

LIKEMIND

An online mental health
companion for young people



Supporting shared decision making

Clinician Guide

A guide to help you use the Likemind Online
Mental Health Companion with service users

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Introduction

Who is this guide for?

This guide is for care coordinators working with people who are under the care of the NHS Early Intervention Services (EIS). It is intended for use with the Likemind website and workbook to help structure clinical session aimed at sharing the website content to help make shared decisions.

What is this guide for?

This is a guide for care coordinators that summarises the ‘bite-sized’ training (which you can find on the Likemind website (see page 4)). It uses the 2021 NICE guidelines for shared decision making¹ and motivational interviewing techniques to give tips on how to structure meaningful conversations with people who have a first episode of psychosis. Using these tools, you can help them to understand the range of treatment options and make informed decisions that are right for them.

Our approach

Getting help from specialised mental health services in the three-year period following a first episode of psychosis is critical to reduce the risk of relapse and promote better functioning and longer-term outcomes. From 2011-2015 the Early Youth Engagement (EYE) pilot study was conducted in Sussex; researchers asked what was important for people to engage with and feel comfortable getting help from the EIS. They told us that they wanted open and honest communication with knowledgeable staff who were able to give information to support shared treatment choices and holistic recovery goals that reflected the things that were important to them.

We developed the Likemind resource booklets and website to provide practitioners and service-users with clear up-to-date information about treatment and recovery. Recently, a larger randomised controlled trial (the EYE-2 study) funded by the National Institute for Health Research (NIHR) tested the EYE model of care: Staff were trained in motivational interviewing techniques (a collaborative, goal orientated communication style) they were encouraged to use the Likemind resources and efforts were made to engage service-users in peer-led social support groups. Feedback from the study showed that when clinicians shared the website in clinical sessions it helped to support meaningful conversations, but that most people aren't using it in this way yet. The Likemind workbook is a tool to help guide shared decision making, supported by joint use of the website. We want to see how many people decide to use this resource and test whether it can help to improve therapeutic relationships and engagement.

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Take part in a research study

This booklet is produced in conjunction with the NIHR Early Youth Engagement Project (EYE-2) (grant 16/31/87). It is intended to be used as part of a PhD research study funded by the Economic and Social Research Council (ESRC). If you have any questions or feedback, you can contact the research team or use the link below:

Email Ellie Robson (PhD Researcher): e.robson@sussex.ac.uk

Email Prof. Kathy Greenwood (supervisor): k.e.greenwood@sussex.ac.uk

Feedback

To give feedback or report broken links please or scan the QR code if you are using a paper version or click below



[Feedback](#)



How to use the Likemind intervention documents

The Likemind intervention is made up of three documents that can be found on the Likemind website in the 'Resources for Clinicians' section under the



[Likemind Intervention Resources](#) tab

1. Likemind workbook (also found in the 'resources for people with unusual and distressing experiences' section):

This document is directed at your service-user and uses the information on the website to help discuss key areas of EIS care. It is divided into 4 units (i) psychosis and EIS, (ii) medication, (iii) psychological therapies, (iv) health and wellbeing; each designed to be completed in one-hour sessions. Sometimes it might take less time, alternatively, extra time might be needed if there is a lot to talk about. You can use it flexibly and tailor it to the individual, skip bits that aren't relevant or spend more time on areas that you think might be more useful. The workbook can be used as a printed or digital resource. If it helps, you could keep a paper copy of the workbook for notes and a digital copy for accessing the website links.

2. Clinician guide:

What you are reading now is the clinicians guide, it combines content from the 'bitesize' website training on motivational interviewing and shared decision making to help you maximise connection and communication. Use it to refresh your memory about how to get the best out of the conversations you have in clinical sessions when you use the website.

3. Website user guide:

This document is to help anyone who might want extra guidance using the website. It includes tips such as navigating web pages and bookmarking; how to open, download, save and share documents.

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Session Structure:

This is an example of how you might structure a one-hour session and where you might want to use the techniques found in this guide

Introducing the Session: 10-15 minutes

- Talk about any immediate problems or questions
- Introduce the program content and resources (if it's your first session) or catch up from last session

Main Session Content: 30-40 minutes

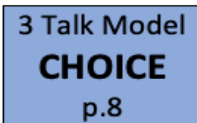
Introduction to the topic

Look at the guide for the session to see how it will be structured.

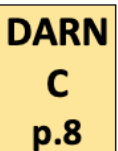


Find out what your service users' values and beliefs are about the topic

After introducing the topic, ask about initial thoughts including any worries.

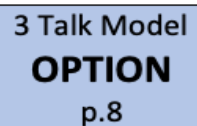


Explain back what you have heard to show you have understood key values and beliefs and clarify anything you might have missed or misunderstood.

