

# Collaborating for Recovery

## Shared Decision Making and Psychiatric Medications

Information for Psychiatrists and Prescribers

### Integrating Shared Decision Making in Medication Management

*Today's mental health professionals have access to a variety of pharmacological and other treatment options, but they also know there is no perfect, one-size-fits-all treatment for any mental health condition. Antipsychotic medications commonly prescribed for people with psychiatric diagnoses often have similar efficacy profiles and complex risk-benefit tradeoffs. For example, these medications can significantly affect a person's overall health (Parks et al., 2006). Medication side effects also have implications for individuals' personal goals, family and work life, and well-being. Clearly, decisions about whether to take medication – and if so, what kind – are not just medical decisions: they are profoundly personal decisions (Drake & Deegan, 2009).*

*This issue brief addresses these common questions about shared decision making and prescribing psychiatric medications:*

- How does shared decision making differ from standard clinical practice?
- What does the research say about shared decision making?
- What about the issues of decisional capacity and informed consent?
- What specific changes could I make to integrate this technique?
- Where can I learn more?

Shared decision making is an emerging best practice in health care and has been specifically recommended by the Institute of Medicine (IOM, 2005). It features a style of communication and a set of tools that encompass not only clinical information about mental health conditions and treatment options, but also individual preferences, goals, cultural values, and beliefs. Shared decision making facilitates more effective therapeutic alliances and empowers mental health consumers to be actively engaged in decisions about treatment and services.

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

*Creating Dialogue  
Promoting Choice  
Supporting Recovery*

*The idea of the tools is to empower the consumer to be part of the decision making process. If consumers feel that they've had a key role in making the decision, they're much more likely to be engaged in following through with the decision.*

*– Dr. Chris, a psychiatrist using shared decision making*



Shared Decision Making  
*in Mental Health*





## Shared Decision Making and Standard Clinical Practice

Shared decision making helps improve communication between service providers and people who use their services. It often uses structured decision making tools to help balance clinical information about mental health conditions and the risks and benefits of possible treatment options with an individual's preferences, goals, and cultural values and beliefs. The goal of the shared decision making process is to help the person receiving services and the provider arrive at a decision with which they are both comfortable.

Providers and consumers can have profoundly different perceptions about the role and efficacy of medications as part of a recovery plan. Often, consumers feel their lived experience with medication is not acknowledged or understood. A shared decision making approach offers opportunities to share and to collaboratively address these different perceptions.

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

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

In addition, shared decision making creates openings for greater understanding of a person's cultural beliefs, values and worldview, which helps you offer and explain options in a culturally appropriate manner.

Using decision aids or decision support resources need not increase the limited time available for consultation. In fact, it may reduce it. People can use these materials prior to the consultation – alone or with a trusted friend or family member – and come prepared to participate actively in decisions about starting, reducing, changing, or stopping medications.

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## The Research on Shared Decision Making

While the evidence base for shared decision making in mental health practice is still developing, early findings suggest that individuals who choose the treatment or services they believe will work best for them often experience greater satisfaction with the decision and more confidence in their health care provider. Many researchers believe that, because shared decision making has been shown to increase consumers' satisfaction with services, the process will likely also increase their commitment to the decisions made and lead to improved outcomes (Mistler & Drake, 2008).

Adams and his colleagues (2007) found that people who use mental health services generally prefer more active and collaborative roles in decision making than they currently experience, and they are especially interested in collaborating in decisions about medication. Another study found that people diagnosed with schizophrenia who participated in shared decision making had better knowledge about the condition and felt more involved in decisions about treatment and services (Hamann et al., 2006).

# Capacity and Consent

Issues of decisional capacity and informed consent are important concerns for psychiatric practitioners. One of the best ways to mitigate the potential risk of legal liability is to ensure that individuals are fully informed and actively involved in making decisions about their care.

## *Capacity*

One of the most significant barriers to implementing shared decision making is the belief that people who use mental health services are not capable of participating in critical decisions concerning their treatment and services. However, most people receiving treatment for mental health disorders are able to give informed consent on their own behalf and to participate in decisions about their treatment. Exceptions are rare (Stroup et al., 2005).

Unless deemed otherwise by a court, people with mental health diagnoses have a legal right to make their own decisions. Psychiatric advance directives empower people to make their treatment preferences known during times of mental health crisis. For more information see: <http://www.nrc-pad.org>.

## *Informed Consent*

Shared decision making adds meaning and depth to the informed consent process by providing a structure to share information, explore options, and encourage honest, two-way communication. It helps fulfill one of the prescribing practitioners' key legal responsibilities: to ensure that the person receiving treatment has not merely heard the doctor's explanation or signed a document to this effect, but has truly understood the ramifications of the course of action he or she has chosen. 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).

*It is time to take the high road and heed the ethical imperative upon which the practice of shared decision making rests: Autonomous adults have the right to determine what happens to their bodies and minds.*

*(Drake & Deegan, 2009)*

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# Integrating Shared Decision Making in Your Practice

Shared decision making represents a continuum of possibilities, ranging from simple, cost-free changes in communication style to agency-wide measures to integrate selected tools with dedicated staff and equipment.

*Ways you can integrate shared decision making into your practice:*

- Offer materials that help individuals organize and report key information such as side effects and progress toward recovery goals;
- Suggest tools and resources that will help individuals reflect on the pros and cons of available options, perhaps with assistance from a friend or family member;
- Ensure that the individual is aware of the expected contribution of each medication, alternative medications, and other possible courses of action; and
- Revisit decisions regarding medication frequently.



SAMHSA has developed an interactive, computer-based decision aid on antipsychotic medications and other treatment approaches to help people prepare for meetings with their providers. This decision aid could be used as part of a decision support center. It offers information about options and allows individuals to clarify their personal values and priorities for recovery. The program generates a short printable report that can be shared with providers. It is available at <http://store.samhsa.gov>

**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).

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## Learning More

Tools and information for shared decision making in mental health treatment and recovery: 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>

A decision aid library and general health care decision guide: Dartmouth-Hitchcock Medical Center's Center for Shared Decision Making, [http://www.dhmc.org/shared\\_decision\\_making.cfm](http://www.dhmc.org/shared_decision_making.cfm)

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This publication may be downloaded or ordered at <http://store.samhsa.gov> Or, please call SAMHSA at 1-877-SAMHSA-7 (1-877-726-4727) (English and Español).

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