Implementing Shared Decision Making

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PROactive Management of Integrated Services & Environments

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Anglia Ruskin University

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The ShIMME Project

- A 3 year research project (2011-14)
- A partnership between Service Users, Carers, CPFT and Anglia Ruskin University
- Developed & delivered training programmes for service users & clinicians, focused on the **process** of shared decision making (SDM) in psychiatric meds management
- Key findings:
  - Sig ⇈ in service users' levels of certainty around medication decisions
  - Sig ⇈ in service users' ratings of whether psychiatrists' styles promoted SDM
  - Service users expressed a preference for SDM (& said it doesn't always happen)
  - Cost effectiveness: effective and cheaper for 40%,
    effective but slightly more expensive for 58%

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Key steps in implementing SDM in CPFT:

1. Setting the expectation:

- SDM policy
- Governance group presentations
- Publications and conference presentations
- A PROMISE initiative
- SDM page on CPFT website

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Key steps in implementing SDM in CPFT:

2. Informing & empowering front line staff & service users:

- Team training sessions
- Training sessions for specific groups (PSW, NMP, doctors' induction)
- Recovery College sessions
- Introducing alternatives to medication (Hearing Voices, Open Dialogue)

- Medication information folders
- SDM leaflet

- Personal letters: writing to service users

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Team training sessions: different experiences

- Different starting points: the policy or the team
- The importance of team leader/consultant involvement
- Re-visiting the response “we do this anyway”
- One off sessions vs repeat visits
- Identifying next steps: advance crisis plan, medication monitoring

Implementing research: learning from others' experiences

- Use existing audits to promote SDM
- Link SDM to existing team priorities
- Be clear about what we are asking people to do differently
- Talk about time commitment
- Confront the tension between ethical ideals and mandates to provide clinical containment
- Promote the culture of applying research to everyday practice.

(Kennedy et al 2014), Rooney et al (2009), Hewitt-Taylor et al (2012)

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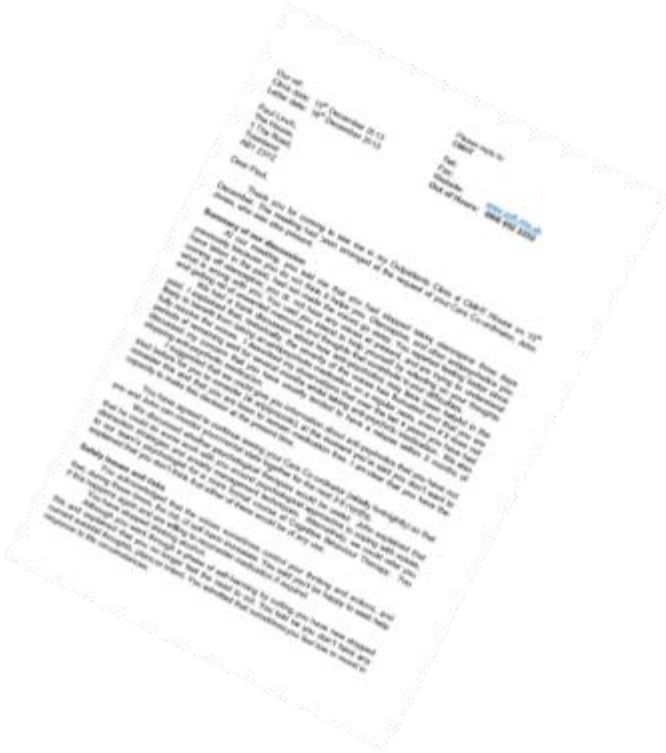
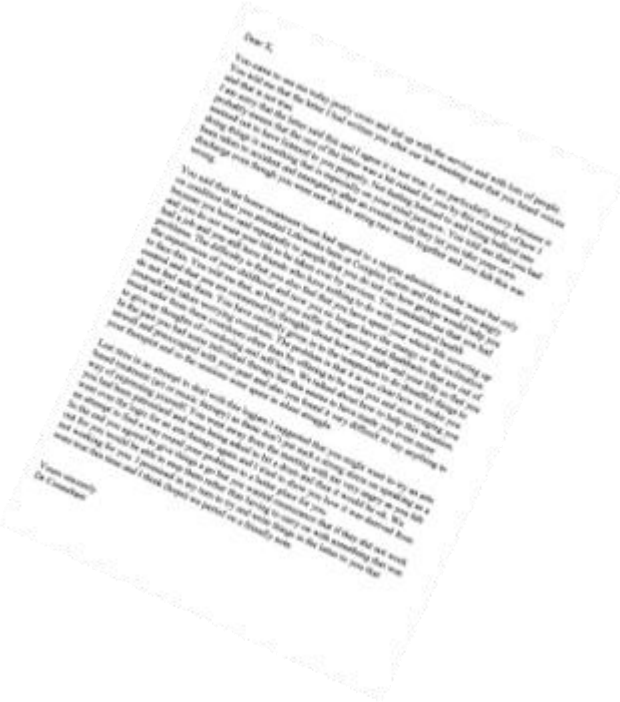
Personal letters: writing to service users





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Therapeutic Letters – some background

Traditional psychiatric practice:

- Letters about a service user are written to the GP (cc'd to service user)
- The service user is not invited to comment on the content
- Such letters may reflect the distance between the person and the clinician
- Letters may ask GP to perform tasks (blood tests, prescribing etc)

Cognitive Analytical Therapy:

- Written letter is routinely sent from therapist to patient
- The letter links reflects the formulation that has been discussed
- Letter contains homework guidelines

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Therapeutic Letters – the recipients' perspective

Freed et al (2010) "It's the Little Things That Count" 4 themes:

1. Feeling Known & Valued
2. Reciprocity, connecting with the letter writers
3. Motivating self care
4. Tangible Appreciation

Pierides (1999) "Writing to Patients"

- decline in non attendance at subsequent appointments
- a large no of written responses from service users to the letters sent to them
- other professionals were positive
- reduction in number of complaints received
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O'Reilly et al (2006) "Writing to Patients a RCT" haematology OPC

- receiving a personal letter did not significantly improve recall (vs a summary)
- personal letters were highly valued by patients and acceptable to referring clinicians

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Letters to service users: suggested guidelines

- Should be routine
- Thank the service user for attending
- Address the issues raised in the consultation: acknowledge any disagreements
- Discuss agreed diagnosis, care plan and prognosis (if appropriate)
- May contain summary of person's history & current social factors and how these relates to current difficulties
- May outline solutions that have already been tried (by service user, family & staff)
- Give jargon free explanations around medication and adverse effects
- Ensure letter is clear; remove any ambiguity
- Remind service user of time/place of next appointment
- Summarise technical details at the end (including instructions for GP)

Pierides (1991), O'Keefe & Berk (2009), Couper & Harari et al (2004)

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