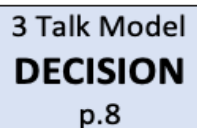


Discuss the options and make choices

Use the website resources to present and talk about different options concerning the topic. Help weigh up the good and bad things about the options and guide decisions based on your service users' values, beliefs and how they feel right now.

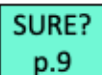


Ask them to explain back what they have understood and clarify anything they might have missed or misunderstood.



Are you sure about your decisions?

Help your service user think carefully about whether they are happy with any decisions made.



You can always decide to come back to an option later if it's not something they are ready to think about now

Concluding the Session: 10-15 minutes




- Think about any small changes that can be made, or actions either of you need to do before the next session.

NCAP TARGETS:
Help us get the best score we can for the 2022 NCAP targets: Record in Carenotes if you have offered an intervention. See page 12 for more information

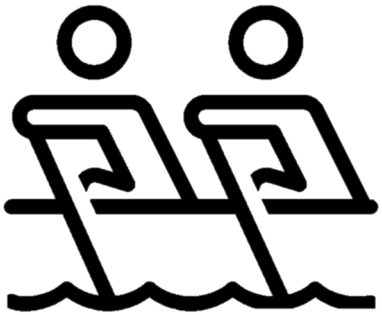
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Meaningful communication: Helping people with psychosis make informed decisions

When you are guiding the session think about using some of the techniques in this section to maximise connection and communication

	Resist the urge to say what is wrong and fix it; aim for a collaborative partnership where you listen with respect and curiosity.
	Aim for a compassionate approach, and emotional connection to help gain a deeper understanding about the life of your service-users and the things that are important to them.
	Building a trusting relationship can help open discussions about goals and treatment approaches that might support these.

The motivational interviewing approach uses the OARS acronym to help remember communication techniques that will help guide meaningful conversations about treatment options

OARS	
	O pen Conversations A ffirmations R eflections S ummarising



Using a visual scale might help someone express their emotions more easily

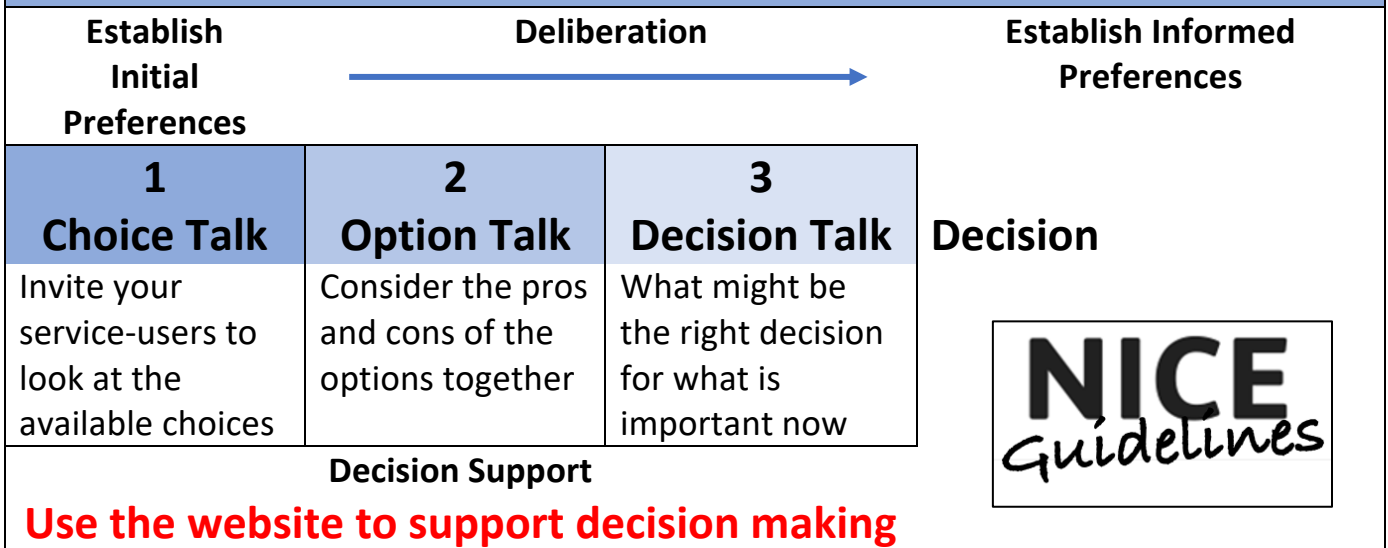


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Behaviour change: Goal setting and decision making

Three Talk Model²

One way of helping to set goals and make decisions is to use the three-talk model.



