

AN EXPLORATION OF HOW THERAPEUTIC RELATIONSHIPS AND SHARED DECISION MAKING INFLUENCE ATTITUDES TOWARDS MEDICATION: CLINICIAN AND SERVICE USER PERCEPTIONS.

SHARED DECISION MAKING 2020 AND BEYOND CONFERENCE

DR KARISHMA JIVRAJ,¹

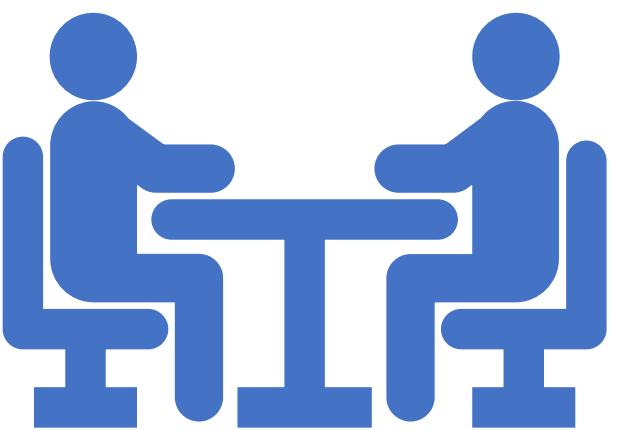
Dr Iris Gault² and Professor Mary Chambers²

¹. University College London / University of Northampton

². St. George's, University of London and Kingston University, UK

Project funded by the Graduate Research School, Kingston University





CONTEXT

- CONSIDER THE CONSULTATION BETWEEN DOCTOR/HEALTH CARE PROFESSIONAL AND PATIENT/SERVICE USER FOR TREATMENT
 - BRIEF / NON COLLABORATIVE / COMMUNICATIVE / LACK OF INFORMATION / OPTIONS / PERCEIVED PATERNALISTIC
- HOW WOULD THIS MAKE ONE FEEL?
- WOULD THIS SUPPORT RECOVERY?

OVERVIEW

What was already known

- About mental health treatment, shared decision making and facilitators of recovery?

What wasn't so well known

- What were the recommendations/guidance?

What was done about this

- How was this done?

What is known now

- What has the current research shown us?

Where do we go from here

- What are the implications for future research / education / practice?

