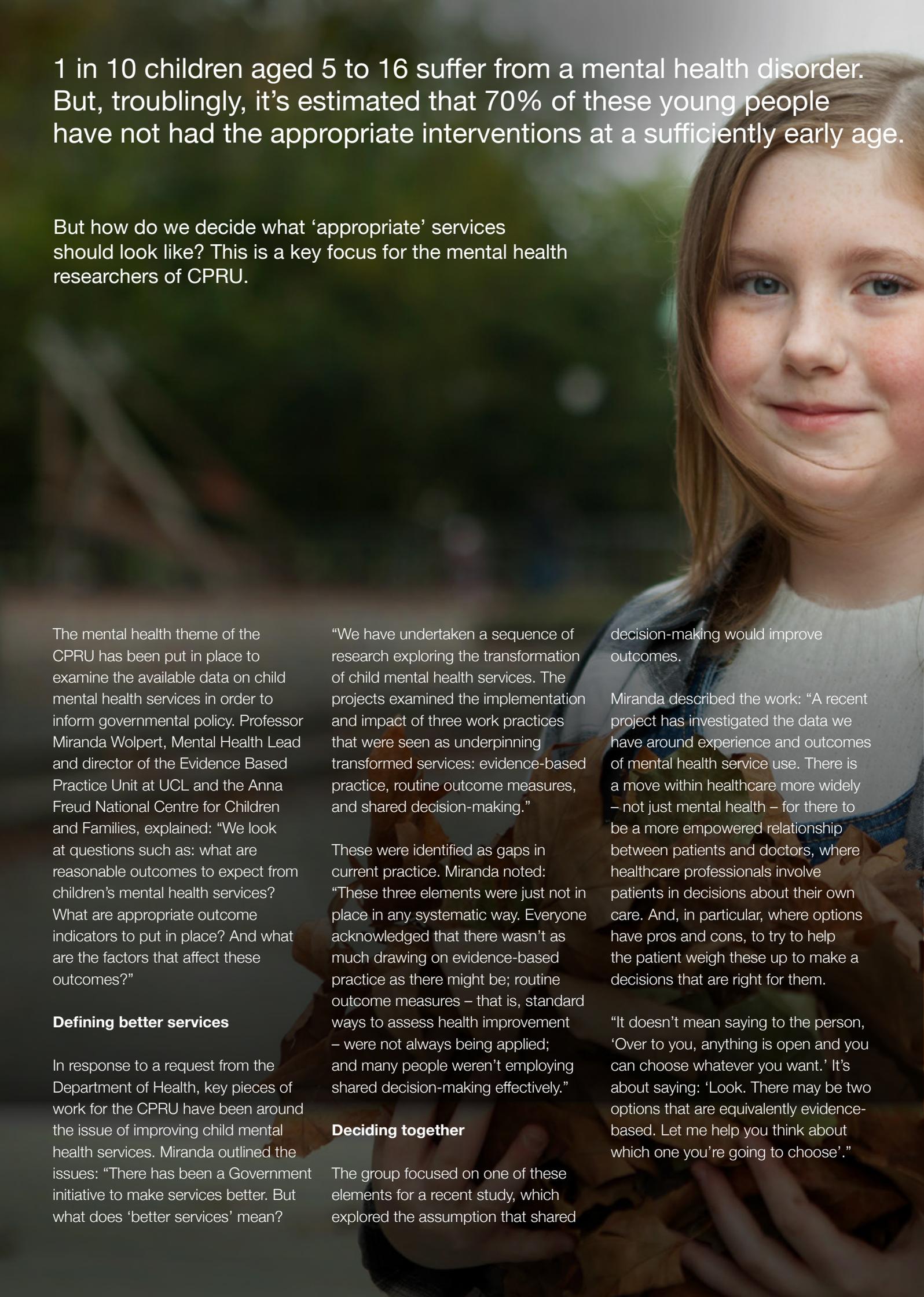


Does making decisions in partnership with children and their parents improve child mental health?