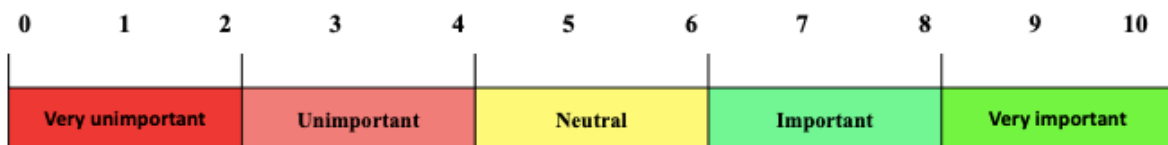
DARN-C

The motivational interviewing approach uses the DARN-C acronym to help consider facilitators of behaviour change

D esire to change	<i>'I want to...' 'I would like to...' 'I wish...'</i>
A bility to change	<i>'I've done it before...' 'I can...' 'I might be able to...'</i>
R eason to change	<i>'I might feel better if...' 'I would be happier if...'</i>
N eed to change	<i>'I should...' 'I have to...' 'I need to...'</i>
C ommitment to effort	<i>'I promise...' 'I am going...' 'I intend to...'</i>



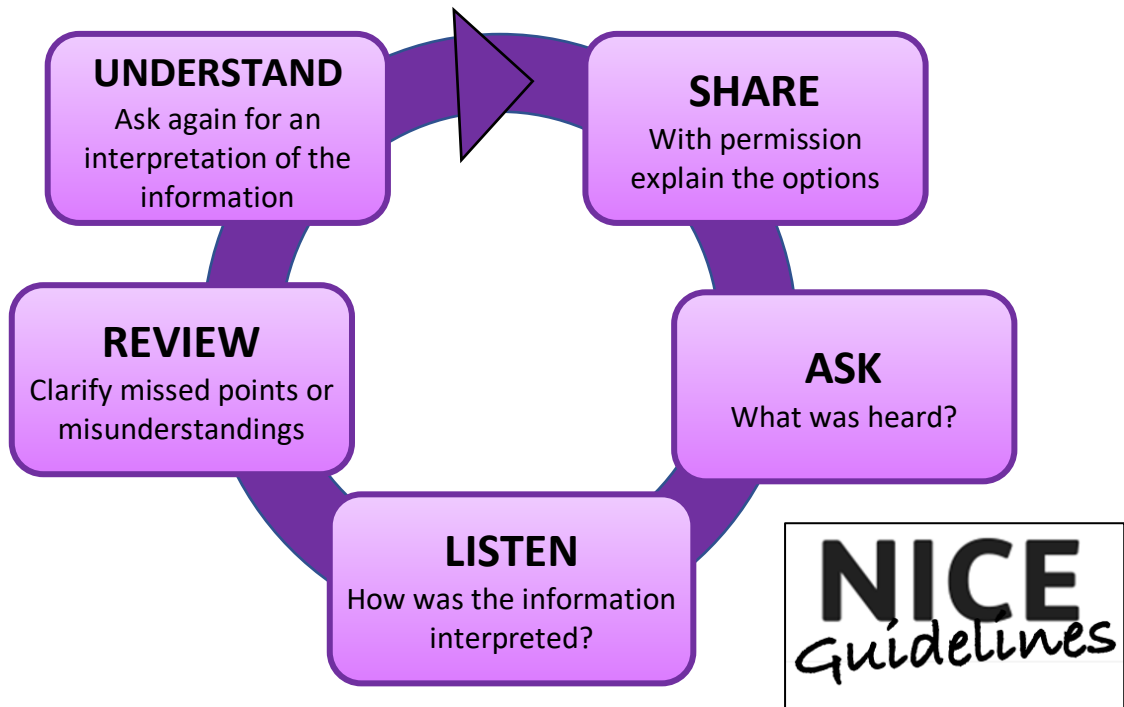
Using a visual scale might help decide how important a decision or goal is in someone's life



Evaluating decisions

Teach Back³ (adapted)

This adapted Teach Back Method can help to check if the information has been correctly understood



The SURE Test⁴

Check if your service user is sure about the decision/s they have made.

NICE Guidelines

S ure of themselves	Do they feel sure that the decision is right choice for them?
U nderstanding Information	Do they know the benefits and risks of each option?
R isk-benefit ratio	Are they clear about which benefits, and risks matter most to them?
E ncouragement	Do they have enough support and advice to make a choice?

If the answer is **NO** to any of the questions below, you may need to spend more time thinking about the topic you have been discussing.



Behaviour change: Working towards goals



Once you have established a decision or goal you can work on the specific tasks needed to achieve them. Who needs to do what for this to happen?



