PROMISE is a paradigm of co-producing an alternative discourse in mental health care. A discourse that creates hope and agency and empowers patients to take the driving seat in moving towards life beyond illness. A discourse that empowers staff to ‘re-innovate the wheel’ and continuously improve on the small changes that make a big difference. A discourse in which patients and professionals can empower each other to eliminate reliance on force across the entire recovery journey.

However, engaging staff and patients in scripting and enacting this new discourse is a fairly complex affair. Creating a change story to eliminate reliance on force when staff who resort to it firmly believe they are acting out of necessity and in the patient’s best interest can be disheartening, divisive and a tricky affair, to say the least. Once patients are at the receiving end of such interventions they are usually extremely distressed and may be unable to draw on their inner resources. They too will struggle to see that there have been opportunities to influence the course of events. For both staff and patients a delicate balance needs to be struck between support and challenge. Acknowledging staff sensitivities without diluting the
The three key phases and their components are:

**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’

**Enable: Ingenuity to Innovation**
- **Empower**: create a culture of personal responsibility
- **Exchange**: celebrate innovations by replicating
- **Evolve**: re-innovation for continuous improvement

**Enact: Initiative to Implementation**
- **Execute**: make it happen
- **Evaluate**: critically analyse the journey
- **Exposure**: tap into synergies of pioneering partners

need to continuously push on the frontiers of humane care is not easy and does not fit neatly into any conventional change model. Also, the existing models do not pave the way for patients to see how co-produced solutions will enable them to actively shape the care they receive. For leadership of other organisations who may have aspirations similar to ours we have tried to parcel our journey into bite size chunks. However, this is not meant to be a road map, just a compass which hopefully will help navigate through some difficult terrain.

**Envision: Insight to Ideas**

Engaging hearts and minds in a dialogue of appreciative enquiry and exploration is the first objective. Leadership’s ability to empathise with the frontline will be mirrored by frontline staff’s willingness to open themselves up to the experiential journey of the patient. Co-producing a story that captivates the imagination of the workforce is central to gaining the initiative.
Envision involves enquiry and exploration with empathy.

**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’

**Enquire:** Every health care organisation has areas of good practice they feel proud of. In fact every team, however stretched they might be, has something they do well and they would want to showcase as positive and proactive. Valuing ‘the best of what is’ is the key to unlocking ‘what might be.’ Showing genuine curiosity in what works and why can engage staff in a dialogue that initiates the improvement journey. This vital step of appreciating what’s good in the present and engaging staff in problem solving to eliminate reliance on force, helps avoids defensiveness. Staff truly believe they work in the best interest of patients. These beliefs may stem from years of training or practice, from the organisation’s ethos or from common-sense human responses to concerns about safety. If staff feel criticised, the leadership will have to contend with beliefs like ‘we already do this’ or ‘you have no idea what goes on’. If this happens, the leadership is likely to respond in a more forceful way, thus modelling the exact behaviour and power dynamics they are asking staff to eliminate. However, inquisitiveness about what’s good can break down the barriers and so easily lead to a conversation about how it could be better. It is our experience that if staff feel supported and understood they are the first ones to recognise the room for improvement. All improvements benefit both patients and staff.

**Explore:** There are fundamental contradictions at the heart of mental health: care and control; compassion and containment; risk and recovery. The dilemmas posed are not easy to navigate or reconcile. At PROMISE we have realised that to walk in each other’s shoes is perhaps the principal way to gain insight into the experiential journey of the other. However, when facing one’s own challenges, whether it be experiencing distress as a patient or feeling overworked as a staff member, it is difficult to hear one’s inner voice or open oneself up to navigational guidance from the other. For staff to feel what patients are going through requires a reflective space with low stress levels. The same applies to patients who would otherwise struggle to see beyond their overwhelming distress. There is a time and place for experiential exploration. When we get this right we find that binary positions (e.g. being caring vs controlling) fade and instead continuums emerge. Either-Or replaces And. We begin to realise that these supposed contradictions are two sides of the same coin. One does not exist without the other: with the right care the patient will have more control; without risk there is no recovery.

