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What helps and hinders Shared Decision-Making in mental health services?

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South West London

- Mental Health NHS Trust

- Mental health services across 5 London boroughs

- Serves a population of 1 million

- Approx 2,100 staff

- Services: Children & adolescent, adult, older people and specialist services

Decisions about services, treatments, interventions...

Are not just medical decisions...

...Medical decisions are also personal decisions...

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Shared Decision-Making (SDM)

- SDM allows the person to be an equal partner in their health care.

- SDM is an interactive and collaborative process between an individual and their professional that is used to make decisions pertinent to a person's recovery.

- While clinicians may be treatment experts, the person is an "experts in themselves".

Principles of SDM

1. It involves at least two participants, the professional and the person

2. Both the professional and the person take steps to participate in the process of decision making

3. Information sharing is a prerequisite to shared decision-making

4. Both the professional and the person take steps to build a consensus about the preferred treatment weighted accordingly to the specific characteristics and values of the person

5. A decision is made and both parties agree to the decision

Charles et al (1997)

Preference for decision-making?

- **Q: When making decisions about medication with your psychiatrist, how do you like to make these decisions?**

- Autonomous role preference   32% (n=31)
- Collaborative role preference   53% (n=51)
- Passive role preference   15% (n=14)

Harris & Rinaldi (in preparation)

Information is critical for decision making
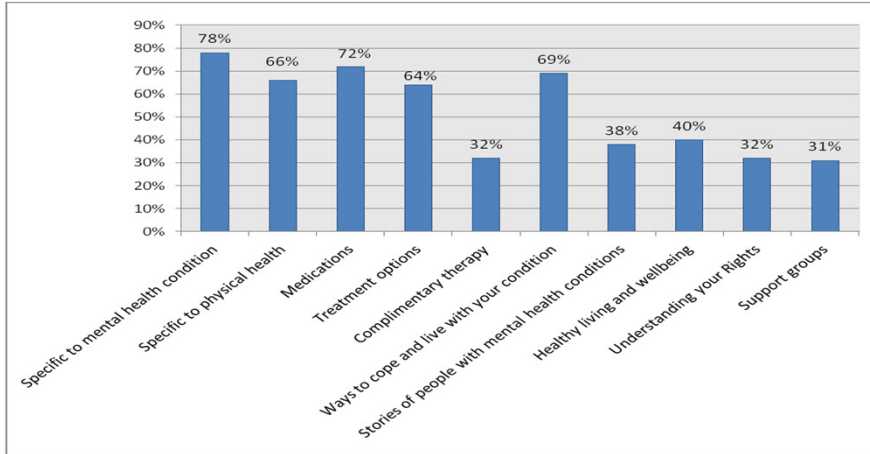

'I Google search for medication'

'I search on Google and see what comes up'

Internet usage

- 54% (n=99) of service users had used the internet or email within the past year.
  - 9 out of 11 people over the age of 60 years had used the internet in the past year.
  - people with a diagnosis of schizophrenia were less likely to have used the internet in the last year in comparison with other diagnostic groups (42% vs. 54%)

- Of those who use the internet, 87% (n=86) access the internet on a regular basis at least once a week with 66% (n=65) accessing it daily.
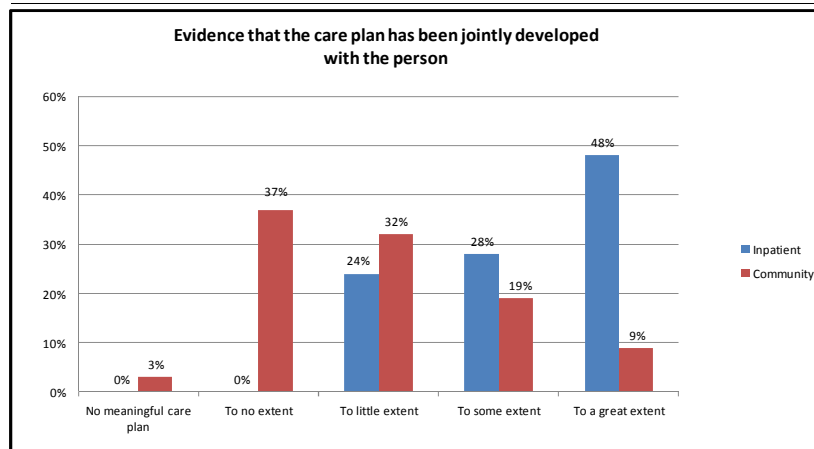
Rinaldi & Barrett (In Press)
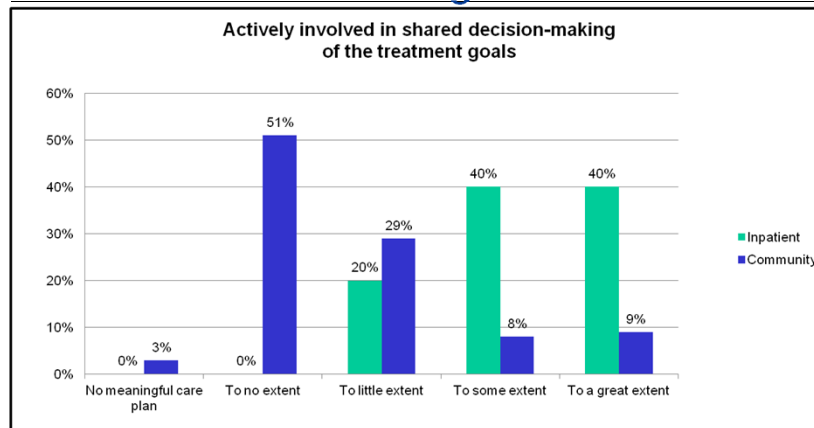
Searching for health related information?

