PROactive Management of Integrated Services & Environments

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Pause for thought....

In the Journal of Mental Science for 1862 is reprinted a lecture given in Cambridge by Dr J. Lockhart Robertson on 'The Progress of Psychological Medicine since the Sixteenth Century'.

“In order vividly to see the progress which medical science has made since Dr Caius' time let us look at one of our English county asylums of today. A very good specimen is the Cambridge Asylum at Fulbourn under the able administration of my friend Dr Lawrence.

The first great fact observed is the entire absence of all means of mechanical restraint. Neither belt, strait-jacket, manacle, strong chair, or any other means whatever for restraining the patient, are to be found there”.

‘The Story of a Mental Hospital: Fulbourn 1858-1983’ by David H. Clark
Our Ethos

- Caring response to distress
- Incompatibility of force and recovery
- Connect to inner strength and be self determining
- Journey towards eliminating reliance on force

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Inception of PROMISE

- Mind report 2013
- Recovery learning event
- Drawing on work done by Recovery Innovations
- ‘Positive and Proactive Care: reducing the need for restrictive interventions’ 2014.

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Initial Focus on PI

• Quantify
• Qualify

• Restraint is incompatible with recovery
• Risk of psychological harm and/or physical harm
• Creates ‘them and us’
• Patients describe it as humiliating and inhumane
• At odds with professional core values of caring
• Breakdown of therapeutic relationship

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Evolution

- From PI to all forms of coercive / restrictive practice
- From incidents to antecedents
- From antecedents to patient experience
- From inpatients to integrated pathways
Evolving Aim

- From quantitative and qualitative study of PI a move towards enhancing patient experience through:
  - person centred care
  - fulfilled staff
  - healing environments
- To co-produce an evidence based, pragmatic, replicable, proactive care framework that eliminates reliance on force in mental health services.

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Key Difference?

Patient perspective: PROMISE focuses on utilizing all the trajectory transforming opportunities across the patient journey.

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Staff perspective: Empowering staff to do what it takes to enhance patient experience, laying the foundation of pathways that are less reliant on force.
Key Organisational Components

- **Mapping**
  - Celebrating bottom up frontline initiatives
  - Sharing good practice

- **Research**
  - Quantitative Evaluation
  - Qualitative Research

- **Tool Kit**
  - Developing a replicable framework
  - Evaluating impact

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Mapping Frontline Initiatives

• Listed 200 odd
• Bottom up
• Building on success
• Celebrating through replicating
• Innovations have evolved

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Space Programme

• My Space – Your Space – Shared Space
  • Pull up a pew, let’s chat for a few

• Proactive Space
  • Letters for later

• Healing Space
  • Know me boards

• Collaborative Space
  • Emotional Wellbeing Passport
  • Open Door

• Dignified Space
  • Parity Promoter

• Creative Space
  • Art & Music

• Reflective Space
  • Tea & Toast

• Meaningful Space
  • Butterfly moments
  • Sweet Shop

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No Audit (Mulberry 2)

Reflective Space Example

- **R** – Reframe: What would it have taken to say yes?
- **E** – Easy: Was ‘no’ the easy option?
- **F** – Feeling: What would it have felt like?
- **L** – Listen: Did we listen?
- **E** – Explain: Did we explain?
- **C** – Creative: Where we creative enough?
- **T** – Time: Did we take the time?

**Quotes:**

- I thought I was doing fine.
- I had achieved something.
- I felt that I had done a good job.
- I believe that I had done something right.

**Concept:** From time to time staff members say no to patients. Each instance is an opportunity to reflect. Capturing and creating a non-judgmental space to think through how we came to the decision and whether we could have said yes helps us put the patient first.

**We think about:**

- **R** – Reframe: What would it have taken to say yes?
- **E** – Easy: Was ‘no’ the easy option?
- **F** – Feeling: What would it have felt like?
- **L** – Listen: Did we listen?
- **E** – Explain: Did we explain?
- **C** – Creative: Where we creative enough?
- **T** – Time: Did we take the time?

