

PROMISE: PROactive Management of Integrated Services and Environments

PROMISE qualitative study: an exploration of staff and patient experience of physical intervention on mental health wards and their suggestions for reducing its use.



Type of research: Quantitative and Qualitative Methods

Background & Scientific Rationale:

There are fundamental contradictions at the heart of mental health, between care and control, risk and recovery. It can be argued that there is no place for force in supporting an individual's recovery journey, however many aspects of the work of frontline mental health practitioners in reality involves the control and containment of people who may pose a risk to themselves or others. Thus the use of physical restraint, albeit viewed by most as a practice incompatible with the vision of recovery, carries on. Guidelines issued from the Department of Health in the "Positive and Proactive Care: reducing the need for restrictive interventions" document sets out the expectations for services, however there is very little guidance / evidence for what proactive care entails at the frontline. Using the expertise and wisdom of patients and staff this qualitative study bridges this knowledge/practice gap by exploring staff and patient experiences of physical restraint, their suggestions for reducing restraint, and their suggestions for promoting proactive care in mental health services.

Research aims:

The project aimed to explore and answer the following questions in relation to adult mental health inpatient care:

- ◆ What are patient and staff experiences of physical intervention? (Physical intervention refers to the physical restraint of a patient by one or more members of staff and encompasses any direct physical contact where the staff member's intention is to prevent, restrict or subdue movement of the patient).
- ◆ What impact has physical intervention had on patients and staff?
- ◆ What do patients and staff perceive as alternatives to physical intervention?
- ◆ What does a service that does not use physical intervention look like to staff and patients?
- ◆ What are staff and patients' understanding of and views on proactive management of services?
- ◆ How can services meet Department of Health guidelines to reduce reliance on physical intervention?
- ◆ How can the findings of the study inform the development of a proactive care framework aimed at reducing the need for physical intervention?

Research methods:

- ◆ Retrospective quantitative evaluation of all DATIX incident reports where physical intervention has been used during the defined period.
- ◆ Retrospective qualitative study of service user and nursing staff perspectives involved in the actual restraint.
- ◆ To role out an educational/practice development programme for frontline ward staff that is relevant, concise and co-produced by staff and service users.
- ◆ Comparison of rates of Physical Intervention pre and post-training.

The project used a participatory qualitative approach to explore patient and staff experiences of physical intervention in CPFT adult mental health inpatient wards, and patient and staff suggestions for reducing physical intervention and their views of and recommendations for proactive care in mental health settings. The study was grounded in a realist epistemological framework in which responses are assumed to represent reality. A participatory approach was used to gather information in a sensitive way and to encourage action relevant to the local context and local knowledge. The collaborative process was grounded in service users and staff experiences, identifying gaps and bringing new ideas to the research process. Two advisory groups were also formed: a staff advisory group consisting of CPFT mental health inpatient staff who had experience of physical intervention, and a service user advisory group consisting of service users who had experience of physical intervention whilst on a CPFT mental health inpatient ward. Feedback from these groups and the PROMISE project steering group was incorporated into each stage of the study design.