WHAT WAS ALREADY KNOWN

Mental health in England / Facilitating recovery

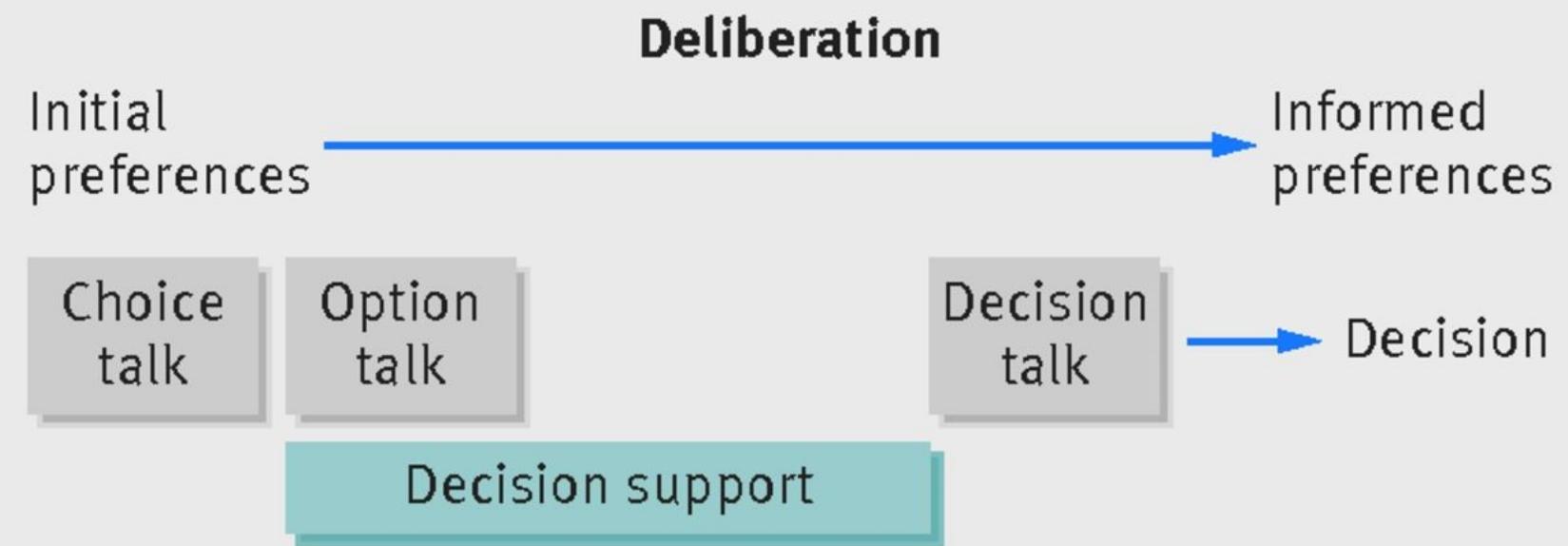


- Prevalence is high (DoH, 2016) and treatment consumes a disproportionate share of health care costs.
- NICE (2014) suggest antipsychotic medication use alongside psychological interventions, offered using a collaborative person centred approach
- How effectively is medication used in treatment? ('Schizophrenia, The Abandoned Illness' – Rethink 2012, 2017)
- Recovery
- *"a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills, and/or roles. It is a way of living a satisfying, hopeful, and contributing life even with limitations caused by illness"* (Anthony, 1993 pg. 527).
- Recovery orientated framework – CHIME (Leamy et al., 2011)



Shared Decision Making

- Step away from traditional paternalistic medical models (Morant, Kaminskiy and Ramon, 2015)
- Promotes and can be promoted by, a healthy relationship between clinician and service user
- The rationale for SDM is repeatedly offered (James and Quirk, 2017)
- 3-step model for clinical practice (Elwyn *et al.*, 2012)



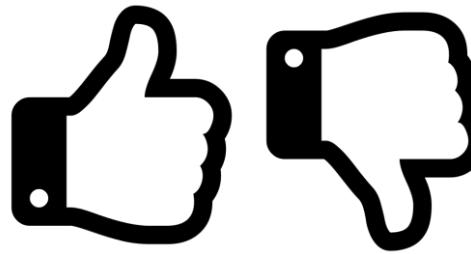
Therapeutic Relationships

- “*an interaction between two people (usually a caregiver and a care receiver), in which input from both participants contributes towards a climate of healing, growth promotion, and/or illness prevention*” (Townsend and Morgan, 2017, p. 135).
- Can be measured from clinician and service user perspectives (McCabe *et al.*, 2012).
- Play a key role in treatment adherence (Day *et al.*, 2005)



Positive attitudes towards medication

- Positive attitudes associated with better adherence behaviours (Beck *et al.*, 2011)
- Predictors of attitudes / adherence
 - Service Users (Emsley, Rabinowitz and Medori 2007, Medina *et al.*, 2012, Velligan *et al.*, 2017)
 - Clinicians (Hamann *et al.*, 2010, Das, Malik and Haddad 2014)
- Understanding attitudes → beneficial for health care services to identify possible non-adherence behaviours

