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Pause, Reflect, Next Steps (PRN):

promoting alternatives to medication in secure inpatient mental health services

Abstract

This paper outlines a quality improvement project designed and developed to explore alternatives to psychotropic medication for patients on low and medium secure mental health wards. This was called the *Pause, Reflect, Next Steps (PRN) Campaign* which comprised information about commonly used medications; alternatives to medication; and the use of a visual map to guide patients in their choices and mental health nurses in their decision making.

The *PRN Campaign* led to an overall reduction of 14% in the use of PRN medication on 18 participating wards across a two year period. This reduction in the use of medication correlated with an increase in the use of alternative non-pharmacological methods to support patients who were struggling with their mental health. Patients reported better choice, and nurses described greater autonomy and job satisfaction.

Background

The use of Pro Re Nata (PRN) or 'required' medication is widespread in inpatient mental health services. It is often used as a first resort intervention despite recommendations that alternative non-pharmacological interventions should be tried first (Baker et al 2006; National Institute for Care Execllence 2015; Barr et al 2018; Paton et al 2018). Douglas-Hall and Whicher (2015) reported that between 20% and 50% of mental health inpatients receive at least one dose of PRN psychotropic medication during their admission. It isn't always clear why people are given PRN medication (Molloy et al 2012), and what the risks and benefits are as compared to other non-pharmacological interventions. Much of the evidence in relation to the use of PRN has taken place in acute mental health settings. However this is generally transferable to application in secure mental health services where the authors would argue that the indications for use are arguably the same. A number of studies have taken place in both acute and forensic mental health services including Barr et al (2018).

There are undoubtedly evidence based benefits to using medication to help alleviate distressing mental health symptoms. However, there are also risks and potentially harmful side effects (Gray et al 2017; Doyle & Moreblessing 2018); physical and psychological dependency associated with benzodiazepines (Moreblessing et al 2019); and over-reliance on medication to alleviate distress (Beresford et al 2016). There is also evidence that PRN is sometimes given for reasons other than the management of mental health symptoms (Hipp et al 2020). The use and refusal of PRN medication has also been linked to subsequent use of restrictive practices (Otiwi & Bowers 2011); delays to recovery and discharge; increased morbidity (Moreblessing et al 2019; and in large doses, chemical restraint (Teece et al 2019).

Why was the *PRN Campaign* introduced?

The use of PRN rather than alternative non-pharmacological interventions has long been part of the culture of inpatient mental health practice, which appears to be difficult to transform. Whilst there can be clinical benefits to the use of PRN for certain specific purposes it is often used more generally. The risks can include increased morbidity as well as unwanted effects such as agitation and insomnia

There have been few studies which have tried to change practice associated with the prescribing and administration of PRN medication (Baker et al., 2008). Through a series of audits, the Prescribing Observatory for Mental Health (POMH) has tried to reduce the impact of PRN medication in high doses and polypharmacy of anti-psychotic drugs (Paton et al., 2018). The 'Stopping Over Medication of People (STOMP) Project' for people with learning disabilities was launched in the UK in 2016 by NHS England in conjunction with the Royal College of Nursing. Initially intended to reduce the unnecessary use of medication for people with learning disabilities, the project has been extended to other patient including children and young people. For the background and history and history of STOMP see Branford et al (2019).

Guidance on when PRN medication may be indicated or when other alternatives may be required is limited (Baker et al 2006; Hilton & Whiteford 2008). NICE guidance (2015) states that there should be clarity about the rationale and circumstances for PRN use, and this should be reflected in the care plan (National Institute for Health and Care Excellence 2015). An article from the US (Delaney 2020) urges nurses to have discussions with patients before giving them medication, something which research from the UK indicates does not always happen (Gray et al 1996).

What did the *PRN Campaign* involve?

