i-THRIVE Grids: Developing a shared decision making tool for Integrated Care Systems

National i-THRIVE Programme

11th November 2021

"If we keep on doing what we have been doing, we are going to keep on getting what we have been getting"

Welcome and house keeping

- Welcome from Dr Rachel James, Clinical and Programme Director of the National i-THRIVE Programme.

- **Please note: this webinar will be recorded and uploaded online.** Please keep your camera turned off and mute yourself unless you are asking a question.

- If you need to communicate a technical issue, please use the chat function. This is monitored by one of the team, and we can attend to this ASAP.

- If you have a question or reflection on the content of the presentations please submit this using the chat function and indicate who you would like to address it to. You can select to submit anonymously if you do not want your name to be included.

- You will be sent the slides following the webinar, as well as a link of the recording to enable you to share with colleagues who may not have been able to join.

- If you have any questions or reflections you would like to share following the webinar please feel free to send them to the National i-THRIVE Programme team at ithriveinfo@tavi-port.nhs.uk

Agenda

Time	Item	Presenter
14:00	Welcome and Introduction	Rachel James National i-THRIVE Programme
14:10	Context for Personalisation and Shared Decision making	Nikeeta Sohpaul NHS England & NHS Improvement
14:30	Development of the i-THRIVE Grids	Rosa Town National i-THRIVE Programme
14:55	Comfort break	All
15:00	Workshop activity 1	All
15:25	Workshop activity 2	All
15:50	Reflections	All
16:00	Close	All

How the THRIVE Framework and Personalised Care align

"If we keep on doing what we have been doing, we are going to keep on getting what we have been getting"

What Personalised Care means to me

Being seen only as a **patient with symptoms** or separate conditions that need treating.

SHIFTS TO...

Being seen as a **whole person** with skills, strengths and attributes as well as needs to be met.

Being asked 'What's **the matter** with you?'

SHIFTS TO...

Being asked 'What **matters** to you?'

Being **told** what is wrong with you and how your health needs will be met.

SHIFTS TO...

Being valued as an **active partner** in conversations and decisions about your health and wellbeing.

Not having the information and support you need to make informed health and wellbeing choices and decisions.

SHIFTS TO...

Having the information and support you need to make **informed choices and decisions**.

Personalised Care: A shift in relationship between health and care professionals and people.

Health and care professionals believing **they have all the knowledge**, expertise and responsibility for your health and wellbeing.

SHIFTS TO...

You and your health and care professional **sharing knowledge**, expertise and responsibility for your health and wellbeing.

Feeling **powerless** against a complex health and care system.

SHIFTS TO...

Working in partnership with health and care professionals and **sharing power**.

Having to tell your story **again and again**.

SHIFTS TO...

Only needing to tell your story **once**.

A 'One-size-fits-all' approach to meeting your health and wellbeing needs.

SHIFTS TO...

Having more **choice and control** so your health and wellbeing needs are met effectively in a way that makes sense to you.

Comprehensive Model for Personalised Care

All age, whole population approach to Personalised Care

i-THRIVE

INTERVENTIONS   **TARGET POPULATIONS**   **OUTCOMES**

Specialist
Integrated Personal Commissioning, including proactive case finding, and **personalised care and support planning** through multidisciplinary teams, **personal health budgets** and **integrated personal budgets**.
Plus Universal and Targeted interventions

Targeted
Proactive case finding **and personalised care and support planning** through General Practice. Support to self manage by increasing patient activation through access to health coaching, peer support and self management education.
Plus Universal interventions

Universal
Shared Decision Making.
Enabling **choice** (e.g. in maternity, elective and end of life care).
Social prescribing and link worker roles.
Community-based support.

People with complex needs 5%

People with long term physical and mental health conditions 30%

Whole population 100%

INCREASING COMPLEXITY

PEOPLE MOVE AS THEIR HEALTH AND WELLBEING CHANGES

Empowering people, integrating care and reducing unplanned service use.

Supporting people to build knowledge, skills and confidence and to live well with their health conditions.

Supporting people to stay well and building community resilience, enabling people to make informed decisions and choices when their health changes.

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Thrive Framework alignment with Comprehensive Model for PC

INTERVENTIONS

TARGET POPULATIONS

OUTCOMES

Getting More Help & Getting risk support
needs based groupings align very clearly with the more specialist interventions that might be provided through Personal Health Budgets.

Getting Help & Getting More Help
Evidence based interventions

Thriving / Getting Advice & signposting
Shared Decision Making.
Social prescribing and link worker roles.
Community-based support.

INCREASING COMPLEXITY

People with complex needs

People with long term physical and mental health conditions

Whole population

PEOPLE MOVE AS THEIR HEALTH AND WELLBEING CHANGES

THRIVE FRAMEWORK
This is about empowering service users, integrating care and reducing the requirement for unplanned service use.

THRIVE FRAMEWORK
This is about supporting people to build knowledge, skills and confidence and to live well with their health conditions as required.

THRIVE FRAMEWORK
We would expect that across a population of children and young people 80% of the population would be **Thriving**.