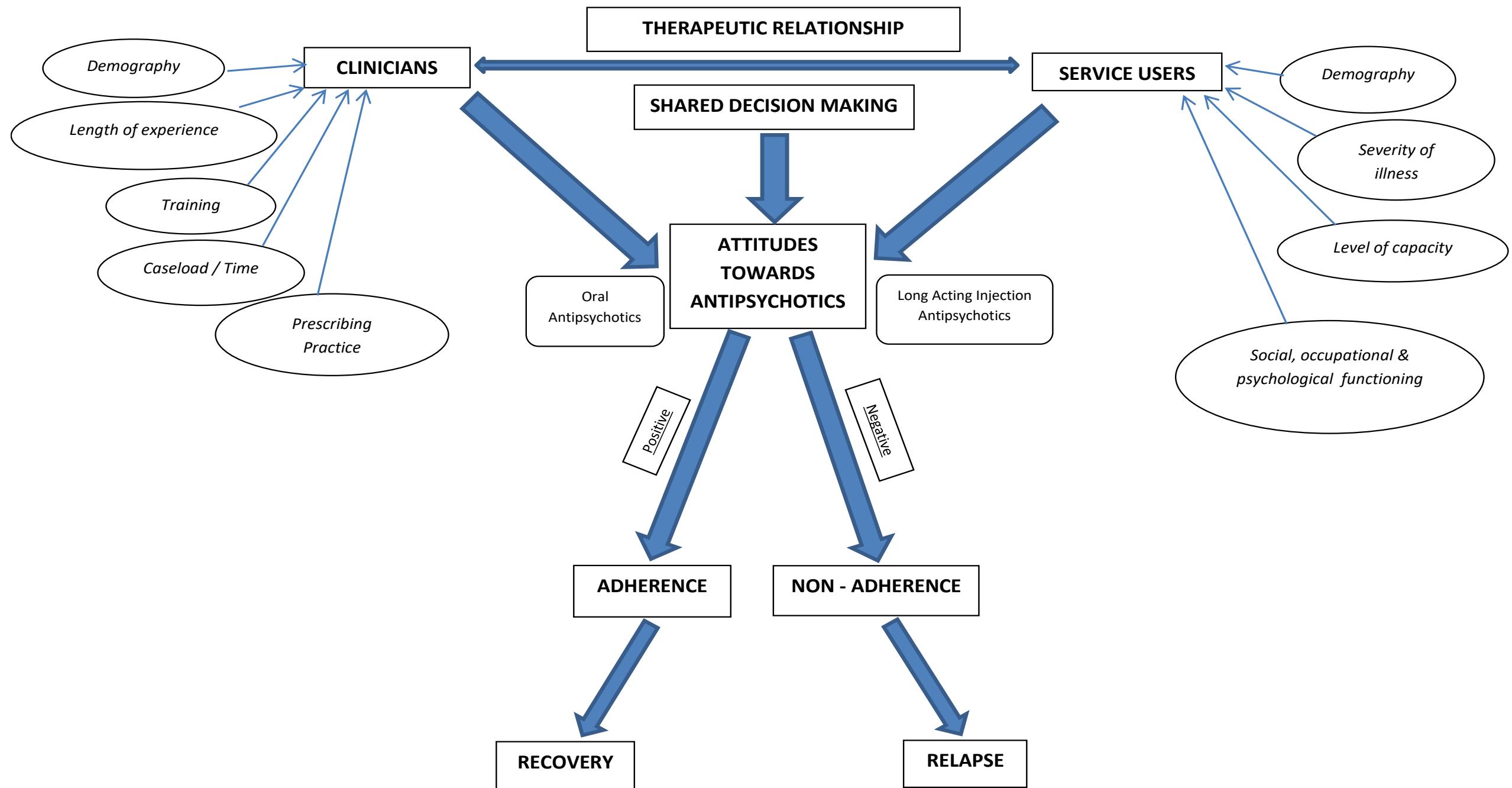


[This Photo](#) by Unknown Author is licensed under [CC BY-SA](#)