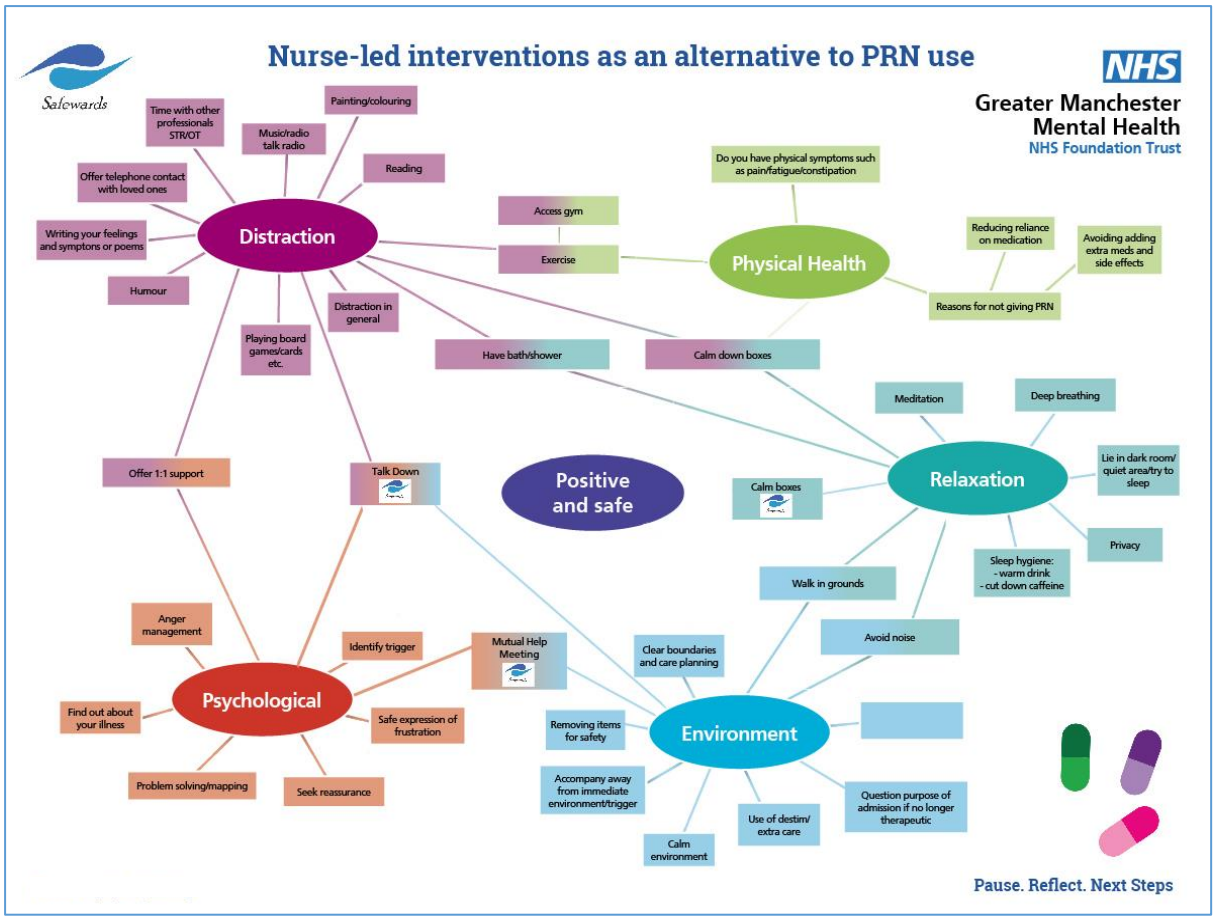
A multi-disciplinary steering group comprising nurses, pharmacists and medical staff was established. The multi-professional composition was to help ensure that the PRN Campaign was introduced as a way of exploring options and enabling ward-based teams to make changes to their practice rather than become an anti-medication crusade which was sometimes the perception as the Campain was being introduced. The steering group was chaired by the Associate Director of Nursing to give the Campaign profile and to enable broad professional engagement and a focus on outcomes. Although a patient representative from a medium secure ward was involved in the planning and design of some of the materials there was no ongoing service user involvement which was a limitation of the project. The PRN Campaign was also part of the Trust's Positive and Safe strategy to reduce the use of restrictive practice.