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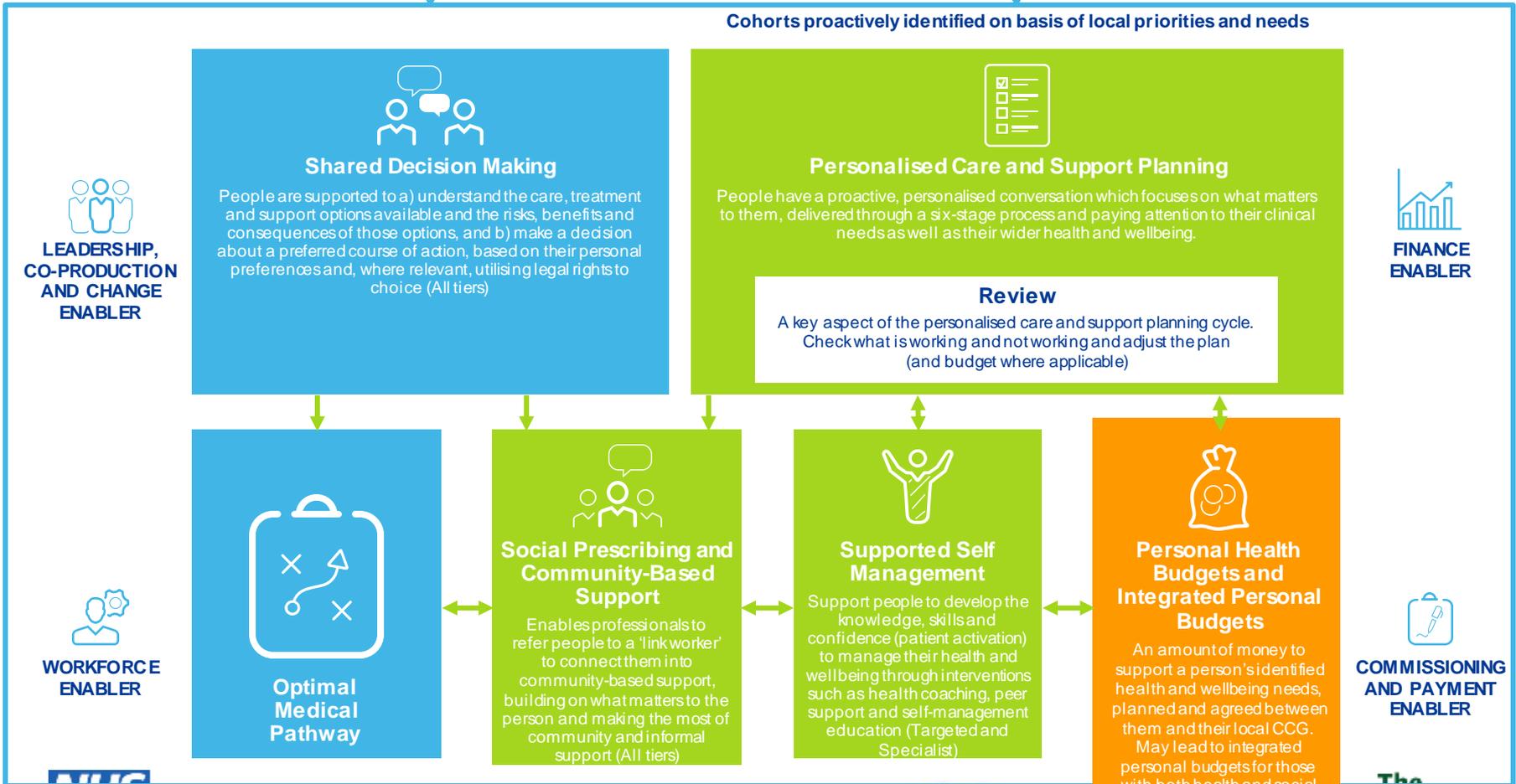# Personalised Care Operating Model

i-THRIVE

WHOLE POPULATION
when someone's health status changes

30% OF POPULATION
People with long term physical and mental health conditions

Cohorts proactively identified on basis of local priorities and needs

LEADERSHIP, CO-PRODUCTION AND CHANGE ENABLER

FINANCE ENABLER

Shared Decision Making
People are supported to a) understand the care, treatment and support options available and the risks, benefits and consequences of those options, and b) make a decision about a preferred course of action, based on their personal preferences and, where relevant, utilising legal rights to choice (All tiers)

Personalised Care and Support Planning
People have a proactive, personalised conversation which focuses on what matters to them, delivered through a six-stage process and paying attention to their clinical needs as well as their wider health and wellbeing.

Review
A key aspect of the personalised care and support planning cycle. Check what is working and not working and adjust the plan (and budget where applicable)

Optimal Medical Pathway

Social Prescribing and Community-Based Support
Enables professionals to refer people to a 'link worker' to connect them into community-based support, building on what matters to the person and making the most of community and informal support (All tiers)

Supported Self Management
Support people to develop the knowledge, skills and confidence (patient activation) to manage their health and wellbeing through interventions such as health coaching, peer support and self-management education (Targeted and Specialist)

Personal Health Budgets and Integrated Personal Budgets
An amount of money to support a person's identified health and wellbeing needs, planned and agreed between them and their local CCG. May lead to integrated personal budgets for those with both health and social care needs (Initially Specialist)

WORKFORCE ENABLER

COMMISSIONING AND PAYMENT ENABLER

What key words describe a personal health budget?

Presentation title

Thriving

- We would expect that across a population of children and young people 80% of the population would be **Thriving**.

- This fits within the personal heath budget agenda as part of the "universal offer":
  - supporting people to stay well, build community resilience and enable people to make informed decisions and choices when their health changes.

- To enable to whole population to thrive you need comprehensive prevention and promotion resources in place.

Case examples

A young person who has used the PHB is over the moon they have dropped three dress sizes and started other keep fit classes at the gym. They have been promoted at work and greatly reduced substance misuse and stopped all medication for depression and anxiety.