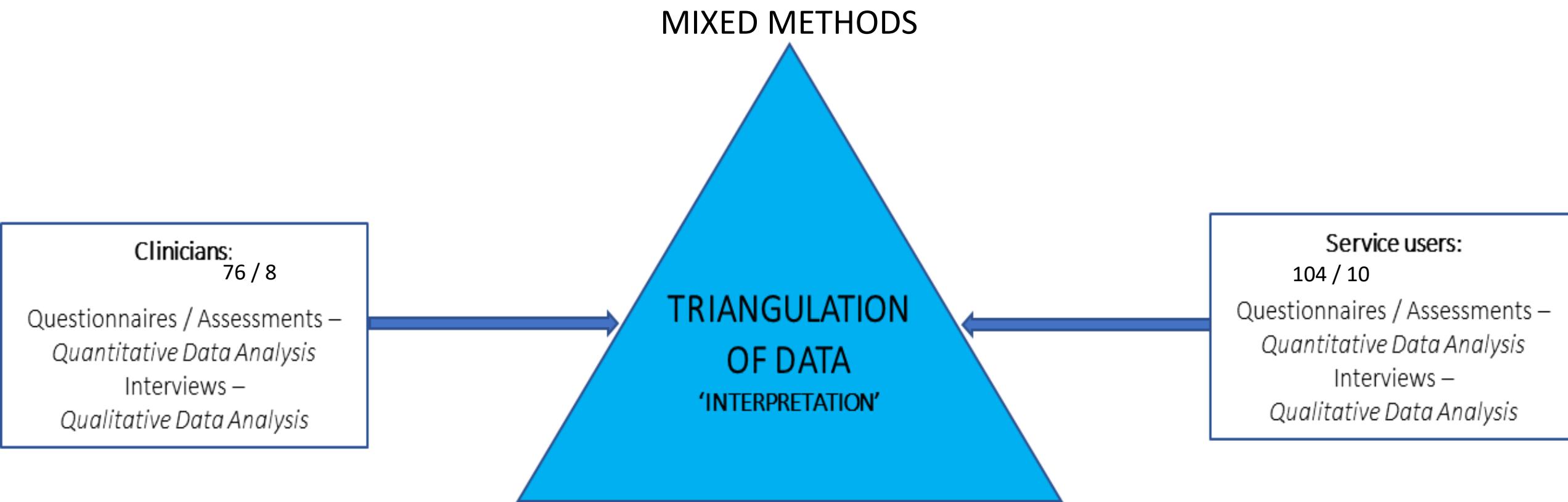
WHAT WASN'T SO WELL KNOWN

- NICE guidance – qualitative perspectives from concerned stakeholders
- To my knowledge this was the first study to investigate both clinician and service user perceptions of the therapeutic relationship and shared decision making to understand how these form attitudes toward antipsychotic medication.
- Exploring these ideas would contribute to better evidence based practice, provide better service user orientated services and improve the effectiveness of mental health service provision in the NHS.
- Research Aim: Understand how therapeutic relationships and shared decision making influence attitudes towards antipsychotic medication

CONCEPTUAL FRAMEWORK



WHAT WAS DONE ABOUT THIS?



WHAT IS KNOWN NOW?

Differences between SU and clinician reports of TRs – clinicians more positive



Positive attitudes towards medication can be explained by

Length of time on AP

Social, occupational and psychological functioning

Therapeutic relationship (positive collaboration)

Capacity (Need for treatment)



