Designing safe, patient-centred care: No Force First

Iris Benson & Dave Riley

The issue of the restraint of people with a mental health problem or learning disability in in-patient units around the country is one that has carried incredible levels of historical controversy and huge ethical difficulties for services who hold the delivery of 'care' as a central guiding principle. While historical perceptions of the dangerous, irrational 'lunatic' have long been replaced by a more empathic and understanding perception of the mental health challenges so many people experience, there is still a widespread reliance on the use of physical force to subdue attempts from severely distressed people to harm themselves or others.

Recent scandals have thrown doubt on claims that interventions involving physical force are only used as an absolute last resort. In 2011 hidden camera footage at Winterbourne View Hospital revealed vulnerable people with learning disabilities being subjected to humiliating and unquestionably excessive use of physical force that was often initiated for the most trivial of reasons. A report into institutional abuse, carried out in 2013 by mental health charity MIND, identified huge national variations in the amount of restraint used in often very similar services where people who were cared for had very similar needs. It became clear, at both local and governmental level, that old assumptions about what caused distress for people who used mental health services, and how services responded to this distress, had to be openly re-examined and that new designs of care in this area were imperative.

It was in this climate that in 2013 Mersey Care NHS Trust, potentially serving a population of almost 11 million people with care for Mental Health and Learning Disability needs, decided on a bold aim: the elimination of restraint from its services and an absolute re-invention of the existing culture. Mersey Care focused not just on physical restraint, but also on the use of psychotropic medication that was being administered specifically in response to distressed behaviour as 'medication led restraint'.

The 'recovery' movement in the United States provided a pivotal inspiration and the template for innovation. The high levels of deaths under restraint in the US, particularly of children in care, had generated national outrage and a strong political momentum to develop a more compassionate and person-centred approach to challenging behaviour in care settings. Control and coercion was replaced by understanding and compassion and this resulted in significant reduction in the use of restraint in care services which had, apart from the clear ethical imperative, been increasingly exposed to hugely damaging lawsuits from bereaved families.

The recovery approach to care places the person who uses services at the absolute centre of their own care. The person and their family and carers are full and valid contributors to the plan of care and their preferences are given full consideration by healthcare professionals. The central message of recovery is one of hope and optimism – that people with mental health challenges can live a full and meaningful life, with or without symptoms. The concept of inclusion, that the voices of the people who receive care are now fully heard, was to prove central to the design of Mersey Care's 'No Force First' initiative.

Iris Benson has used Mersey Care's mental health services for the last 24 years. She has had an endless number of diagnoses ranging from Schizophrenia to Personality Disorder. However, she feels passionately that she should not be defined by any diagnosis and states firmly that she is 'just a person, just me'. Her current diagnosis, Dissociative Identity Disorder, identifies how her history of significant sexual, physical and emotional torture from the age of four to her late teens, has resulted, many decades later, in her still returning to an incredibly vulnerable position as a four year old child.

It is in this context that she relates her experience of physical restraint on mental health units as revisiting the horrifying situations she endured as a child, often at the hands of her own mother and her friends. Iris describes vividly how she will fight against restraint, not as an act

ABOUT THE AUTHORS

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of defiance or malice, but as an attempt to escape the reoccurrence of the abuse she suffered as a child. She explains that when she is being restrained, all she can see are the huge hands of the staff holding her tiny four year old hands – with all that would have implied for her at that time.

These stories can be difficult for staff to absorb and process and, critically, Iris' message overall is one of hope. She is the first to recognise the improvements in her care and thanks the staff of Mersey Care for saving her life when she has been distressed and been attempting to self-harm. She acknowledges that mental healthcare environments, as well as restrictive cultures and attitudes, have changed dramatically in the last 24 years. Although she lives every day with a range of hallucinations, as well as living with a continual risk of serious self-harm, Iris lives a full and vibrant life and is currently enjoying her longest period without an in-patient admission.

The idea that ward teams would change just by a board-level directive and the setting of another specific reduction target, was being widely questioned as a mechanism for quality improvement. What Mersey Care wanted to do was utilise the passion and commitment of its front line staff and direct it towards changing the culture in this area not through imposition but through emotional engagement. The message from other parts of the world was that the key to this was hearing the testimonies of 'survivors' of physical intervention and excessive use of medication. Vivid accounts of the trauma and helplessness felt by people at this time would be essential in emotionally pulling, not pushing, staff towards a new paradigm of care.

At the start of each ward's assimilation into the 'No Force First' programme all the staff would have a one and a half hour engagement session. Central to this would be Iris, or other people with lived experience of physical restraint, setting out in great detail their experience of interventions that staff may have frequently employed during their careers. Wards that may have struggled to secure reductions in restrictive practices would be revisited to ensure the message of compassion and optimism was not lost. By making the link between previous traumatic abuse and the re-traumatisation of physical intervention on our units our services were prompted to really evaluate the central legal tenet of restraint as a 'last resort'. Staff felt empowered and impassioned to start ask questions like: 'Why are we putting a person through the trauma of a restraint if that person is distressed and attempts to break a chair, as long as nobody gets hurt?' Any financial imperative, in cash strapped times, to 'save the chair' has to be seen in the context of a potentially harrowing physical intervention in which staff themselves may get hurt and spend long periods of time off work, with all that entails in terms of funding a replacement. The critical point, however, was the deeper understanding amongst the staff that physical restraint particularly had hugely significant human consequences, physically and psychologically, for both the staff and the people they serve. Staff hated employing these interventions and now we were opening up creative ways to give them legitimate options within a more flexible, empathic and tolerant culture.

'Experts by Experience' have key positions within other elements of 'No Force First', working on an absolute par with their professional colleagues, in areas such as strategic planning of the programme and the recruitment of staff who will live the values of this new approach. The workstreams generated are co-produced and delivered by both provider and consumer, hard-wiring the experience of the people who use services into all areas of innovation and improvement. The success of 'No Force First' in winning the 'Changing Culture' Category at the 2015 Patient Safety Awards was welcome validation of this new approach. The initial pilot wards delivered hugely significant reductions in the use of both physical and medication-led restraint. Some wards recorded nearly 70% reductions in the first two years of the process. Independent actuarial assessments of the cost saving potential of the process indicates potential savings of up to £1m a year for Mersey Care when they fully roll out 'No Force First' to all their wards. This holds out the compelling prospect of safer care at a reduced cost – ultimately made possible by listening to the voices of the people we serve and making them central to the redesign process. ❖