Rinaldi & Barrett (In Press)

Care Planning....

Evidence that the care plan has been jointly developed with the person

Rinaldi & Kuriyan (In Preparation)

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Evidence of shared decision-making of the treatment goals?

Actively involved in shared decision-making of the treatment goals

Rinaldi & Kuriyan (In Preparation)

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Evidence the crisis plan has been developed as a joint crisis plan

The crisis plan has been developed as a joint crisis plan

Rinaldi & Kuriyan (In Preparation)

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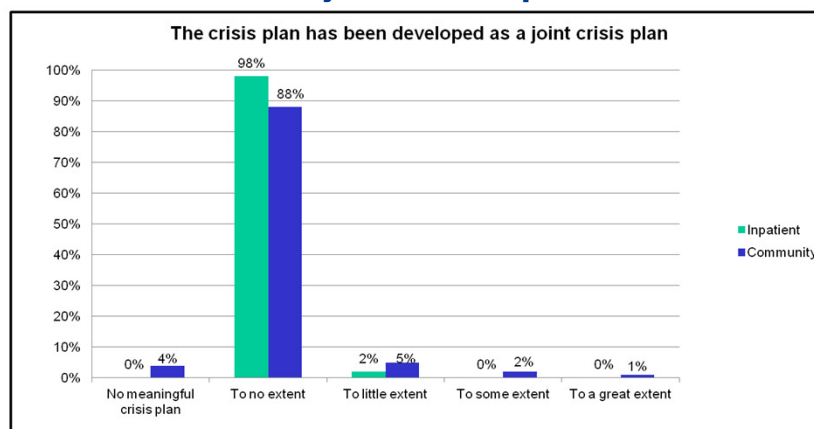
What is a Joint Crisis Plan?

- The *Joint Crisis Plan* is an advance agreement between service users and their care team regarding service user preferences for treatment and practical arrangements in the event of future mental health crises.

- A joint crisis plan aims to empower service users while facilitating early detection and treatment of a relapse.

- A joint crisis plan has to be negotiated and agreed (for it to be a joint crisis plan).

What makes a good crisis plan?

- Delphi: services users, family, friends, carers and mental health professionals.
- 78/94 statements reached positive consensus

An interesting finding....
- 10% of service users
- 25% of carers, families and friends
- 49% of mental health professionals
  - disagreed or strongly disagreed with the statement: '*crisis plans will not work because services will not honour them'.*

Rinaldi, Huk & Zadeh (In prepartion)

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Barriers to implementation

Better Doctors, Better Patients,
Better Decisions

Envisioning Health Care 2020

EDITED BY
Gerd Gigerenzer and
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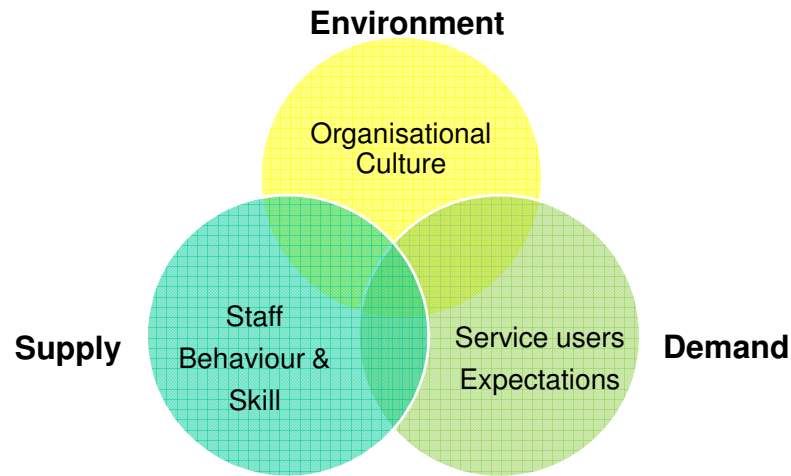STRONGMAN FORUM REPORTS

<u>Service user level barriers</u>

- Lack of confidence about ability to make judgements about information on potential benefits and risks

- Lack of understanding of role in decision making

- Lack of understanding of treatment options and potential impact on health and well-being

- Health status precludes active role

- Multiple decisions may be required

- May be seeking complementary/alternative care and not want to share details with health professionals

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Barriers to implementing more patient centred care

<u>Health professional level barriers</u>

- Lack of time to explore patient preferences

- Lack of skill to explore patient preferences

- Unconvinced that SDM is appropriate or provides the best outcomes

- Preference for role of 'benevolent patriarch / matriarch' rather than patient-centred facilitator

- Unaware that patient values can differ from those of health professional

- Lack of knowledge, skills or capacity to provide social support and care rather than health care

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Where should we focus?

Environment

Organisational Culture

Supply

Staff Behaviour & Skill

Service users Expectations

Demand

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Thank you

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