The *PRN Campaign* adopted the brand of '*Pause, Reflect, Next Steps'* which aimed to encourage nurses to stop and think, explore a range of alternatives to help the individual patient and promote collaboration and solution focused ways of coping with whatever they were struggling with. It comprised guidance for staff and patients, written information and a visual map. The '*Pause*' message was intended as a prompt for nurses to draw on their psychological skills rather than simply defaulting to administering PRN medication. The '*Reflect*' component was designed to initiative a collaborative discussion about how the nurse might be able to help the patient overcome strong emotions without necessarily resorting to medication. It also involved reflecting on techniques which the patient may previously have found helpful. '*Next Steps'* was about collaborative decision making in relation to the use of medication or alternatives. Patients and staff were encouraged to use Safeward interventions to help manage emotional distress and anger. In particular the modules on Mutual Expectations, Calm Down Methods and Talk Down techniques (Bowers 2014) were encouraged to support the Campaign aims. This involved training for staff on the practical use of Safewards from the Trust's Positive and safe lead and a process of quality assurance to monitor application of the modules across all participating wards.

Visual map

Visual mapping can help represent and integrate information visually in a comprehensive and clear manner. A visual map of 30 non-pharmacological interventions was developed in consultation with ward-based nurses (Figure 1). The purpose of the visual map was to guide nurses their decision making, to facilitate the use of psychological skills and techniques and to support patients who were struggling with strong emotions or distressing symptoms. The visual map was distributed to all nurses electronically and printed off for ward managers to display in ward areas such as clinics and nursing offices. The visual map prompted nurses to explore and try research-based interventions, apply good practice guidance including Safewards strategies and explore the use of coping mechanisms which patients commonly reported to be helpful. The alternatives which were encouraged included strategies which could broadly be called distraction techniques such as de-escalation and diversion activities which have previously been reported in the forensic mental health nursing literature (Hallet & Dickens 2015) and which can be effective in reducing restrictive practice (Price et al 2017).

Figure 1: visual map of 30 non-pharmacological interventions.

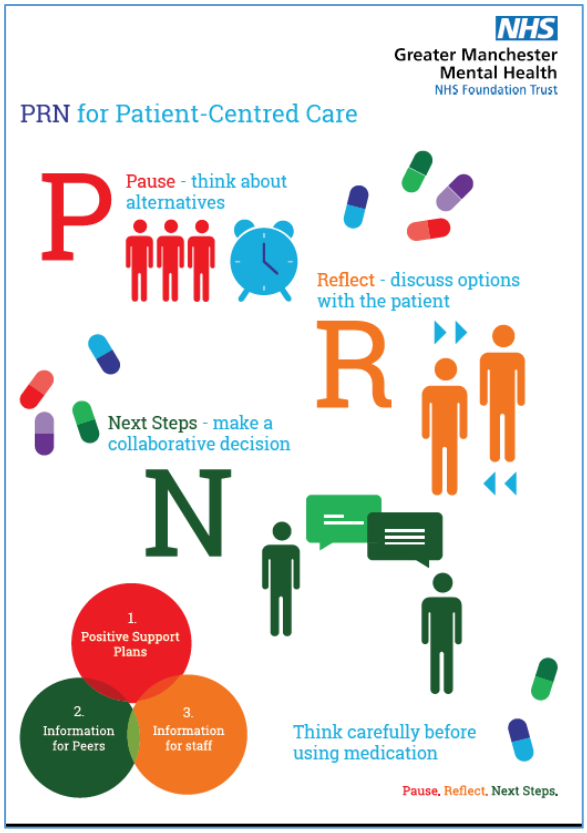


Information on medication

Researchers have reported that often patients receive little or no information about their medication which can be disempowering and contrary to good practice guidance (Baker et al 2006; Cleary et al 2012). This also raises issue of consent and informed decision making which is necessary for nurses and other professionals to consider when considering the use of medication. In a small study of 40 patients on an acute mental health ward researchers reported that three quarters consent was not sought before medication was given (Cleary et al 2012). Nurses need to be aware that if they administer medication without lawful authority they place patients at risk and are themselves acting unlawfully and in breach of their professional code.