Reflecting on those questions encourages staff to think more about their practice and how we can continue to improve. This leads to a culture of “first say YES”. When we do say “no” our responses are kind and considerate. Patients can understand where we are coming from and get a sense of what would need to happen for us to have said “yes”, e.g leave from the hospital contingent on improvement they make.

**Pregenesis:**

- Sit up collection box for “no slips”.
- Encourage reporting by putting up a poster above the collection box saying we like to say yes, tell us if we have said “no” to you.
- Keep the “no slips” simple – if we say no to you to please tell us about it!
- For this to be embedded in every day practice, build it into your reflective practice sessions, supervisions and handovers etc.
- Evolution of recurring themes, the quality of the discussion and these (no)slips will allow you to monitor progress over time.

**Top Tip:** Maintain a non-judgmental stance at all times and create ownership and delegate responsibility of the process to the frontline staff by encouraging open and honest reflections and dialogue.

**Note:** This is not about disciplining policies or procedures as they have been put in place for a reason, however, when policies override common sense and clinical judgement, staff are encouraged to take a step back and put patients first while at the same time keeping an eye on what it means for the rest of the patients.
Open Door (Mulberry 1)

Collaborative Space Example

- Establishing a risk sharing partnership
- Severe Personality Disorder
- Repeated attendances
- Long admissions
- 2 days and 2 nights
- No questions asked

- Engage with PD service
- No self harm prior to and during admission
- Stick to boundaries
- Honour commitment
- Patients take this responsibility very seriously
Letters for later (Oak 1)

Proactive Space

• Letters written at the point of discharge to a future self

• Letters kept on the ward and only opened if readmitted

• Letters meant to capture hope and create self-belief
Emotional Wellbeing Passport (Darwin)

Collaborative Space

• Patient led and owned document
• To be taken on & off the unit
• Supports professionals or those involved with the young person to understand what would be helpful to the young person

Sample Content

• “these are the kind of things you might say or do that are NOT helpful to me and make me feel bad”
• “A better approach would be”
• “These are the kind of things that soothe me (things you can do and things I can do)”
• “these are the kind of things to notice about me when I am struggling”
• “When I am settled you might notice these things”
• “These are my interests and the kinds of things I like”
• “these are the risks that you need to know about and things you should be mindful of”
• “this is a helpful person to call if I am struggling”
• “this is information about me that I think if might be helpful for you to know”
• “these are things that people who know me well think it would be useful for you to know (I may disagree)”

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Sweet Shop (Maple 2)

Meaningful Space

- Reminiscence Therapy
- Effective interaction with Dementia patients
- Cognitive stimulation
- Sensory stimulation
- Reality Orientation

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Tea & Toast (Oak 2)

Reflective Space Example

• End the day on a positive note
• Goes well with start the day on a positive note
• Bed Tea (Mulberry 2)

Feedback:
It's been a really positive activity that has worked really well and was simple to do.Patients say they find it really helpful to settle their minds before they go to sleep at night and start to go to their rooms (Jane Cotley, Ward Manager, Oak 2).

It's a nice way to end the day. The day energy, quiet evening refectory group compliments high energy morning community meetings which tend to focus on what we want to achieve today (Bedey Thorogood, Ward Manager, Oak 1).

Objectives:
• Support patients to go to bed in a positive frame of mind
• Support patients to get a good night's sleep
• Give patients the opportunity to unload any frustrations at the end of the day
• Provide communal quiet reflective time for patients and staff

Concept:
Getting a good night's sleep is really important but this is often a problem for our patients. The tea and toast evening reflection group is one way to improve sleep hygiene. Staff and patients sit together for about half an hour each evening and patients talk about their day. This allows them to air and get rid of any frustrations before going to bed. Patients already have access to a drink and a snack, it's just making it a little bit more communal.