**Empathy:** On the PROMISE journey we found the key ingredient of meaningful enquiry and exploration to be empathy. This is the quality that often initiates a career in mental health. Sometimes, though, perhaps due to overwhelming pressures in the job or years of working with people who are struggling to find hope, we may become desensitized to the distress or helplessness a patient often experiences when at the receiving end of a well-intended but coercive act. There is no doubt that the ability to empathise is always there, it is there in every human being and more so in those who are working in mental health.
Peers who have been on their own recovery journey are a valuable resource and have the ability to hold a mirror up to staff by sharing their own experience. Within PROMISE we realized that when the leadership makes a genuine effort to put themselves in the shoes of frontline staff, the efforts are mirrored by those staff who are then able to put themselves in the patient's shoes. This can open up everyone’s imagination about what changes might be needed in order to completely eliminate reliance on force.

In PROMISE we found that appreciative enquiry and empathic exploration allow defences to break down, and staff who feel stuck in the reality of the present and the culture of the past can emerge energised into a future full of possibilities. It is necessary to engage leadership at every level in a dialogue about where we are, where we need to be and why we need to get there. Once the process has begun, co-producing a story that captures the imagination of all staff is vital. Some will be moved by emotion, others by logic and rationality. A tipping point comes and we have to seize the initiative and encourage leadership at all levels to engage more fully with colleagues and tell the story at every opportunity. By creating the overarching vision of what success would look like we allow the story to organically change without losing its essence, thus creating ownership and buy-in. If this goes well the frontline will come forward with a bank of ideas to be capitalised on.

Enable: Ingenuity to Innovation

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tul Gawande spoke about ‘The Idea of Wellbeing’ in the 4th Reith Lecture 2014: ‘If no one cares when someone takes the trouble to do things right, nothing changes. And the overwhelming message to the people who work at the frontlines of care around the world is that no one notices excellence and no one cares. That is the biggest source of burnout and discouragement for health care workers everywhere.’

Celebrating excellence is vital to keep staff energised. The motivation for change cuts across five domains: what's in it for me; my patient; my team; my organisation and my society. Research shows that staff motivation differentiates equally into these five groups (Scott Keller and Carolyn Aiken: The Inconvenient Truth About Change Management). So if a change story can touch all five domains it can unleash tremendous energy throughout an organisation. However, we have found that change works best when frontline staff craft their own ideas and foster individual talent. Positive changes occur naturally as one taps into the collective consciousness, intelligence and imagination of the workforce.

Enablement involves creating an empowered environment in which staff can come up with ingenious ideas and exchange continuously evolving innovations.

Empower: create a culture of personal responsibility
Exchange: celebrate innovations by replicating
Evolve: re-innovation for continuous improvement

Empower: Power to empower lies within every individual. An automatic by-product of empathic exploration is the willingness to be open to the experiential journey of ‘the other’. This could be in a patient-staff construct or between a senior and junior colleague. When it goes right, the other becomes one with the self, both feeling empowered to work together to achieve common goals. In a clinical context this way of working enables patients to make rapid strides in their recovery journey, encouraging hope and agency together with a strong sense of being well supported. In an organisational context it starts to break down the barriers of hierarchy and encourages leadership at all
levels. If we encourage autonomy organisationally we find that, rather than waiting for permission or decision-making by committee, everyone is able to act in the best interest of the patient and bring about the changes we all seek. In complex healthcare systems leadership often fears potential chaos from such a degree of autonomy but the reality is quite different. With freedom staff embrace responsibility too: they not only act appropriately but also think through risk at a much deeper level than if decision making happens elsewhere. The wisdom they bring offers far more than any top-down risk assessment paperwork could achieve. On the PROMISE journey we have found that trust in the power of human relationship is vital and puts the soul back into the art of mental health care.