As part of the *PRN Campaign* a poster was designed by a patient on a medium secure ward which provided information about key medications. This was printed by the Trust and distributed to wards to display in ward offices, clinics and other ward areas (Figure 2). Laminated prompts were placed on the front of medication folders which asked staff whether patients had been supported to try calm down methods and specific Safewards interventions.

Figure 2: *PRN Campaign* Poster



Additionally, an information booklet was produced in collaboration with patients. This provided information on commonly used medications and alternative ways of coping through relaxation and other strategies to enable self-control and recovery. The booklet contained lay information on indications and side-effects about a number of key medications often used as PRN including Lorazepam, Haloperidol and Promazine. The booklet also included a section to record self-help strategies, things that patients can do themselves and interventions that nurses can offer. The booklets were printed by the Trust and distributed to the 20 ward managers to share with patients on their wards. Electronic copies were produced and distributed to help ensure sustainable use in practice (see figure 3 which is the front cover of the booklet).

Figure 3: PRN Campaign Information Booklet

What can I do to help me relax?

If you're feeling stressed or anxious there are a number of things you can do to improve your mental wellbeing and avoid reliance on medication both in hospital at home.

BE ACTIVE

Exercise won't make your stress disappear, but it will reduce some of the emotional intensity that you're feeling, clearing your thoughts and letting you deal with your problems more calmly.

Go for a walk or run. Step outside. Most importantly, discover a physical activity you enjoy and one that suits your level of mobility and fitness.

TAKE CONTROL

There's a solution to any problem. The act of taking control is in itself empowering, and it's a crucial part of finding a solution that satisfies you and not someone else.

CONNECT WITH PEOPLE

A good support network of friends, family, colleagues and neighbours can ease your troubles and help you see things in a different way.

Building these connections will support and enrich you every day. The activities we do with friends help us relax. We often have a good laugh with them, which is an excellent stress reliever.

CHALLENGE YOURSELF

Setting yourself goals and challenges such as learning a new language or a new sport, helps to build confidence.

Try something new. Rediscover an old interest. Sign up for that course.

Learning new things will make you more confident as well as being fun. This will help you deal with stress.

Recording

One aspect of the PRN Campaign involved designing and implementing a system for recording interventions within the electronic patient record. Nurses were asked to record one of 12 interventions including medication and non-pharmacological options from a series of drop down options. This was to enable audit and to assist the team in understanding which interventions had been used and why. Electronic guidance was shared with each ward manager so that ward staff were aware of how to record interventions and where to record them in the electronic patient record.

The PRN Campaign was piloted on two wards before feedback was reviewed by the steering group. The pilot audit highlighted issues with recording interventions in the electronic record which led to the implementation of further guidance on the 12 intervention options. Nurses were encouraged to record the details of interventions they undertook with patients as an alternative to medication. A follow up audit saw a positive increase in the number of times the use of medication or alternatives were recorded. These included self-soothing strategies such as the use of Calm Boxes as part of the Safewards model, the use of behavioural support plans which are recommended by the Department of Health (2014). Following the pilot audit the project was implemented across all low and medium secure wards within the Trust. To assist with the roll out of the Campaign members of the multi-disciplinary steering group attended key meetings to share the aims, explain what was involved and required of staff and answer any questions about alternatives and the process of recording.

Results - how did the Campaign make a difference?

The PRN Campaign led to a 14% reduction in the use of PRN (as required) medication on 8 of 18 participating medium and low secure wards across a 2-year period. Whilst eight of the wards significantly reduced PRN use, 10 wards did not show any significant change.