A young person was assaulted, which led to them experiencing depression and anxiety. They went to their GP, who referred them for IAPT, but there was a 3 month waiting list. Their Social Worker referred them for personal care & support planning, and it was agreed that the young person would use a PHB for singing lessons. Through accessing the singing lessons, the young person decided they didn't want or need IAPT any more, as they felt that the singing had helped them to manage their mental health.

Getting Advice and Signposting and Getting Help

- Within the Comprehensive Model for Personalised Care, the **Getting Advice and Signposting** and **Getting Help** needs based groupings align very much with the "target offer". This is about supporting people to build knowledge, skills and confidence and to live well with their health conditions as required.

Case example

Islington's 5 year Transformation Plan had consulted with young people, families and professionals to establish what young people wanted and needed from mental health and wellbeing services.

The role of the Emotional Wellbeing Worker

The use of Personalised Care & Support Planning (PCSP), social prescribing/link working and the additional use of personal health budgets resonated strongly with the aims of the project as Emotional Wellbeing Workers work in a personalised way with young people. The service aligns with the THRIVE Framework's **Getting Advice and Signposting** and **Getting Help** needs based groupings, and core elements of the Personalised Care Model including PCSP, Social Prescribing, and Personal Health Budgets.

Thank you so much for recommending the baking thing! Thank you 😊 I won half a dozen red velvet cupcakes. How did you find baking for the first time? Here's a picture:

Thanks again !

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Case example
Thurrock Positive Pathways for transitions from CAMHS to adult services
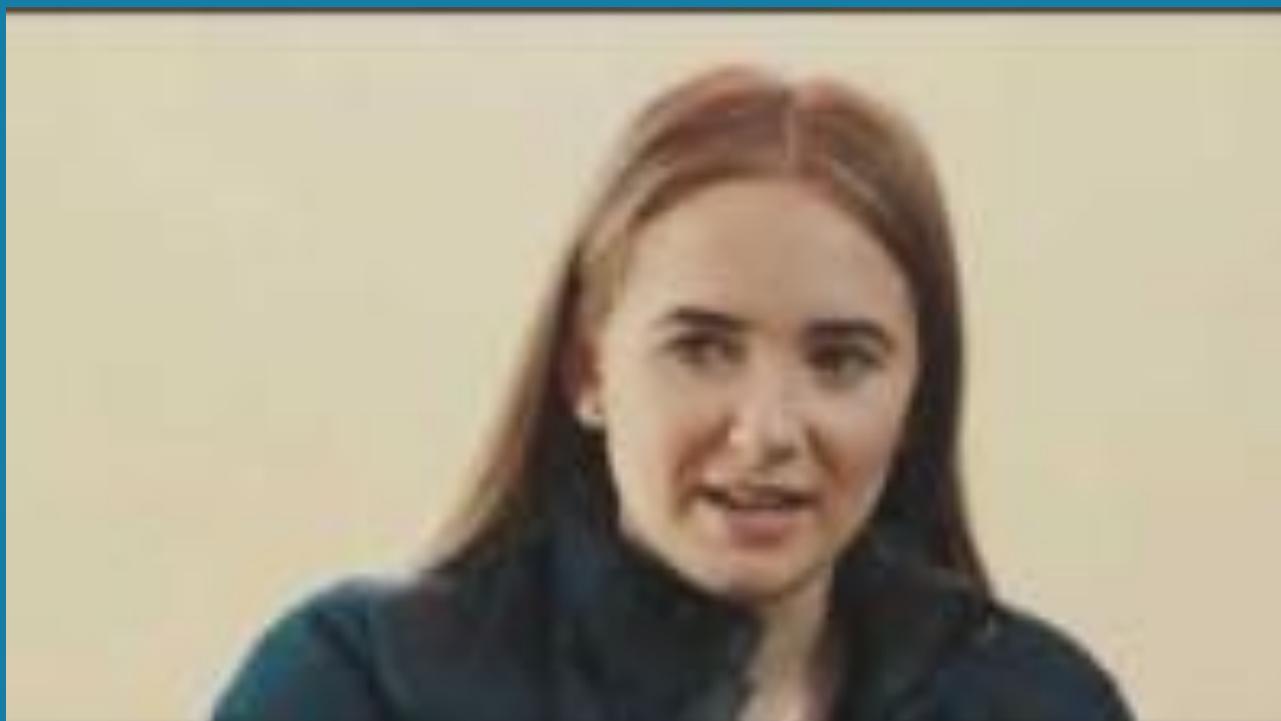
Additional example from Bristol, North Somerset and South Gloucestershire CCG: Sewing Machine video

Getting More Help and Getting Risk Support

- The **Getting More Help** and **Getting Risk Support** needs based groupings align very clearly with the more specialist interventions that might be provided through Personal Health Budgets (PHBs). Here, PHBs are about empowering service users, integrating care and reducing the requirement for unplanned service use. Within these needs based groupings of the THRIVE Framework, there is a genuine alignment with the Comprehensive Model for Personalised Care.

Case example

This child is aged 7, has a diagnosis of autism and a range of professionals and organisations involved in their care. During the personalised care & support planning process they were placed on a child protection plan and spent some time in foster care. An out of area residential placement was under consideration and the person hadn't been accessing full time education.

From October 2020 the child was supported to access a Therapeutic Farm, due to end in May 2021. This is their 7th educational placement since starting school.