Exchange: It is essential to capture and collate the ideas and innovations, the successes and failures. This may be via a virtual exchange or in a physical format. Identifying barriers and reflecting on what might have been done differently is an important part of the process. Organising all the change initiatives into key themes will allow for easy and rapid sharing and replication. Ensuring that due credit is given to the innovator or innovating team will result in an ever-growing bank which continues to push the frontiers. However, it is in the replication of success that the true benefits lie. Acknowledgement of excellence comes when others adopt an idea, thus boosting the confidence of the initiating individual or team. The self-belief this generates at the frontline is the key to creating the pathfinders of tomorrow.

Evolve: Early adopters of an innovation can refine an idea and adapt it to their particular service. This creates ownership as what gets implemented is a re-innovation, a newer version. In the pursuit of excell-ence, knowing when and how to reinvent the wheel is the trick. The wheel's evolution journey did not start with pneumatic tyres or cart wheels. From sliced up tree trunks to modern day wheels is a journey of continuous improvement. This is a fundamental concept to grasp as there is always room for improvement, and when these innovations get synthesised into recovery pathways, patient benefits are immense. To support these new pathways, old rules and policies will need to evolve. It is also important to acknowledge that some innovations will lead to a dead end, but a learning organisation embraces these as well to shape its future. With this approach the roadmap will never be static. Staff and patients working together will continually redefine the frontiers of humane care. Success breeds success and celebrating new standards and the achievements of the pathfinders will result in ideas and innovations springing from all sectors and levels of the organisation. This will further bolster the culture of leadership at all levels. There is a need to track the ideas as they rapidly develop and change during replication but it is important to resist the temptation to do version control. The role of leadership is to provide the support and framework within which evolution can take place. What works dictates which version remains on the knowledge exchange as the established path for the organisation.

The Enable phase empowers frontline staff to step outside their traditional role, perhaps as a nurse or a health care assistant on a ward. Once they can look afresh at the patient journey many new ideas will emerge which, in the right crucible, will soon become effective innovations in practice.

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Enact: Initiative to Implementation

The proof of the pudding is in the eating. From imagination to insight, from ideas to innovation, there will be very limited benefits unless appropriately implemented. Just because one has a roadmap does not mean anyone is going to follow it. Any change, even if it originates bottom up rather than top down, is bound to generate some resistance from some people. If there is no challenge or scepticism perhaps the change is not a meaningful one and not worth spending time and energy on. It is important to remember that there will be variation in the degree of reluctance to embrace any change. It is important, therefore, to expect and prepare for resistance and to keep in mind staff sensitivities about established practice. It is crucial to suspend judgement about the present, to harness any resistance and transform it into propulsion for the Enact phase.

Enact involves a continuous cycle of execution and evaluation along with external exposure, providing opportunities for partnerships as well as further refinement of innovations.

Execute: make it happen
Evaluate: critically analyse the journey
Exposure: tap into synergies of pioneering partners

Execution: Execution is the engine that keeps the cycle going. As the dominant culture creates the mind-set within which staff behave, without execution all the engagement will gradually fade into insignificance. To purposefully execute the vision of eliminating reliance on force, encouraging and engaging staff to come up with ideas has to be followed up by the leadership removing barriers to implementation of those ideas. This might involve cutting through red tape, creatively resourcing requirements or escalating an issue to the next level while continuously feeding back to frontline staff what is happening. If we still do not get results a courageous conversation is called for, with someone asking why or why not? When an organisation creates a culture that embraces fluently-flowing dialogue, irrespective of hierarchy, it gains a key enabler for execution and emergence from situations where the change engine has got stuck.