Although feedback was not systematically collected from patients, anecdotal feedback as reported by nurses was positive. Patients reported having more options for non-pharmacological support and the benefits of fewer side effects. Previous reports have noted that alternatives to medication are mostly proposed by staff, and the feedback on as-needed medication events is usually provided from nurses' point of view (Hipp et al 2020). Through focus group discussions nurses described an increased sense of autonomy, job satisfaction through using applied psychological strategies and fewer incidents of conflict which can often be associated with the use of PRN (Bowers et al 2013).

Figure 4: PRN interventions

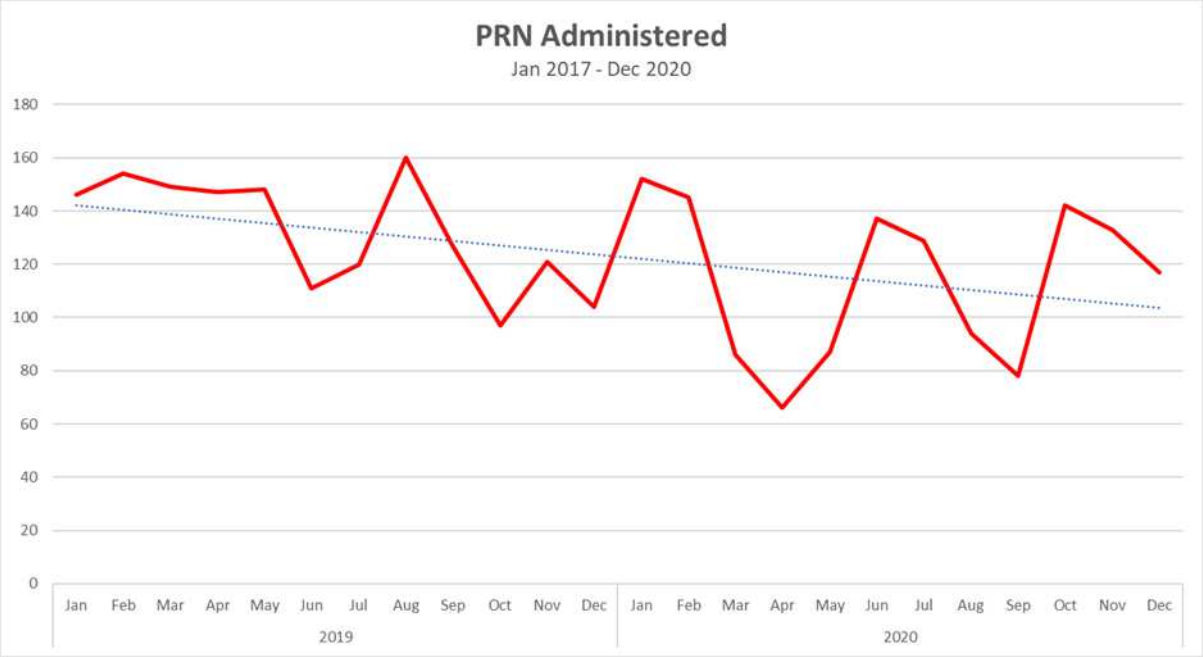


Figure 5: oral and intramuscular PRN medication

The Mental Health Act Code of Practice (2015) requires mental health service providers to reduce restrictive interventions in order to make care safer. Restrictive practices include the use of restraint, seclusion and rapid tranquilisation. The reduction in the use of PRN medication through the PRN Campaign included a reduction in IM which was another positive outcome (see figure 5).