Impact: This child is thriving at 1:1 tennis lessons and has spoken about joining a group session, which prior to the PHB was never an option.. Mum is able to cope better with the support that has been offered and family life has improved as challenging behaviour is not as frequent at home. As a consequence, mum's wellbeing is improving. With a range of professionals involved in this child's care and flexibility of a PHB, the Child Protection Plan has been removed and a school placement has been identified.

- '...we found that in order to improve people's experiences of personalised care, it is important to focus on the individual and not any diagnoses they may have been given. PHB's appeared to further empower individuals to develop skills for self-advocacy and become champions of their own care'.

- A key recommendation was that PHBs work best when used as part of a holistic package of support for mental health. Most people suggested this could be done by improving partnerships between VCSE-sector organisations and NHS Clinical Commissioning Groups.

- See the report here

Race Equality Foundation phase 2 report

Reflect

When done well, PHBs have been shown to be a life-changing support option that makes a significant contribution to Black, Asian and minority ethnic people's ability to manage their wellbeing.

A key strength of PHBs is offering a greater sense of agency and a heightened focus on the positive relationship between an individuals' lived experience, their needs and their wellbeing.

Good PHBs empower people to manage their care to the best of their ability, but also to challenge the support options that are available to them if they are not content with what is offered.

Remember

It is important to consider intersectional factors when supporting people who are stepping down from inpatient to community mental health services.

There should not be any stress about goals, but a clear focus on recovery. It is important that the individual, and not their diagnosis, is at the forefront.

Many people from BAME communities may have experienced racism, discrimination or have been let down by services previously.

Respond

Create clear, concise and consistent communication that is widely-available in a range of languages and formats. COVID-19 lockdown has demonstrated how powerful digital resources can be.

Engage with regional and national Personalised Care networks and staff networks to reflect on best practice and enhance provision.

Develop a network of key contacts within the local community and empower them to learn how to effectively engage with the commissioning process; Collaboration benefits everyone.

www.england.nhs.uk

Shared Decision Making

- A key principle of the THRIVE Framework is **shared decision making**. This is fundamental to the type of help or support offer that the child, young person or their family receive. The evidence base is clear: if people are supported to make an active and informed choice about the type of help or support they engage with, they are much more likely to have improved outcomes.

 Tool developed for Personalised Care & Support Planning to support shared decision-making:

One page profile

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My one-page profile		
Who are the most important people in your life? How often do you see them and what do you like to do together?	What makes a good day and what makes a bad day?	What stresses you, upsets you or makes you unhappy and what can others do to help?
What do you do each day or each week that you would miss if you didn't do?	What possessions would you never leave home without?	What is it your friends and family like & admire about you?

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FutureNHS

Join now: future.nhs.uk
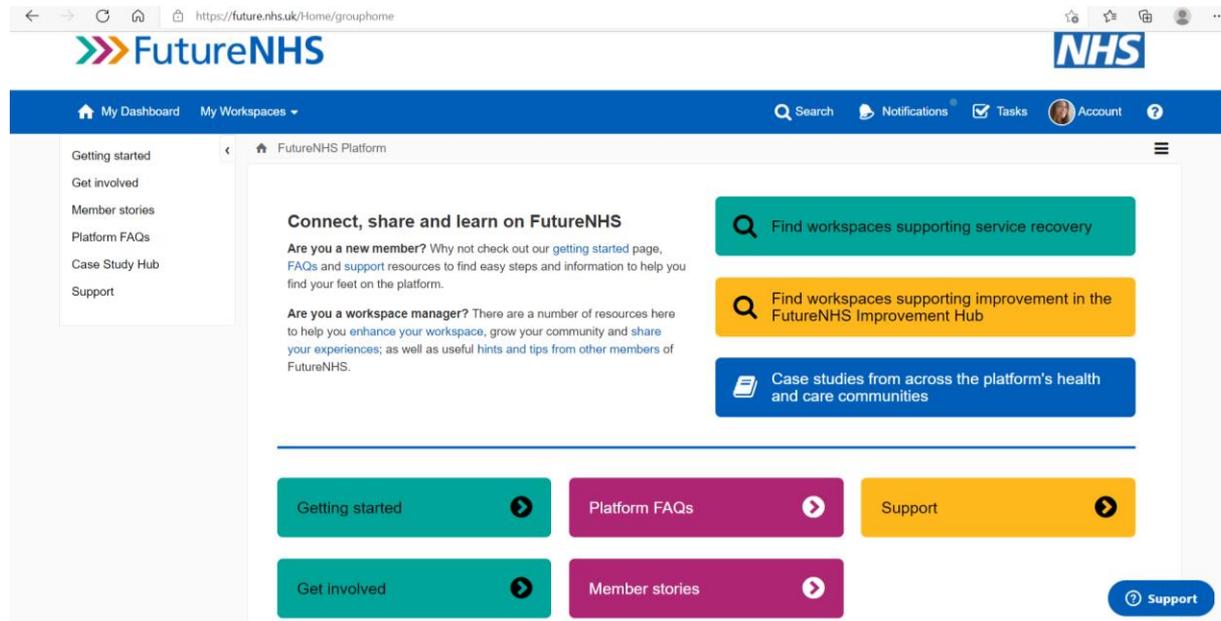
- Search for workspaces, such as 'Personalised Care' under 'My Workspaces'
- Access the Personal Health Budgets tab for case studies and resources

Community of Practice - Implementation Framework following the 6 steps of a PHB

Available on the Future NHS Platform — Making contact and providing clear information

Available on the Future NHS Platform — Understanding health and wellbeing needs

Available on the Future NHS Platform — Working out the money

Available on the Future NHS Platform — Personalised care and support planning

Tuesday 18 Jan   10:00-11:30 — Organising care & support

Tuesday 15 Mar   10:00-11:30 — Monitoring, review & evaluation

Please be aware that the registration process for future communities of practice has changed

Each of the next COPs will require you to register – keep an eye out on the PHB section of the Personalised Care Future Platform

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Key messages

- Whoever is supporting a child or young person with mental health and wellbeing needs, should at the very least know where to signpost to, and understand what the range of help and support options are available in their locality.

