

Shared decision-making in mental health:

Current state and directions for further research

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5th International Shared Decision Making Conference

Boston, 15th June 2009

- Celia Wills (Ohio State University, Columbus)
- Daniela Simon (Freiburg University Medical Center)
- Karoline Albrecht (Freiburg...)
- Andreas Loh (Freiburg...)

Issues: Recovery outcomes, decision tools for depression or schizophrenia

- Multiple decisions with various treatment options (+)
- Chance to empower people who have encountered stigmatization and discrimination due to mental illness (+)
- Supported by *President's New Freedom Commission Report* and *clinical practice guidelines* (e.g. depression) (+)
- Controversy about consumers ability to participate due to cognitive deficits (-)

- Studies focus primarily on **depression** and **schizophrenia**
- Strong consumers' interest in **information about treatment options** and involvement in treatment decisions (Hamann et al. 2007, Loh et al. 2004)
- **Unmet needs** for information, decision support and involvement (Bunn et al. 2007, Stacey et al., 2008)

Intervention studies /effects

- 1) Decision aid, training of physicians/nurses, [schizophrenia](#) (Hamann et al. 2006)
 - increased knowledge
 - higher perceived involvement
 - no increase of physician time workload
 - trend towards fewer hospitalizations

- 2) Physician training + decision aid, [depression](#) (Loh et al., 2007)
 - higher physicians' facilitation of patient participation
 - no effect on symptom severity
 - higher patient satisfaction
 - no change in consultation time

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- Identify central decision making variables for mental health context

- Development and implementation of:
 - Specific decision aids suitable for use by mental health consumers
 - Feasible curricula for training health care professionals
 - SDM training programs for consumers



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