical restraint in inpatient adult mental healthcare



Value **01**

Caring response to
all distress



Value **02**

Courage to challenge
the status quo

Value **03**

Coproduct novel
solutions

***Evaluating PROMISE and PROGRESS:
decreasing coercion and restrictive practice in
inpatient adult mental healthcare***

What: PROMISE ('PROactive Management of Integrated Services and Environments') seeks to decrease restrictive practice and coercion in mental healthcare. Achieving this requires many steps and people working together: supporting delivery is the PROGRESS ('PROactive Governance of Recovery Settings and Services') governance framework.

Who: Inpatients on mental health wards.

Why: Patients who experience physical restraint report feeling stressed, fearful, angry, frustrated and confused. Even witnessing others being restrained can be distressing. Many of these feelings are also shared by staff who feel distressed, devalued, anxious and guilty (Wilson, 2017).

Background

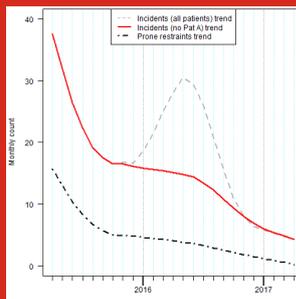
There has been a recent policy shift on reducing the use of physical restraint (DoH, 2014). MIND's Mental Health Crisis Care (MIND, 2013) report noted large variation across trusts in restraint use from 38 up to 3,000 annually and also raised concerns about restraint specific injuries, particularly from face down (prone) restraints. PROMISE was conceived in response to MIND's report, and sought to gauge restraint use within the Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) and to work towards reducing it.

PROGRESS ('PROactive Governance of Recovery Settings and Services') is a governance framework developed to manage the required large and complex transformation. It utilises five actions (report, reflect, review, rethink, refresh) used at various intervals (daily to annually, respectively) to keep PROMISE on track.

Key findings

The graph shows (smoothed) monthly totals of restraint and incidents including prone restraint:

- Incidents have noticeably decreased, with prone restraints decreasing by 58% (from 15/16 to 16/17);
- Totals can be heavily skewed by just one patient: patient A had 87 restraints – these caused the difference between the grey (dashed) and red (continuous) lines;
- Average overall patient experience was high at 87% (based on 4,951 surveys)



Recommendations for practice

- Promote frontline culture change at two levels: reduction of physical interventions and shift focus to a more holistic improvement mindset;
- Move from a target driven governance approach of 'have to' to an outcome based 'want to' approach, through adopting temporal sequencing of the five actions of PROGRESS. This will empower and engage staff to find novel solutions to challenges;
- Collect baseline information (quantitative and qualitative) to guide which aspect of PROGRESS an organization should prioritise.

References

- Department of Health. *Positive and Proactive Care: reducing the need for restrictive interventions*. 2014.
- MIND. *Mental health crisis care: physical restraint in crisis*. 2013.
- Wilson C, Rouse L, Rae S, & Kar Ray M. Is restraint a 'necessary evil' in mental health care? Mental health inpatients' and staff members' experience of physical restraint. *International Journal of Mental Health Nursing*. 2017. 26 (5): 500-512.

What is NIHR CLAHRC East of England?

The National Institute for Health Research (NIHR) Collaboration for Leadership in Applied Health Research and Care (CLAHRC) East of England is a five year programme of applied health and social care research which focuses on the needs of people with complex problems, often vulnerable, when multiple agencies are involved in their care: young people, frail older people, those with dementia, learning disabilities, acquired brain injuries or mental ill health.

The CLAHRC East of England collaboration encompasses some thirty-six organisations, with research hubs in the Universities of Cambridge, Hertfordshire and East Anglia working closely with individuals and organisations involved in the whole care pathway.

Service users and carers are at the heart of what we do, in parallel with an ambitious public health research programme.

Co-production and collaboration at all stages of the research process are fundamental to making a positive impact through applied health research.

For more information about PROMISE

Website: <http://www.promise.global/>

Email us at CLAHRCoffice@cpft.nhs.uk

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