- Within the THRIVE Framework and the PHB agenda, proactive prevention and promotion is fundamental in enabling whole communities to support mental health and wellbeing, including the most vulnerable and targeted populations.

- The voice of children, young people and their families is central. The shared decision making process of choosing the type of help or support option according to a needs based grouping is fundamental and the i-THRIVE grids that we will be focussing on today are a tool that the national team have developed to support shared decision making.

Development of the i-THRIVE Grids

Shared decision making, an approach to person-centred care

"Shared decision making is a process in which clinicians and patients work together to select tests, treatments, management or support packages, based on clinical evidence and the patient's informed preferences."

Coulter & Collins, 2011

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Paternalistic model

Professional decides without eliciting user preferences

Shared Decision Making

Professional and service user work together to:
- Clarify treatment goals
- Share information about options and preferred outcomes

With the aim of reaching a mutual agreement on the best course of action to take

Informed choice

Service user is responsible for making decisions on their own, based on information provided by the professional

(The Health Foundation, 2012)

Why is SDM important?

- Young people want it
- It can promote agency
- It facilitates engagement
- Policy in the UK supports it (e.g., Future in Mind, 2015)
- It gives the opportunity for a wide range options to be discussed
  - Reduces practitioner bias
- Facilitates an opportunity for open discussions across the system

Discrepancy between stakeholder views of SDM

- CYP-IAPT Rapid Internal Audit 2015
  - Clinicians
    - 83% reported having usually or always discussed the range of treatment options available with service users over the last 2 weeks
  - Young people
    - Only 30% felt they were given enough information to make a choice about the treatment they received.
  - Parents
    - Only 50% felt that they and their child were given enough information to make a choice about the treatment they received.

What are i-THRIVE Grids?

- Brief, easy-to-read decision aids
  - Co-produced with young people, parents and professionals
  - Aim to help young people, their families and a professional compare alternative treatment/support options and come to a shared decision
- Cover common help and support options and FAQs
- Eight grids total
  - Low mood (2 grids)
  - Generalised anxiety (2 grids)
  - Self-harm (2 grids)
  - ADHD (2 grids)
- NICE endorsed, so content on front of Grids cannot be significantly modified

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Rationale for the i-THRIVE Grids

Young people want to be involved in decisions about their care
- o CYP-IAPT Rapid Internal Audit (2015)
- o Other feedback from young people

- Programmes for embedding SDM identify benefits of decision aids to achieve this goal (e.g., The MAGIC Programme evaluation, 2013)
  - o Decision aids:
    - Are quick and easy to use
    - Make the decision explicit
    - Capture the full range of options, and in some cases, the option of 'doing nothing'
    - Create clarity about decision process
    - Help to structure consultations, clear focus and flow
    - Prompt clinicians about what they should cover
    - Facilitate consistency and calmness
    - Are a useful reference for service users to take away and reflect on
    - Form a useful basis for discussion with other family members

Rationale continued

- Decision aids have a large evidence base
  - Main effects of decision aids when compared to usual care from a Cochrane Review of decision aids in *adult mental and physical health* (Stacey et al., 2017)
    - Better knowledge of options and outcomes
    - More accurate perceptions of outcome probabilities
    - Increase in informed values-based choice
    - Help people feel more comfortable with their choices (reduced decisional conflict)
    - Improved perception of involvement in SDM
    - Had a positive effect on the patient-clinician consultation
    - Improved patient-clinician communication
    - No significant effect on the length time spent in the consultation session

- Shared Decision Making and Personalisation are core ambitions of the NHS Long Term Plan

'In NHS' i-THRIVE Grid for low mood

Low mood:
Help or support in the NHS

i-THRIVE Grid®

There are different types of help or support available for low mood. Use this tool to help you, your parent or carer and a professional decide about getting help or support.

Note: You may want to try other types of help or support alongside the ones that are listed here. There is evidence that combining CBT with antidepressants is more likely to help than anti-depressants alone. Changes to diet, exercise and lifestyle could also help to improve your symptoms, although there is not enough evidence about this to be sure.

Common questions	Practical support	Talking therapies	Anti-depressants
What will this involve?	This can involve learning practical strategies that may help you feel better. You will usually meet weekly with a therapist who can help you understand your difficulties, set goals, create an action plan, and give you activities to complete.\n\nThis can include support with schoolwork, social skills, family events, or things personal to you.	This can involve focusing on your thoughts and feelings.\n\nYou will usually meet weekly with a therapist who can offer you a space to talk about and understand your feelings and the difficulties in your life.\n\nEach session is usually about an hour long and may involve other family members.\n\nThe session can be individual or in a group.	This can involve taking medication to treat your symptoms. You will usually meet with a psychiatrist who can give you a prescription for medication.\n\nThe most common medication for depression is called an SSRI. There is evidence the SSRI Fluoxetine can help young people with low mood. This is usually taken once daily as a capsule, liquid or tablet.
How will this help me feel better?	This support may help you learn about low mood. You will be given practical strategies for managing your feelings that may help you feel better.	Talking therapies can help you think differently about situations in your life and improve how you feel.\n\nDifferent types of talking therapy, like family therapy, CBT, IPT-A, and psychodynamic psychotherapy, focus on different things in your life. This could be your relationships with others, your past experiences, or negative thoughts you might be having.	This medication works by increasing a chemical called serotonin in your brain. When your serotonin is low, this can lead to low mood.\n\nThese are often prescribed after a course of therapy or alongside a course of therapy.