Pragmatics:
This is a very easy activity to put in place requiring few resources. Just make sure you've got the bread or other snack in it (doesn't have to be tea and toast, it could be any drink and a snack). The time of evening (6:000 PM) can be adapted according to your patient group and what works well for them.

Top Tip:
Consider positives and the potential for a better day tomorrow. Focus on letting go of frustrations not becoming wound up by focussing on what has not gone well today.

Acknowledgement:
The idea of tea & toast reflective group comes from staff on Oak 2, Peterborough. Ward Manager Jane Cotley.

Evening reflection groups are run in a number of CPFT wards including Oak 1 in Peterborough. (Ward Manager Bedey Thorogood).

Benefits:
• Improved sleep hygiene
• Patients go to bed in a more positive and relaxed frame of mind
• Helps to break down barriers between patients and staff
Mood and Food (Mulberry 2 - Oak 1)

**Dining Space Example**
- Make it Disney
- Created a bistro
- Staff and patient painted the dining hall
- Changed furniture
- New table cloths
- Printed Menus
- Kitchen Garden
- Jacket Potatoes

**Ready Steady Cook**
- 3 Slow Cooker Meals / Week
- Cooking together
- Learn new skills
- Eat together
- Invite staff and patients from other wards

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Quotes from our patients:

• ‘I’m learning skills I can take home, it’s helping my recovery’
• ‘Even if I’m not hungry— the atmosphere is worth joining the table for’
• ‘Being able to prepare my own meal is enjoyable and satisfying’
• ‘A family affair— it’s like Christmas three times a week’
• ‘Food on the ward is perfect, because we make it ourselves, and that makes me feel better’
• ‘Eating together, bringing us to the same place, laughing, sharing stories and food has been such a positive experience’
• ‘It’s warming when I see people cooking, when you feel unsociable you can be there safely, with no pressure’
Creative Space

9 Specific Activities designed by Michael Whitaker (Art Therapist)

• Have fun together
• Rouse curiosity
• Explore feelings while going though an art encyclopaedia
• Doodling & Scrapbooking
• Defacing laminated images

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Parity Promoter (Mulberry 3)

Dignified Space Example

• Question the status quo
• Mulberry 3 example
• Replacing a stable door
• Promoting dignity
• Facilitating conversation
• Dispensing off symbols of institutionalisation and power imbalance

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Incidents Vs Individuals 2014

Incidents per month

- Incidents
- Individuals

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Incidents Vs Individuals 2014

Incidents

Individuals

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Male/Female - Incidents Vs Individuals 2014

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Incident Type

Incidents

- Non-compliance
- Aggression to staff
- Aggression to other...
- Self-harm
- Abscondion
- Damage to property
- Other

Incidents

- Refusing NG feed
- Refusing oral medication
- Refusing depot medication
- Refusing ECT

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2014 Patient Experience

How would you rate the care you receive?

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2014 Patient Experience

When you arrived on the ward, did staff make you feel welcome?

Do staff support you to feel safe during your stay on the ward?

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2014 Patient Experience

Are staff polite and friendly?

Do you feel you are treated with respect and dignity by our staff?
Do you know what your medication and, or treatment, prescribed by this ward is for?

Were your views taken into account when medication was prescribed by this ward?
PROCESS

- PROMISE Change Engine
- Maps the PROMISE journey
- Embellished with insights on the journey
- Combined with contemporary leadership models

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Envision

Insight to Ideas

**Enquire**: what’s good and what could be better

**Explore**: the contradictions at the heart of mental health

**Empathy**: help people imagine ‘what might be’

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Framing the question

• ‘Have to’ to ‘want to’
• Recovery story through metaphor

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More Light Less Heat

• Guided Discovery
  • Are we doing all we can?
  • Which levers can we pull?
  • Who are the key people we need to get on board?
  • Where can we have the biggest impact?
  • When do we act?
  • What would success look like?
  • How might we get there?
  • Why do we need to go on this journey?

