

## Shared decision making in child and adolescent mental healthcare: learning from the project

### Key findings

- Clinicians reported that shared decision making radically changed the way they interacted with service users and made relationships with both young people and their parents more open and transparent.
- Young people reported feeling more engaged and involved in their care, more able to take responsibility for their actions, and more committed to following care plans that they'd been involved in developing.
- Shared decision making supported clearer conversations and negotiations even in high-stress situations.
- The team found some evidence of improved outcomes in individual cases, particularly in relation to aggressive behaviour on inpatient wards, although data quality and capture issues made it hard to draw conclusions about impact at a wider level.

### Successes

- **Empowering young people:** Young people felt a greater sense of engagement and empowerment that enriched their experience of care, allowed them to take ownership of their treatment and begin to understand the reasons behind the clinical work being done with them.
- **Meeting young people's needs:** Clinicians felt that the shared decision making approach helped to make sure their interventions were meeting the needs of young people and their families. They also said that getting rapid feedback from service users became a valuable part of decision making and treatment planning.
- **Reduced acts of aggression:** At the inpatient unit, anecdotal evidence from nurses suggested that shared decision making led to fewer incidences of aggressive behaviour. This link was supported by an analysis of 'risk incident' information for two inpatients.
- **Sharing learning:** The project team was commissioned by the Department of Health to develop a range of free tools and training resources to help child mental health professionals use shared decision making in clinical practice. The team is also developing a learning and support network for child and adolescent mental health services engaged in shared decision making.

## Challenges

- **Data comparison:** The team wanted to compare data across the four sites by identifying a set of common measures to use. This was not possible because of limitations with IT systems and also because of the wide variety of services provided by the sites.
- **Administration pressures:** The project team wanted each site to collect detailed evidence about outcomes in an 'implementation booklet', but existing administration pressures meant the sites were reluctant to do this. The team decided to use the contents of each site's 'Plan Do Study Act' logbook for measurement and evaluation instead.
- **Collecting non-attendance data:** It was only possible to collect relevant and accurate non-attendance data for one of the sites, which was the outreach centre. The data showed no link between shared decision making and failure to attend appointments, but this could have been because non-attendance at the service was already well below the national average.

## Advice to others

The shared decision making approach is best suited to services that support safe risk taking and have a 'no blame' culture. Using a shared decision making approach requires people to be willing to try new things that they may have doubts about at first. Strong leadership and support from a network of peers helps clinicians to test out different approaches and find sustainable ways of using SDM in their work.

The project team recommends working with one site initially, in order to develop clear models for the shared decision making interventions, before progressing to collaborative working and testing the interventions across multiple sites.