MENTAL HEALTH IN CHILDREN: DECIDING WHAT'S BEST, TOGETHER

- We explored whether shared decision-making improved mental health for children
- Higher levels of child and parent shared decision-making were associated with a greater improvement in mental health
- However, this was only the case if both the parent and the child were involved in decisions, and not when it was just the child



1 in 10 children aged 5 to 16 suffer from a mental health disorder. But, troublingly, it's estimated that 70% of these young people have not had the appropriate interventions at a sufficiently early age.

But how do we decide what 'appropriate' services should look like? This is a key focus for the mental health researchers of CPRU.

The mental health theme of the CPRU has been put in place to examine the available data on child mental health services in order to inform governmental policy. Professor Miranda Wolpert, Mental Health Lead and director of the Evidence Based Practice Unit at UCL and the Anna Freud National Centre for Children and Families, explained: "We look at questions such as: what are reasonable outcomes to expect from children's mental health services? What are appropriate outcome indicators to put in place? And what are the factors that affect these outcomes?"

Defining better services

In response to a request from the Department of Health, key pieces of work for the CPRU have been around the issue of improving child mental health services. Miranda outlined the issues: "There has been a Government initiative to make services better. But what does 'better services' mean?

"We have undertaken a sequence of research exploring the transformation of child mental health services. The projects examined the implementation and impact of three work practices that were seen as underpinning transformed services: evidence-based practice, routine outcome measures, and shared decision-making."

These were identified as gaps in current practice. Miranda noted: "These three elements were just not in place in any systematic way. Everyone acknowledged that there wasn't as much drawing on evidence-based practice as there might be; routine outcome measures – that is, standard ways to assess health improvement – were not always being applied; and many people weren't employing shared decision-making effectively."

Deciding together

The group focused on one of these elements for a recent study, which explored the assumption that shared

decision-making would improve outcomes.

Miranda described the work: "A recent project has investigated the data we have around experience and outcomes of mental health service use. There is a move within healthcare more widely – not just mental health – for there to be a more empowered relationship between patients and doctors, where healthcare professionals involve patients in decisions about their own care. And, in particular, where options have pros and cons, to try to help the patient weigh these up to make a decisions that are right for them.

"It doesn't mean saying to the person, 'Over to you, anything is open and you can choose whatever you want.' It's about saying: 'Look. There may be two options that are equivalently evidence-based. Let me help you think about which one you're going to choose'."

“Higher levels of child- and parent-reported shared decision-making were associated with a greater improvement in psychosocial difficulties over time.”

This approach, although on the rise, is not yet common practice in mental health. Miranda told us: “Shared decision-making is a new concept for child mental health. Some healthcare professionals are applying the principle, but there are indications that others might not be working as collaboratively as they could.”

Growing the knowledge base in support of shared decision-making is an important step towards building it into standard practice. Miranda’s team wanted to add to the existing evidence: “So, we set out to understand whether shared decision-making really did improve outcomes in child mental health.”

Mining the data

As with most CPRU projects, researchers carried out secondary research, making valuable use of data already collected. Miranda outlined the approach: “With CPRU projects, we tend to use either research-created or routinely gathered data. We collect



data from other projects, or apply to holders of large data sets to gain access to further resources.”

For this project, the team used data routinely recorded via patient surveys that included questions about shared decision-making.

These covered questions on: the provision of information on available options, being listened to, and having views and worries taken seriously. Mental health outcomes data was collected for the same sample.

This data, collected from 177 children and their parents, was analysed to explore the correlation between shared decision-making and improvement in symptoms.

Better decision-making for better health

An article reporting the study has been published in the journal *Clinical Child Psychology and Psychiatry*. The paper’s lead author, Dr Julian Edbrooke-Childs, outlined the results: “Higher levels of child-and parent-reported shared decision-making were associated with a greater improvement in psychosocial difficulties over time, as reported by the child and parent.”