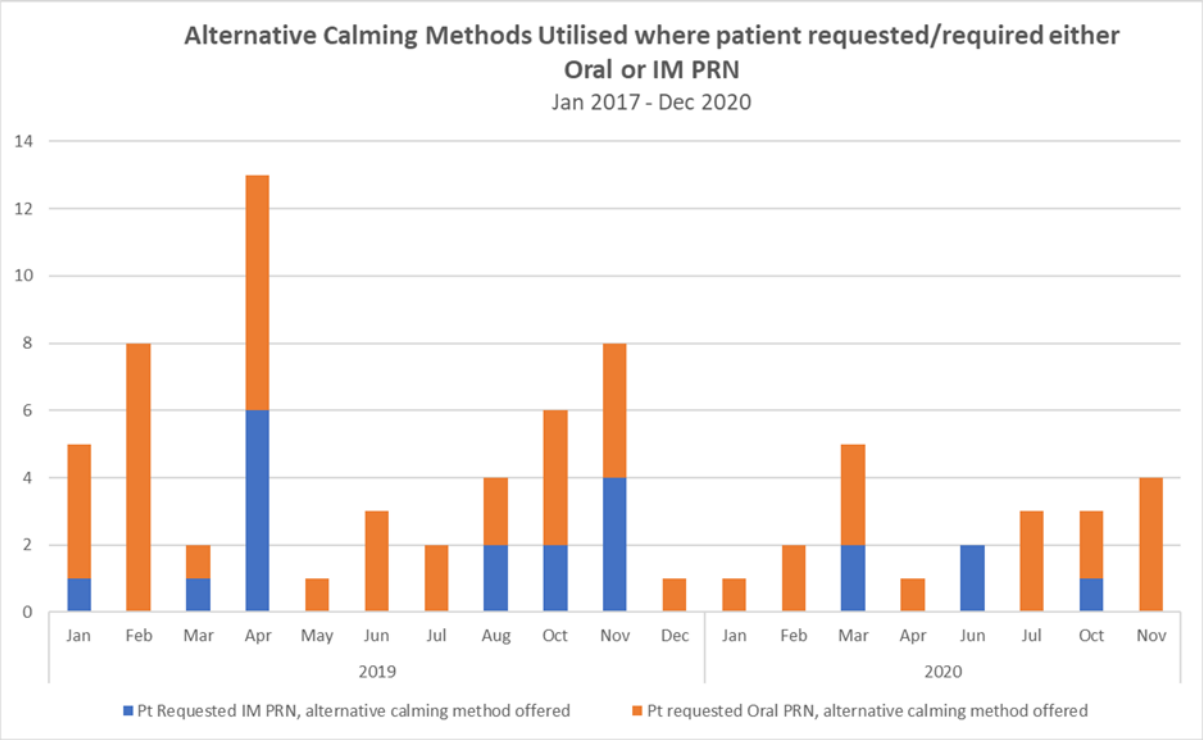
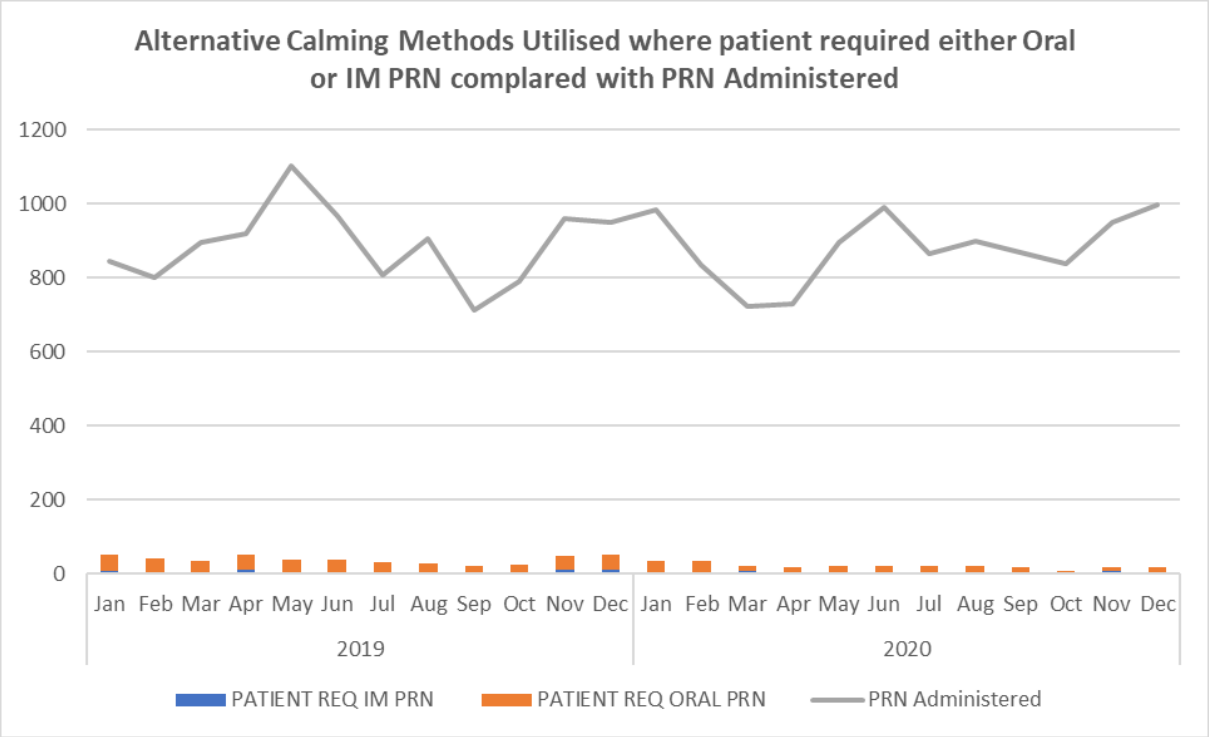


