APPENDIX 14: HIGH PRIORITY RESEARCH RECOMMENDATIONS

RESEARCH RECOMMENDATIONS

The Guideline Development Group has made the following recommendations for research, based on its review of evidence, to improve NICE guidance and patient care in the future.

1. TRAINING IN THE USE OF THE NATIONAL QUALITY STANDARD AND GUIDANCE ON SERVICE-USER EXPERIENCE OF CARE

For people using adult mental health services, what is the effect of training community mental health teams (CMHTs) and inpatient ward staff in the use of the national quality standard and underpinning guidance on service user experience, when compared to no training, on service users' experience of care?

Why this is important

The primary purpose of NICE quality standards is to make it clear what quality care is by providing patients and the public, health and social care professionals, commissioners and service providers with definitions of high-quality health and social care[1]. However, little is known about the impact of training health and social care professionals in the use of quality standards.
This question should be answered using a cluster randomised trial of community mental health teams (CMHTs) and inpatient ward staff to evaluate the impact of training them in the use of the national quality standard and underpinning guidance on service service-user experience of care. Three types of intervention should be included in the design:

- CMHTs and wards with no training
- CMHTs and wards where training is delivered by a professional trainer
- CMHTs and wards where training is delivered by a professional trainer and service user(s).

Service user experience should be surveyed with some qualitative interviews selected randomly from each arm of the trial.

[1] http://www.nice.org.uk/guidance/qualitystandards/moreinfoaboutnicequalitystandards.jsp

2. LATE ACCESS TO SERVICES AND COMPULSORY AND INTENSIVE TREATMENT

For people using adult mental health services, what are the personal and demographic factors associated with late access to services and an increased likelihood of compulsory and intensive treatment, and what are the key themes that are associated with poor engagement?

Why this is important

Qualitative research and experience surveys suggest that service users experience many problems relating to compulsory treatment. However, little is known about the factors associated with accessing services late and the need for compulsory and intensive treatment.
This question should be answered by a cohort study to identify service users from different ethnic groups who use inpatient and intensive treatment services in order to identify the personal and demographic factors associated with late access to services and an increased likelihood of compulsory and intensive treatment. In-depth interviews with service users should be undertaken to identify key themes that are associated with poor engagement. Interviews should be conducted by people from similar ethnic groups to the interviewees, including those who have experience of using mental health services.

3. SHARED DECISION MAKING

For people using adult mental health services, what are the key aspects of 'shared decision making' that they prefer, and does a training programme for health and social care professionals designed around these key aspects, when compared to no training, improve service users' experience of care?

Why this is important

In healthcare, 'shared decision making' is the sharing of preferences and decisions by both the professional and the service user to reach a consensus regarding the preferred treatment options. However, the key aspects of shared decision making are unknown, although the principle of shared decision making is an important element of a person-centred care approach.
This question should be answered by a pilot qualitative study of shared decision making to determine what, if any, key aspects of shared decision making are preferred by service users. The pilot should be followed by a cluster randomised controlled trial on shared decision making in community mental health teams (CMHTs) compared with standard decision making, which would be carefully characterised by in-depth qualitative interview. Teams allocated to the shared decision making intervention would be formally trained in the approach. Evaluation would quantify the impact on service-user knowledge, the experience of care, rates of side effects and perceived benefits from treatment. Randomly-selected service users would undertake in-depth interviews to identify themes related to an

improved experience of care associated with the shared decision making and the standard approach.

4. ACTIVITIES AND OCCUPATIONS ON INPATIENT WARDS

For people receiving adult mental health hospital care, what activities and occupations do service users want when staying on inpatient wards?

Why this is important

Qualitative research and experience surveys suggest that many service users find there are insufficient activities and occupations available to them when staying on an inpatient ward. However, little is known about what service users want and how to improve the experience of care.
This question should be answered by a qualitative study akin to market research to identify what activities and occupations service users want on inpatient wards. This would include service users currently on inpatient wards as well as those who have left. This would allow a future cluster randomised trial evaluating the inclusion of occupations and activities preferred by the service users compared with standard care.

5. COMPULSION, CONTROL AND RESTRAINT

For people using adult mental health services, how is compulsory treatment and 'control and restraint' used in different settings and what is the impact on the service user?

Why this is important

Qualitative research and experience surveys suggest that service users experience many problems relating to compulsory treatment and the use of control and restraint. However, information is needed about current practice, which can then be used to help improve the experience of care.
This question should be answered by a quantitative audit and an ethnographic study of the use of compulsion and control and restraint and its impact on the service user in a variety of locations. The audit would aim to quantify the:

- frequency of compulsion, control and restraint
- frequency of de-escalation
- record- keeping
- debriefing (individual, staff, and witnesses)
- writing own account in notes

The ethnographic study, undertaken on the same wards, would be partly by participant observation and partly by in in-depth interview, both after compulsory treatment or restraint has been used, and after discharge and at 1 1-year follow-up.

The ethnographic study would aim to capture the impact of compulsory treatment and restraint on service service-user experience, and its longer longer-term impact.