Evaluation: Fundamental to progress is continuous evaluation, whether it be establishing baseline at the enquiry stage, measuring progress on the ground or tracking organically evolving innovations. Numbers tell the story we want to hear so it is important that organisations are ready to dig deep and consider all versions of reality. Quantitative evaluation, though helpful, is not the main source informing our journey. Force is a continuum and its use in coercive practice often originates in genuine concern for the patient. It stretches from the covert, subtle hints in conversation about what might happen if a patient does not take their medication to the overt, physical intervention that may be needed to maintain safety. In attempting to eliminate reliance on force figuring out who, what, where, when, why and how may be even more important than incident figures. This does not mean flouting governance or the statutory duty to provide incident data, rather that we dig deeper into the data to continuously learn and improve. We should be able to pick up changes not just in how many physical interventions take place, but what led to each intervention, how it was carried out and what followed it, etc. As practice evolves we expect the evaluation and focus will shift from one parameter to another depending on where the organisation is on their journey to create humane services that do not rely on force but on positive, proactive care.
Exposure: Get out there and get it out there. All organisations involved in mental health will be some way along the journey to create humane services. There is a lot of knowledge and experience that we can all gain from and contribute to. The aspiration to create a new discourse is like building a massive, multi-dimensional jigsaw. We do not know where we will find the next piece that will fit in, the answer might lie in a local charity down the road or right across the globe, where the parameters of care might be quite different. As we start to feel we are getting somewhere with our jigsaw a new dimension will evolve which will take the organisation and the care provided at the frontline onto a different plane. Developing and nurturing partnerships are therefore of key importance. A competitive stance between care organisations is pointless, the power of the information age is such that innovations get rapidly replicated, so if one has to compete, one should compete on collaboration. Others will mirror ones collaborative stance and all can benefit from sharing of successes. Exposing our services to external scrutiny and recognition will only improve them further. Exposure for our key pathfinders to potential partners will also enrich their leadership journeys and create conduits through which knowledge and wisdom will flow.

Cross-pollination is at the heart of adaptive mutations, otherwise known as innovations. New insights from organisations which have been on their own journey of self-discovery will provide the new tools or concepts for further re-innovation and emergence onto a higher plane. PROMISE Global provides such a platform so we can benefit from each other’s successes. The principal objective of this global alliance is how together we can expedite the transformative journeys of the frontline of our mental health organisations. The frontiers of our organisations will no longer be a barrier to jointly redefining the frontiers of humane care.

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Many of the proactive care initiatives being developed are led by Trust frontline staff. Staff from across our services are seeking out and embracing new ideas and, in the interests of person-centred care, are continuing to develop compassionate and creative practice. At the helm, our ward leaders have much to be proud of, to celebrate and to continue to steer with their teams. In the interest of not missing out frontline innovators we have actively resisted the temptation to take names. Subsequent PROMISE publications on specific initiatives will carry due credits.

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There are powerful symbols in our services which set aside patients from staff. Sandwiches in the cafeteria for patients in plain packaging and for staff in attractive commercial packaging, separate staff and patient toilets, patients having to seek permission for the simplest of tasks which staff don’t have to. Some are tangible and some less so. Either way these symbols create and reinforce a culture of them and us.

Terry Hill, a recent appointment on Mulberry 3 in the role of interim ward manager came in with fresh eyes on to the ward. Newcomers are often able to spot custom and practice that is out dated. For example on this ward medication had always been dispensed across a hatch. The clinic room door splits like a stable door, the nurse would stand inside with the medication trolley and patients were obliged to queue up outside. Terry came from Mulberry 2 where they had made changes to how medication was dispensed. Being very aware to how medication time can be a source of conflict Terry proposed a simple but powerful change that addressed all the power dynamics, the dignity and confidentiality issues and the boundaries of them and us. ‘Ditch the hatch and invite patients into the clinic room to take their medication.’ This creates a shared private space for any dialogue around medication without the worry of others over hearing or pressure to quickly comply to keep the queue moving.

We are all guilty of not questioning practice that are prevalent in our own teams as they are the established norm. A fresh pair of eyes or perhaps even a fresh look by us can pick up these symbols which if we address we can send out a message loud and clear that we are on the same side, working together on the recovery journey.