It might be helpful to consider multiple different change strategies that align with a service users' goals and values



Together decide on small achievable behaviour change tasks



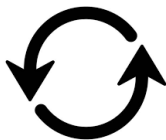
Celebrate successes, no matter how small



Frequently return to values, goals comparing current behaviours and any discrepancy between them. For example, having a healthy sleep pattern is important for someone who would like to get back into education or work



Some people might need help verbalising thoughts and recognising emotions. Visual aids and confirmation using the teach back method can help with this



Revisit topics regularly to re-offer treatments that might not have been acceptable to your service-user previously



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Remote working: Tips for appointments using video call

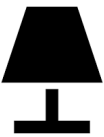
Evidence also shows that therapy outcomes can be about the same whether they are virtual or face to face. However, while agreeing goals and tasks might be similar online, building a relationship can feel harder. Researchers find that clinicians rate relationships weaker than service-users. Sharing the website resources can help you build and strengthen relationships by giving structure to remote sessions and a shared sense of purpose. Below are some other things you can do to help ensure a shared reciprocal interaction online:



Discuss and agree what you will do in the event of technical problems



Consider wearing a headset with a microphone to maximise the presence of your voice



Check that the lighting is good enough to enable your service-user to see your eyes and facial expressions



Check your face is close enough to enable your service-user to see your eyes and facial expressions



Consider a plain background or one that is not too distracting



Consider keeping your notes near the camera to help maintain eye contact and explain anything you are doing outside the frame of the screen



Ask for feedback to check the set-up is ok; aim to maintain consistency throughout ongoing sessions and continue to ask for regular feedback

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Help us to get the best score we can in
the NCAP Targets



NCAP is a five-year improvement programme to increase the quality of care that NHS Mental Health Trusts in England and Health Boards in Wales provide to people with psychosis. You can find out more here:

<https://www.rcpsych.ac.uk/improving-care/ccqi/national-clinical-audits/national-clinical-audit-of-psychosis>

To get the best score we can it is important that offers of interventions are recorded in Carenotes; you can help by remembering to log any conversations in the following areas:

Session Two, Medicines:

- If you talk about Clozapine.

Session Three, Psychological Therapies:

- If you offer individual therapy, you can record code '003: CBT for psychosis'.
- If you offer family interventions record code '003: Family interventions for psychosis'.

Session Four, Physical Health and Wellbeing:

- Record under 'Physical Health Check' if you offer any interventions related to physical health.
- Record code 03 IPS if you offer a referral to vocational or employment support.



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References

1. NICE. Shared decision making NICE guideline. *NICE*. 2021:1-30. www.nice.org.uk/guidance/ng197. Accessed February 11, 2022.
2. Elwyn G, Durand MA, Song J, et al. A three-talk model for shared decision making: Multistage consultation process. *BMJ*. 2017;359:1-7. doi:10.1136/bmj.j4891
3. Ha Dinh TT, Bonner A, Clark R, Ramsbotham J, Hines S. The effectiveness of the teach-back method on adherence and self-management in health education for people with chronic disease: a systematic review. *JBI database Syst Rev Implement reports*. 2016;14(1):210-247. doi:10.11124/jbisrir-2016-2296
4. NHS England. Measuring Shared Decision Making: A Review of Research Evidence. *A Rep Shar Decis Mak Program*. 2012:0-26. http://www.rightcare.nhs.uk/wp-content/uploads/2012/12/Measuring_Shared_Decision_Making_Dec12.pdf.

Further Reading

Greenwood K, O'Donnell S, Webb R, Clark S. *The EYE-2 Consultaion and Training Manual* (request from your team lead or email e.robson@sussex.ac.uk)

Miller WR, Rollnick S. *Motivational Interviewing: Preparing People for Change*. 2nd ed. New York, New York: Guilford Publications; 2002

Motivationalinterviewing.org

Mucci A, Kawohl W, Maria C, Wooller A. Treating Schizophrenia: Open Conversations and Stronger Relationships Through Psychoeducation and Shared Decision-Making. *Front Psychiatry*. 2020;11(August):1-8. doi:10.3389/fpsy.2020.00761

NICE. Shared decision making NICE guideline. *NICE*. 2021:1-30. www.nice.org.uk/guidance/ng197.

Rueve M, Maphis L. Using Motivational Interviewing to Improve Health Behaviors in Psychotic Patients. *Psychiatric Times*. 2016;33(5)

Sussex Psychosis Research Interest Group (SPRiG) seminar October 2021 recordings and slides 'Building a Strong Therapeutic Alliance Online' - <http://www.sussex.ac.uk/spriglab/newsandevents/presentations>