Negative attitudes towards medication can be explained by

Forensic history

CTO in past 3 years

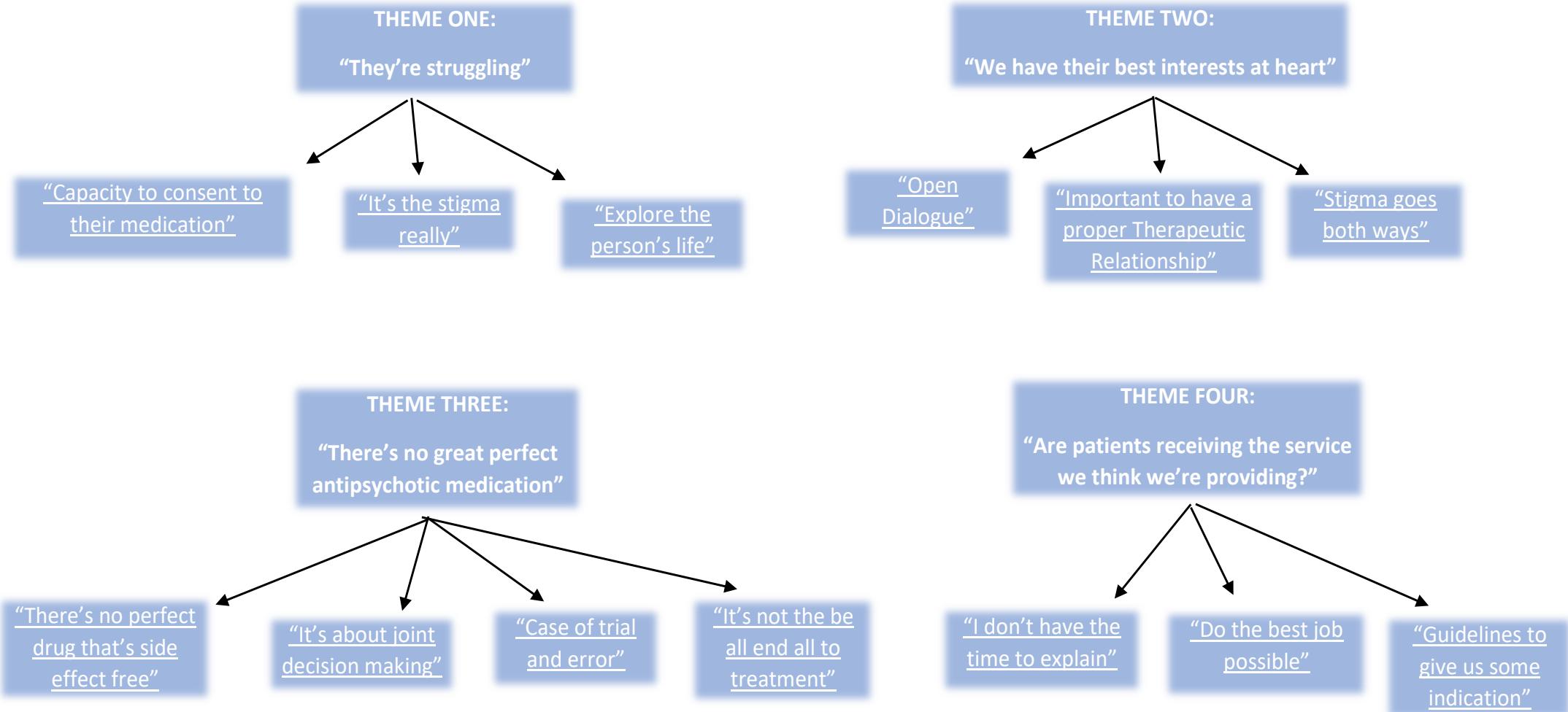