One interesting result was that when children reported better shared decision-making, this was only associated with better outcomes when their parent also reported high levels of involvement. Julian suggested: “This might be because children need their parents’ support to access services

and to self-manage their mental health difficulties – so maybe children can only be active patients through shared decision-making when their parents are equally active.”

Julian concluded: “In child mental health services, therapists face a challenging task: involving both children and their parents in understanding the goals of treatment, sharing information about options and preferences, and mutually agreeing how to move forward.”

This study suggests, though, that it will be worth it, and may be an important part of improving services to enhance outcomes for the many children struggling with mental health problems.

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More information

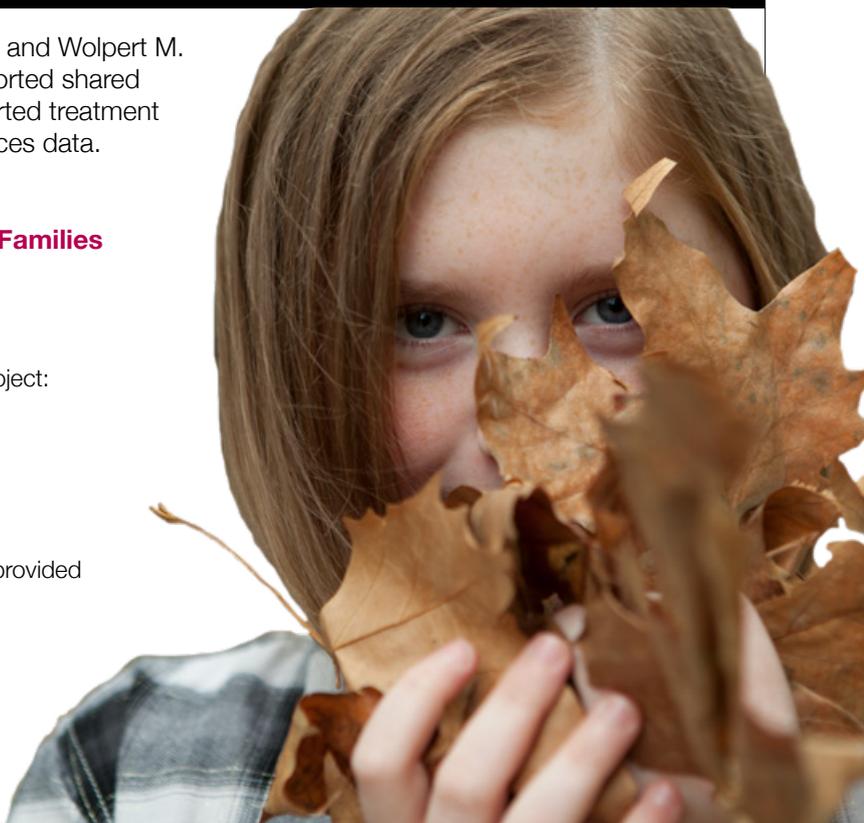
Edbrooke Childs, J., Argent R., Patalay P., Deighton J., and Wolpert M. (2016). The relationship between child- and parent-reported shared decision-making and child-, parent-, and clinician-reported treatment outcome in routinely collected child mental health services data. *Clin Child Psychol Psychiatry*. 21(2), pp.324–338.

The Anna Freud National Centre for Children and Families
www.annafreud.org

Acknowledgements

Many thanks to the following for their collaboration on this project:

- Jessica Deighton, Praveetha Patalay, University College London and Anna Freud Centre
- Rachel Argent, Jenna Jacob, University College London and Anna Freud Centre
- Child Outcomes Research Consortium (CORC)
- The children and young people, families and services who provided data for this project



We are a research consortium led from the UCL Great Ormond Street Institute of Child Health (ICH) in partnership with National Children's Bureau (NCB), the Anna Freud Centre and the Social Care Institute of Excellence (SCIE).

Our aim is to provide evidence for policy and practice for the health and well-being of children, young people and families.

The CPRU is funded by the Department of Health's Policy Research Programme (2011-2018) as the Policy Research Unit in the Health of Children, Young People and Families. The views expressed are not necessarily those of the Department.