What Can Shared Decision Making Do for My Organization?

Shared decision making is new in health care and newer still in mental health services. As a mental health administrator, you may have questions about the benefits of implementing this practice.

This issue brief addresses these common questions about shared decision making:

- How could shared decision making benefit my agency and the people we serve?
- What are common myths about shared decision making?
- What do we need to do to implement this practice?
- How will I know if shared decision making is achieving the outcomes we hope for?
- Where can I learn more about shared decision making?

Shared decision making is an emerging best practice in health care and has been specifically recommended by the Institute of Medicine (IOM, 2005). It helps improve communication between service providers and people who use their services. Integrating full information and decision making tools with respectful two-way dialogue, it helps balance information about mental health conditions and treatment options with an individual's preferences, goals, and cultural values and beliefs. Used effectively, shared decision making can make communication more productive, efficient, and empowering for both the person using services and those providing them.

The Federal Substance Abuse and Mental Health Services Administration (SAMHSA) supports the use of shared decision making as a routine part of mental health services. This issue brief is part of a set of materials designed to help make this possible.
Benefits of Shared Decision Making as an Agency Practice

As a practice that encourages and supports collaborative communication about health care options, shared decision making offers a number of advantages over “business as usual.”

**Shared decision making may:**

- **Set the stage for productive dialogue.** When people who use services are empowered to make choices they believe will support their recovery, it increases the likelihood that the individual will follow through on his or her chosen options and achieve goals (Deegan & Drake, 2006).

- **Enhance cultural competence.** Relevant cultural beliefs and practices are more likely to be expressed and reflected in shared decisions.

- **Serve as a risk management strategy.** Shared decisions add meaning and depth to the informed consent process by providing a structure to share information, explore options, and encourage honest, two-way communication. They can be viewed as an ethical imperative in mental health treatment (Drake & Deegan, 2009). In 2007, Washington State passed legislation that promotes shared decision making in health care and recognizes it as “a high standard of informed consent” (Kuehn, 2009). A number of other states are considering legislation or demonstration projects.

- **Help align your services with key principles and best practices of contemporary mental health services.** Shared decision making encourages people who use services and those who provide them to think broadly about options that may support recovery. These can include traditional treatment and services, as well as other ways of increasing well-being or achieving personal goals such as hobbies, exercise, employment, and spending time with loved ones.

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**Two types of tools can support shared decision making:**

- **Decision aids,** which help people weigh treatment and service options for a specific condition in light of their personal values, preferences, and cultural beliefs.

- **Decision support resources** that provide general information about options, support the decision making process, and foster communication between providers and consumers.

Both types of tools can be found at [http://store.samhsa.gov](http://store.samhsa.gov).

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**Common Myths**

There are a number of myths about shared decision making. Addressing misunderstandings directly helps you reduce possible barriers when introducing it as a new practice in your organization.

- **We already do it.** Many providers believe they do a good job of involving people in decisions, though people who use services do not always agree. Shared decision making uses techniques and tools to stimulate, reinforce, and deepen meaningful collaboration.

- **We don’t have time.** Shared decision making has the potential to increase efficient use of time. Many tools can be used outside of the consultation (with the aid of peer support staff, friends, or family members, if desired) so that individuals come to appointments prepared to discuss their health care decisions.

- **People who use our services won’t be interested.** Many factors influence an individual’s interest in shared decision making, such as limited experience, belief that their opinions do not matter and cultural norms that expect deference to elders or experts. These factors may lead some providers to think that people lack interest or desire to be involved in decision making. However, people with mental health problems typically do want to be actively involved in decisions about their treatment and services (Hamann et al., 2006).

- **People using our services don’t have the ability to be partners in decision making.** Unless a court has ruled otherwise, people using mental health services have the legal right to make their own decisions. With preparation and support, every person using mental health services can benefit from a shared decision making approach.
Options for Implementing Shared Decision Making

Research suggests that shared decision making is most likely to be successful when providers are motivated to implement it and believe that it will have a positive impact on outcomes and the clinical process (Legare et al., 2008). There are number of ways you can bring shared decision making practices to your organization.

◆ Involve people who use and provide services in developing an implementation plan.

You can establish a working group of providers and people using your services to explore how shared decision making could be implemented in your organization. People who use mental health services must be active partners in establishing shared decision making as routine practice. In addition to ensuring they are part of all planning and implementation activities, you can coordinate with peer-run organizations, provide training and materials, make computer resources available, and hire peers as decision support staff.

◆ Enhance staff competency.

Providers need basic information and agency support to enhance their skills and build comfort with shared decision making. You may want to share or recommend articles and resources on shared decision making and provide time for internal discussion and training. You can also encourage agency staff to attend relevant conferences and workshops. Consider developing the skills and knowledge of an internal “champion” who can help others gain confidence in the use of this practice. The final section of this issue brief includes links to training and educational resources.

◆ Establish a decision support center.

Decision support centers provide consumers with access to decision aids, resources and support and can help them prepare for productive meetings. These centers can be located in waiting areas, peer run services, and other programs. A pilot decision support center demonstrates that this approach can be used successfully in public mental health agencies (Deegan et al., 2008).

SAMHSA has created a set of resources for implementing shared decision making that include workbooks, worksheets, tip sheets, and videos. They have also created an interactive, computer-based decision aid on antipsychotic medications and other treatment approaches to help people prepare for meetings with their providers. It provides information about options, as well as an opportunity for individuals to clarify their personal values and priorities for recovery. The program generates a short printable report that can be shared with providers. This decision aid could be used as part of a decision support center.

◆ Make shared decision making an organizational mandate.

You can increase the use of shared decision making in daily practice by developing a policy statement that supports its use, including requirements for explicitly documenting shared decisions in clinical records. You also can require that shared decision making be part of the process for obtaining informed consent when choice of treatment and services exist, and you can implement shared decision making as part of continuous quality improvement activities.

Traditionally, a person would go to a clinician, present their problem, and the clinician would recommend a solution. But in shared decision making, the intent is to fully engage the person in the process. This is much more likely to lead to effective decisions and action plans.

– Dr. Keith, a psychiatrist using a shared decision making program
Tracking Outcomes

Individuals who choose the treatment or services they believe will work best for them experience greater satisfaction with the decision and more confidence in their health care providers. Deegan (2008) reports that people using public mental health services:

- Are willing to use a computerized decision support program, especially when peer support is available;
- Report that computer programs help them to “tell their story;”
- Are more actively involved in the consultation after using a computer program; and
- Report that the consultations are more likely to focus on their “needs and desires.”

Identifying and tracking these and related indicators will show how well shared decision making is working in your organization. Gathering written or focus group feedback from the people who use your services and the staff who provide them is another good way to gauge success.

Useful Resources

Information about shared decision making, mental health treatment, and recovery: Substance Abuse and Mental Health Services Administration, http://store.samhsa.gov.

An interactive mental health decision aid and decision support resources: Substance Abuse and Mental Health Services Administration, http://store.samhsa.gov

Toolkits for developing and implementing decision aids in clinical practice and education and training in decision making skills, including a free online tutorial: Ottawa Health Research Institute, http://decisionaid.ohri.ca.


References