Length of time with service/s

Admission in the past year

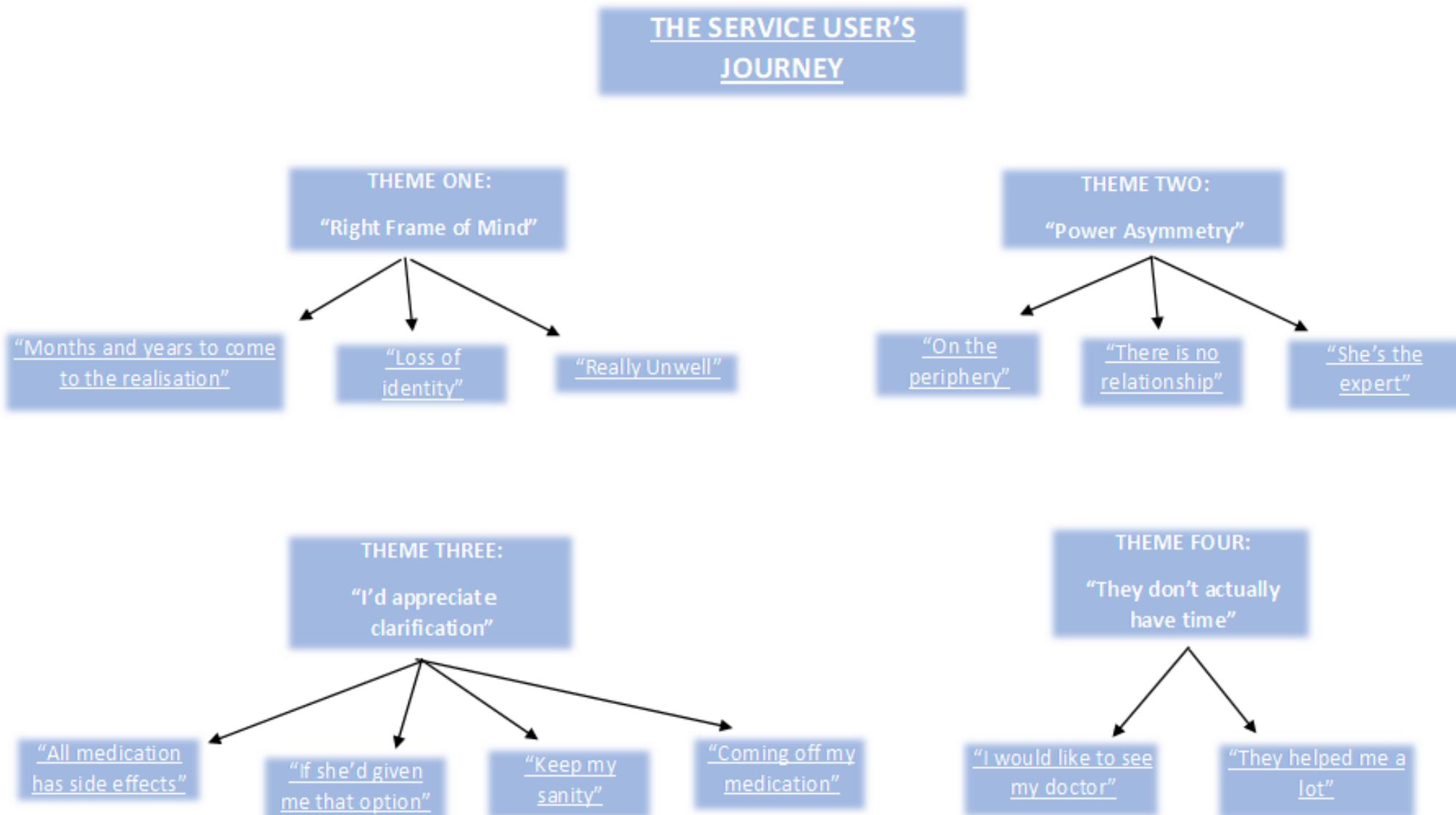
History of non adherence

WHAT IS KNOWN NOW?