Reverse of 'in NHS' i-THRIVE Grid for low mood

References

1. Title
    a. Current View tool: http://www.corc.uk.net/outcome-experience-measures/current-view/

2. Note at top
    a. NG134 1.6.14: https://www.nice.org.uk/guidance/ng134

3. Treatment options
    a. Obtained from i-THRIVE Expert Reference Groups (ERGs) with clinicians and other professionals
    b. Discussed with Dartmouth and the i-THRIVE team
    c. For talking therapy: NG134 1.6.6: https://www.nice.org.uk/guidance/ng134
    d. For antidepressants: NG134 1.6.16: https://www.nice.org.uk/guidance/ng134

4. What will this involve?
    a. Practical support (Brief Psychosocial Intervention): IMPACT protocol - https://www.ncbi.nlm.nih.gov/pubmed/27914903
    b. Talking therapies: http://www.nhs.uk/Conditions/Depression/Pages/Introduction.aspx
    c. Antidepressants: http://www.nhs.uk/conditions/Antidepressant-drugs/Pages/Introduction.aspx and http://www.headmeds.org.uk/medications/58-fluoxetine

5. How will this help me get better?
    a. Practical Support (Brief Psychosocial Intervention): IMPACT protocol - https://www.ncbi.nlm.nih.gov/pubmed/27914903
    b. Talking Therapies: Expert consensus and Dartmouth
    c. Medication: https://www.headmeds.org.uk/medications/58-fluoxetine/use_and_action

6. Will I see the same people for the duration of this help or support?
    a. Practical support (Brief Psychosocial Intervention): Expert consensus
    b. Talking therapies: Expert consensus
    c. Antidepressants: NG134 1.6.18: https://www.ncbi.nlm.nih.gov/pubmed/27914903

7. Are there any risks or side effects to this type of help or support?
    a. Practical support (Brief Psychosocial Intervention): Dartmouth and i-THRIVE ERGs
    b. Talking therapies: Dartmouth and i-THRIVE ERGs
    c. Antidepressants: electronic Medicines Compendium (eMC)

Likelihood of side effects from medication:
(Tell your doctor if you are experiencing any side effects)

Very Common	Common	Uncommon	Rare	Very Rare
One in 10 young people or more experience this	Between one in 100 and one in 10 young people	Between 1 in 1,000 and 1 in 100 young people	Between 1 in 10,000 and 1 in 1,000 young	Fewer than 1 in 10,000 youngpeopleexperience

'Out of NHS' i-THRIVE Grid for low mood

Low mood: Support outside the NHS

i-THRIVE Grid©

There are different types of support available for low mood. Use this tool with a professional to help you and your parent or carer decide about getting support for low mood.

Note: You may want to try other types support alongside the ones that are listed here. Digital CBT has strong evidence for improving low mood. There is not much evidence about the other types of support listed here, but you may find that they help you feel better.

Common questions	Reading support	Peer or community support	Telephone support	Counselling	Digital CBT
What will this involve?	This involves reading information about low mood and understanding more about your difficulties.	This involves activities like drama, sport or art. Families can sometimes also be a part of these activities.	This involves calling a telephone number and speaking with someone who can listen to you and provide you with information and advice.	This involves talking with a counsellor who can listen to you, support you and help you understand your feelings.	This involves working through a computer programme either on your own or with a therapist.
How will this help me feel better?	You may learn tips to feel less stressed, worried or sad. You might also find out new ways to understand your thoughts and feelings.	You may meet other people at these events who are experiencing similar difficulties. This could help you make new friends and learn strategies to tackle challenges in your life.	Talking to someone about your difficulties may help you to work through your worries and/or sadness. This may also help you see things more clearly and think about what your options are.	Meeting with a counsellor in a safe and regular space may help you to talk about, better cope with, and eventually overcome your difficulties. It might take more than one session to start feeling better.	You may find out how to understand and overcome your difficulties by breaking them down into manageable parts. You may also learn how to change negative thoughts and patterns of thinking and behaving.
Will I see the same people for the duration of this support?	This support can usually be done on your own or your parent or carer may be able to help you.	These groups are usually run by the same person.	There will probably be a different person on the line each time you call.	It is likely that you will see the same person for this support.	It is likely that you will see the same person for this support.
Are there risks or side effects from this type of support?	There is not enough evidence to know for sure if these types of support will have side effects. Talking, reading or thinking about your difficulties might cause worry or stress. Making changes in the way you think about things or do things may also be hard, and you might feel worse before you start to feel better. Tell someone if you are having these feelings. If you are finding it too hard to use this support on your own, it may be a sign that you should ask for more support.				
Where can I get this support?	Online or through reading material and books (See back of page.)	At community or faith centres, online, or at school (See back of page.)	On the phone (See back of page.)	In person or online (See back of page.)	Online or at a venue that offers this type of support (See back of page.)

Version 3.0 (last updated 15/06/20) Editors: Daniel Hayes PhD, Rosa Town MSc, Emilios Lemoniatis MBBS, Anna Moore MBBS, Rachel James PsychD
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Reverse of 'out of NHS' i-THRIVE Grid for low mood

Support List

Reading support (Psychoeducation)
- Young Minds – Charity that offers information about mental health and emotional wellbeing. – http://www.youngminds.org.uk/for_children_young_people
- HeadMeds – Information medication for mental health difficulties – http://www.headmeds.org.uk/

Peer or community support
- Ask your therapist what is available in your area.