Figure 6



Discussion

The PRN Campaign was conceived and implemented as a project quality improvement project to encourage the use of non-pharmacological interventions thereby reducing the administration of PRN psychotropic medications and increasing the alternatives available. Recognising that psychotropic medication has a key role to play in supporting people in their mental health recovery, the authors set out to open up opportunities for non-pharmacological alternatives, suited to supporting patients with the difficulties they are experiencing. This is particularly important for patients on forensic mental health wards who may remain in hospital for many years and need ongoing coping strategies to manage their mental health difficulties . Through focus group interviews nurses said that providing alternatives to medication was a better use of their therapeutic skills and aligned with their reasons for entering the nursing profession.

There was variable degrees of success across the participating forensic mental health wards. This could be for a range of reasons including differences in individual and team commitment, the influence of the steering group in driving forward the project aims and the role of ward based leaders including managers who were keen to see quality improvement initiatives being embedded on their wards. Changing the custom and practice of inpatient nursing care and practice requires concerted efforts. In their study Baker et al (2006) reported that nurses said that lack of time can inhibit the use of non-pharmacological interventions. In another study by Hipp et al (2020) it was concluded that patients and staff may have divergent opinions on the need for medication which can affect choice, decision making and access to alternatives.

Despite the aims of the *PRN Campaign* and a reduction in pharmacological interventions used during the study period, it was disappointing there was little recorded evidence about exactly which strategies were applied. This reflected the findings from previous studies in both acute and secure mental health settings where researchers found that alternative non-pharmacological interventions were less likely to be recorded in nursing notes than the administration of medicines (Baker 2008; Haw & Wolstencroft 2014; Martin et al 2017). Indeed, Curtis et al (2007) could identify no documented evidence of alternatives to medication being considered prior to administration of PRN for nearly three quarters of patients in their study. Although the recording of PRN medication use improved which was positive, it was not possible to establish if non-pharmacological therapeutic interventions had been attempted prior to the use of medication or as a standalone intervention which had a successful outcome. As the PRN Campaign has progressed the Trust is tracking the use of alternative methods to help differentiate what may be specifically effective when supporting patients who are distressed.

Conclusion

The longer term impacts of this quality improvement project are yet to be quantified in terms of health and productivity gains and patient experience. However, early indications are promising, and there are benefits to both patients and nurses who are required to draw on a broad range of therapeutic skills. Despite the continued use of PRN psychotropic medications in inpatient mental health settings it is disappointing that research to test the effectiveness of, and barriers to, using non-pharmacological alternatives remains in its infancy. The use of PRN remains widespread and largely unregulated. The authors of this project concur that further research into alternatives to PRN is required. This is in terms of outcomes for patients and the effect on mental health nurses and their professional identity and models of care. It is also recommended that alternatives to medication for people with mental health needs are explored by all provider organisations and their commissioners and regulators.

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