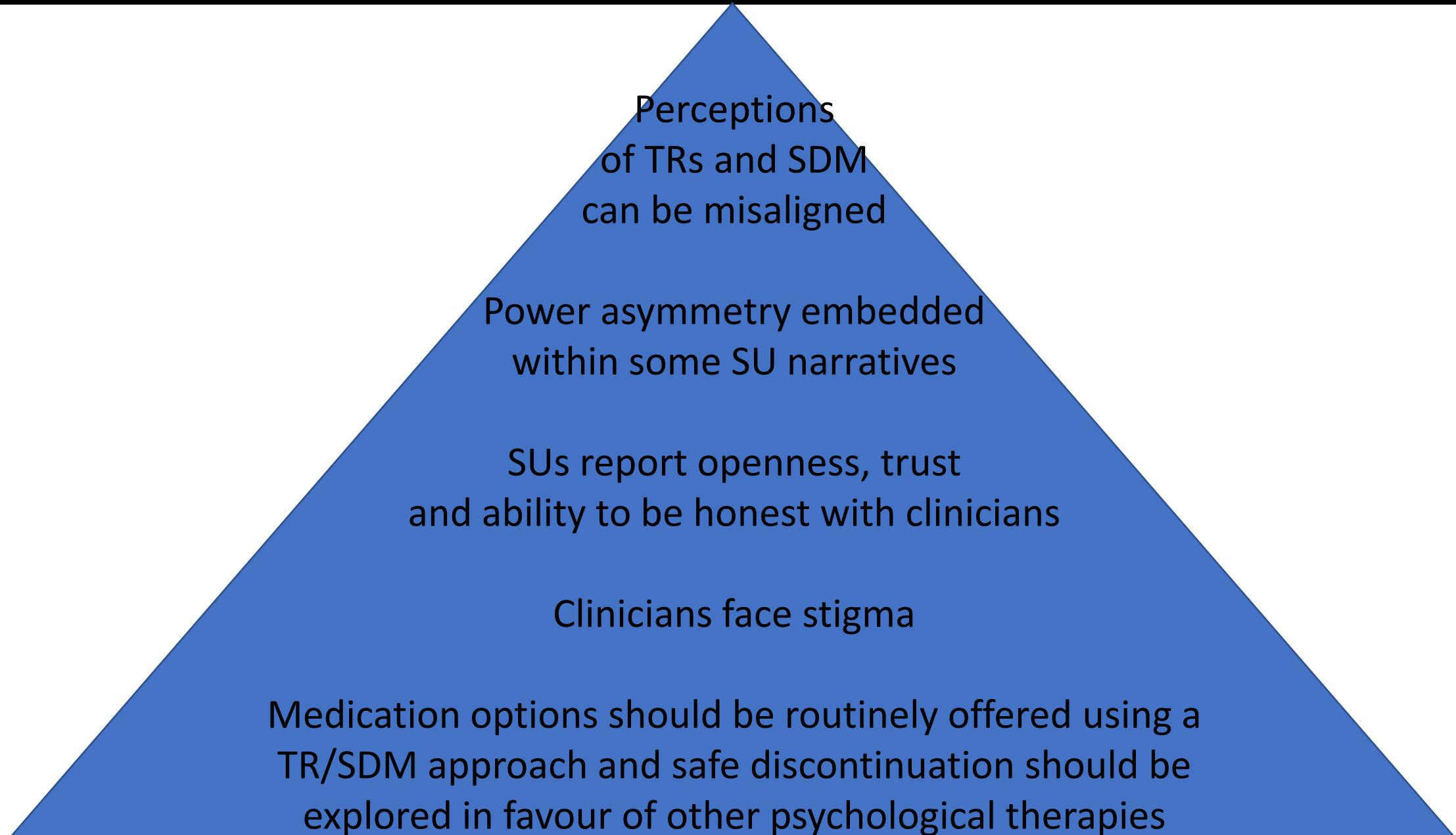
THE CLINICIAN'S JOURNEY



WHAT IS KNOWN NOW?



WHAT IS KNOWN NOW?



WHERE DO WE GO FROM HERE?

FOR FUTURE RESEARCH

- Prospective studies exploring evolving nature of facilitators to recovery
- Mixed method paradigms involving various stakeholders-dyads
- Clinician experiences of wellbeing/stigma/ burnout

FOR EDUCATION, POLICY AND CLINICAL GUIDANCE

- Routinely offering all treatment options
- Promote TRs and SDM via psychoeducation
- Reduce Power Asymmetry
- PPI involvement / coproduction
- Value of peer support
- Review allocation of resources



REFERENCES

- Beck, E.M., Cavelti, M., Kvrgic, S., Kleim, B. and Vauth, R., 2011. Are we addressing the 'right stuff' to enhance adherence in schizophrenia? Understanding the role of insight and attitudes towards medication. *Schizophrenia research*, 132(1), pp.42-49.
- Day, J. C., Bentall, R. P., Roberts, C., Randall, F., Rogers, A., Cattell, D., Healy, D., Rae, P. and Power, C. (2005) 'Attitudes toward antipsychotic medication: the impact of clinical variables and relationships with health professionals', *Archives of General Psychiatry*, 62 (7), pp. 717-724.
- Elwyn, G., Frosch, D., Thomson, R., Joseph-Williams, N., Lloyd, A., Kinnersley, P., ... & Edwards, A. (2012). Shared decision making: a model for clinical practice. *Journal of general internal medicine*, 27(10), 1361-1367.
- England, N. H. S., & DoHaS, C. (2016). Implementing the five year forward view for mental health. London: *NHS England*.
- Leamy, M., Bird, V., Le Boutillier, C., Williams, J., & Slade, M. (2011). Conceptual framework for personal recovery in mental health: systematic review and narrative synthesis. *The British Journal of Psychiatry*, 199(6), 445-452.
- James, K., & Quirk, A. (2017). The rationale for shared decision making in mental health care: a systematic review of academic discourse. *Mental Health Review Journal*.
- Morant, N., Kaminskiy, E. and Ramon, S., (2016). Shared decision making for psychiatric medication management: beyond the micro-social. *Health Expectations*, 19(5), pp.1002-1014.
- National Collaborating Centre for Mental Health (UK, 2014). "Psychosis and Schizophrenia in Adults: Treatment and Management."
- Schizophrenia Commission, (2012). The abandoned illness: a report from the Schizophrenia Commission (Rethink Mental Illness, London).
- Townsend, M. C., & Morgan, K. I. (2017). Psychiatric mental health nursing: Concepts of care in evidence-based practice. FA Davis.
- Karishma Jivraj - <https://orcid.org/0000-0003-0041-4273> / Karishma.jivraj@Northampton.ac.uk

**THANK YOU –
QUESTIONS?**