Telephone support
- Childline – Advice online or on the phone (any time or day) – 0800 1111, https://www.childline.org.uk
- Samaritans – Advice on the phone (any time or day) – 116 123, http://www.samaritans.org/about-us/our-organisation/read-our-publications/young-peoples-emotional-health-resource
- The Mix/Get Connected -- Advice on the phone for under 25s (1pm - 11pm, 7 days a week) or online – 0808 808 4994, http://www.themix.org.uk/

Counselling support
- Ask your therapist what is available in your area.

Digital CBT
- MoodGYM – a programme for learning cognitive behaviour skills for preventing and coping with depression – https://moodgym.com.au/

References

1. Treatment options
   a. NG134 1.5.7: https://www.nice.org.uk/guidance/ng134
   b. Expert consensus

2. What will this involve?
   a. Reading Support (Psychoeducation): http://www.nhsdirect.wales.nhs.uk/lifestylewellbeing/bibliotherapy
   b. Peer or Community Support: Expert consensus
   c. Telephone Support: http://www.samaritans.org/how-we-can-help-you/what-happens-when-you-contact-us
   d. Counselling: http://www.nhs.uk/Conditions/stress-anxiety-depression/Pages/Free-therapy-or-counselling.aspx, http://www.nhs.uk/conditions/Counselling/Pages/Introduction.aspx
   e. Computer-based CBT: http://www.nhs.uk/Conditions/online-mental-health-services/Pages/silvercloud.aspx

3. How will this help me feel better?
   a. Reading Support (Psychoeducation): http://www.nhsdirect.wales.nhs.uk/lifestylewellbeing/bibliotherapy
   b. Peer or Community Support: Expert consensus
   c. Telephone Support: http://www.samaritans.org/how-we-can-help-you/what-happens-when-you-contact-us
   d. Counselling: http://www.nhs.uk/Conditions/stress-anxiety-depression/Pages/Free-therapy-or-counselling.aspx, http://www.nhs.uk/conditions/Counselling/Pages/Introduction.aspx
   e. Computer-based CBT: http://www.nhs.uk/Conditions/online-mental-health-services/Pages/silvercloud.aspx

4. Will I see the same people for the duration of this support?
   a. Reading Support (Psychoeducation): http://www.nhsdirect.wales.nhs.uk/lifestylewellbeing/bibliotherapy
   b. Peer or Community Support: Expert consensus
   c. Telephone Support: http://www.samaritans.org/how-we-can-help-you/what-happens-when-you-contact-us
   d. Counselling: http://www.nhs.uk/Conditions/stress-anxiety-depression/Pages/Free-therapy-or-counselling.aspx http://www.nhs.uk/conditions/Counselling/Pages/Introduction.aspx
   e. Computer-based CBT: http://www.nhs.uk/Conditions/online-mental-health-services/Pages/silvercloud.aspx

5. Are there risks or side effects from this type of support?
   a. All support options: Expert consensus, What Works for Whom Second Edition

6. Where can I get this support?
   a. All support options: Expert consensus

x The authors of this decision aid do not stand to gain or lose anything by the choices people make after using this tool.

> **NICE Endorsement Statement - Low mood: Support outside the NHS (i-THRIVE Grids)**
>
> The Anna Freud National Centre for Children and Families and The Tavistock and Portman NHS Foundation Trust have produced patient decision aids that support the implementation of recommendations in the NICE guideline on depression in children and young people. These tools should be used by a trained healthcare professional, in consultation with a patient.
>
> National Institute for Health and Care Excellence, January 2020

Piloting the i-THRIVE Grids

- Implementation of the i-THRIVE Grids in a specialised CAMHS assessment clinic in 2017

- Our learning
  - o Researcher embedded in clinic
  - o Close liaison with admin and informatics
  - o Plan Do Study Act (PDSA) cycles – Quality Improvement
  - o Tool must be readily available
  - o 'You said, we did' poster
    - Feedback loops are crucial
  - o Ongoing training on SDM and using the grids

Qualitative findings (Impact of grids)

> "[The grid] gives you more… you can go into the meetings, the appointment armed with some knowledge."
> — Parent

> "In fact, I felt my partner and I were allowed to take ownership of the decision."
> — Parent

> "The parents came with a view of one kind of medication … But with the grid, we were able to have quite a bit of conversation about the different types of medication."
> — Clinician

> "I think what I was struck by is that the family specifically requested for more grids. The dad wanted a grid, and I thought that was indicative that it was something that they thought was a useful component of the conversation that we had."
> — Clinician

Qualitative findings (Implementation of grids)

"When you are already feeling very full, it's hard to have all these to add."
— Clinician

"This doesn't replace everything else... no one is telling you, you have to use it. It's a tool to have, and actually, the family might find it helpful."
— Clinician

"If they were electronic, for instance, I could just print them off myself. That would be the easiest thing."
— Clinician

NHS The Tavistock and Portman
NHS Foundation Trust

Anna Freud
National Centre for Children and Families

UCLPartners

The Dartmouth Institute for Health Policy & Clinical Practice

Recent feedback from young people about the Grids

- "Clean, information is clear and young people friendly"

- "I like the images and as an older young person don't find them excluding"

- "Look like they provide enough information"

- "I have been missing something like this. I access support at [X] and they would benefit from this. It is good having a clear list to [help me] decide from"

- "There are no downsides, only if it doesn't contain all the information you need – It's good to know they are kept up to date"

- "It would be good to make clear that you can access NHS support through Outside NHS organisations – it can be fluid"

- "Should explain that what you initially choose isn't the final option/chance to make a decision – you can come back to it."