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Enable

Ingenuity to Innovation

Empower: create a culture of personal responsibility
Exchange: celebrate innovations and create tomorrow’s pathfinders
Evolve: re-innovation for continuous improvement

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Fixers to Enablers

• Shifting Mindsets
• ‘Aoccdrnig to rsceearh at an Elingsh uinervtisy, it deosn’mttaer what order the ltteers of a word are in so lnog as the frist and lsat ltteers are in the rghit pcleas. The rset can be a total mses and you can still raed wuothit a porbelm.’

Enact

Initiative to Implementation

Execute: have courageous conversations to remove barriers to implementation

Evaluate: critically analyse where one is on the journey

Exposure: tap into synergies from pioneering partners

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The four levers in the influence model

1. **A compelling story**
   “...I understand what is being asked of me and it makes sense.”

2. **Reinforcement mechanisms**
   “...I see that our structures, processes, and systems support the changes I am being asked to make.”

3. **Skills required for change**
   “...I have the skills and opportunities to behave in the new way.”

4. **Role modelling**
   “...I see my leaders, colleagues, and staff behaving differently.”

“I will change my mindset and behaviour if...”

PROMISE in the community

- Develop a common language in the whole health economy
- System Navigators – Recovery Coaches
- New style assessment clinics
- Paperwork for Proper Work

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Seamless Pathways: Mind the Gap
Step Ups and Step Downs

Assessment Pathway

Personality Disorders Pathway

Affective Disorders Pathway

Psychosis Pathway

Early Interventions Pathway

Primary Care

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Specialist, Generalist, Versatilist

Scope of Roles and Assignments

Specialist
- Deep Skills
- Narrow Scope
- Peer-Recognized
- Unknown Outside Domain

Generalist
- Broad Scope
- Shallow Skills
- Quick Response
- Others Lack Confidence

Versatilist
- Deep Skills
- Wide Scope of Roles
- Broad Experience
- Recognized in Other Domains

Depth of Skill
3 facets of PROMISE

• Organisational – Pathfinders
  • Changing the nature of day to day interactions
  • Embedding leadership and innovation at all levels
  • Transforming the current workforce into a proactive one

• Local/Regional – Pathways
  • Creating seamless pathways across organisations
  • Early assessment and treatment – proactive access
  • Creating a future workforce that is proactive

• Global – Partnerships
  • Case for societal change and humane services

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Cambridge Charter

9th Oct 2015 around World Mental Health Day

• CPFT
• Cambridge University
• Anglia Ruskin University
• Cambridge/Peterborough Mind
• Richmond Fellowship
• CCG
• County Councils
• Cambridgeshire Police

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Founding Members

- Cambridge
- Yale
- Brisbane
- Prague
- Cape Town

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PROMISE Global
PROactive Management of Integrated Services & Environments

Global Vision for Local Agendas
Redefining together frontiers of humane mental health care is the goal for PROMISE GLOBAL, an alliance that creates local proactive systems of care to eliminate reliance on force.

Beyond Frontiers...
Force is incompatible with the vision of recovery. Even if it is in the patient’s best interest, coercion disempowers patients and perpetuates them and us. PROMISE Global aspires to set and break through frontiers of humane mental health care and eliminate reliance on force. A collaboration between Cambridge, Yale, Brisbane, Cape Town and Prague, we are keen to work with and learn from organisations who are on a similar journey to ours. Together we hope to create a framework that will serve as a compass for other aspiring organisations. If you are interested please get in touch.

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Cape Town Declaration

- Build up a network of continental chapters who sign with us the declaration to eliminate reliance on force
The big idea?
Global Vision for Local Agendas

- Patient is not in way, patient is the way
- Celebrate the small successes
- Empower staff to reinvent the wheel