- "Should make clear that going to non-NHS services isn't less that NHS services"

- "Alternative name to Support outside of NHS – 'In the community'"
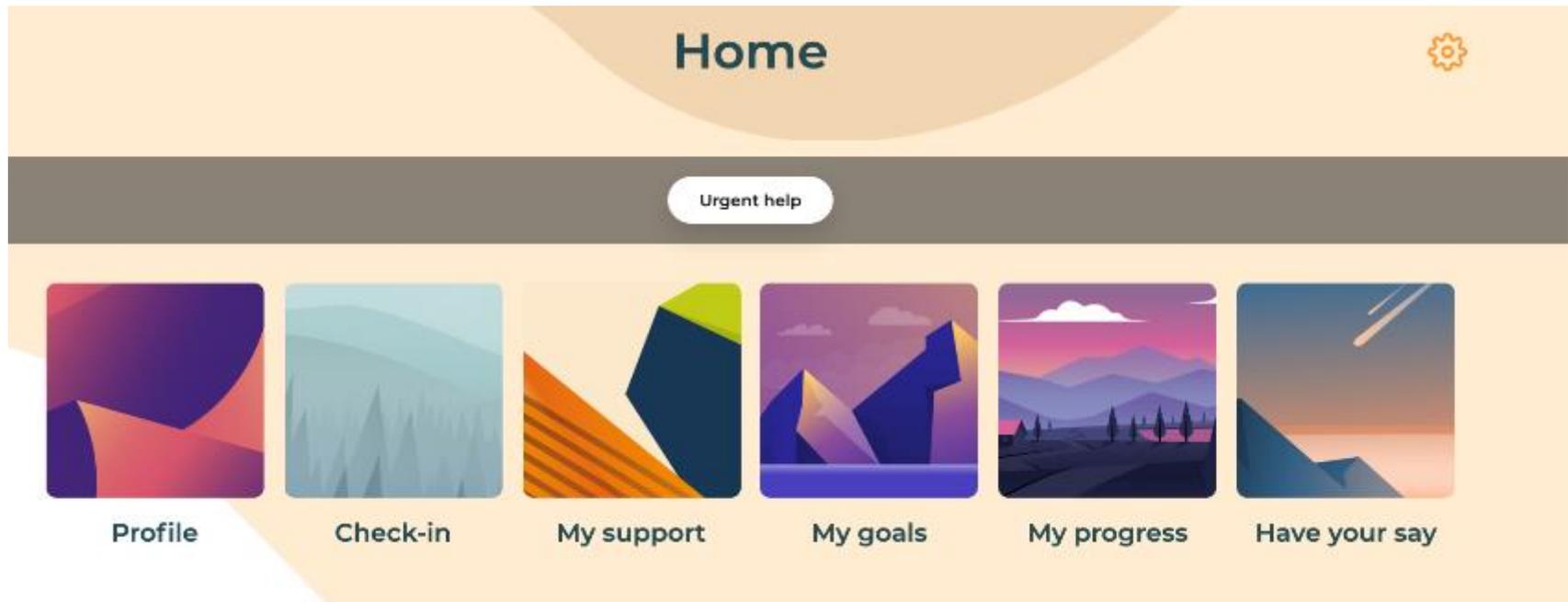
Current i-THRIVE Grids work

- Ongoing Academy Module training delivery
- Translation of the low mood i-THRIVE Grids into Arabic

Current i-THRIVE Grids work continued

- Development of a new web-based platform
- NCL Waiting Room (formally known as Thriving)
- The i-THRIVE Grids are likely to be adapted to be available digitally on this website

Comfort break

Activity 1: Miro practice and adapting i-THRIVE Grids workshop

- Join the Miro board using this link, which will also be shared in the chat:

https://miro.com/app/board/o9J_llijmbE=/?invite_link_id=543681673351

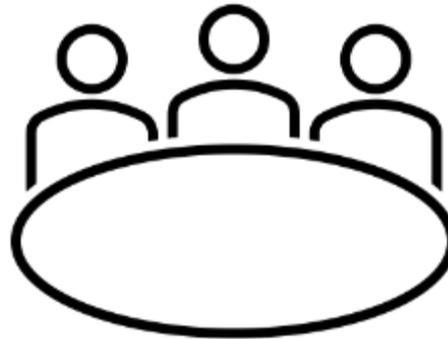# Activity 2: Voting and mini presentations

- Vote on your favourite i-THRIVE Grid help/support categories
- Mini presentations by the three people with the most votes

Reflections

- Group discussion

Next Steps:

- Training on 'Using i-THRIVE grids to support shared decision making' on 10th February 9:30am – 1pm.

- Join our community of Practice for monthly updates and shared learning from sites across the country on implementing the THRIVE Framework.

Please email: ithriveinfo@tavi-port.nhs for more information on the above

Feedback is important…

- Please go to www.menti.com and enter code: **7919 3230**

- https://www.menti.com/n2dhkzwvto

For more information: i-THRIVE

www.implementingthrive.org

Sign up to the National i-THRIVE Community of Practice and receive monthly updates.

Email: ithriveinfo@tavi-port.nhs.uk

@iTHRIVEinfo   National i-THRIVE Programme