Shared decision-making interventions for people with mental health conditions

Yumi Aoki [1,2], Yukari Yaju [3], Tomohiro Utsumi [4,5], Leigh Sanyaolu [6], Marianne Storm [7,8], Yoshikazu Takaesu [2,9], Koichiro Watanabe [2], Norio Watanabe [10], Edward Duncan [11], Adrian Gk Edwards [6]

1   Department of Psychiatric and Mental Health Nursing, Graduate School of Nursing Science, St. Luke's International University, Tokyo, Japan.
2   Department of Neuropsychiatry, Kyorin University School of Medicine, Tokyo, Japan.
3   Department of Epidemiology and Biostatistics for Nursing, Graduate School of Nursing Science, St. Luke's International University, Tokyo, Japan.
4   Department of Sleep-Wake Disorders, National Institute of Mental Health, National Center of Neurology and Psychiatry, Tokyo, Japan.
5   Department of Psychiatry, The Jikei University School of Medicine, Tokyo, Japan.
6   Division of Population Medicine, Cardiff University, Cardiff, UK.
7   Department of Public Health, Faculty of Health Science, University of Stavanger, Stavanger, Norway.
8   Faculty of Health Sciences and Social Care, Molde University College, Molde, Norway.
9   Department of Neuropsychiatry, University of the Ryukyus, Okinawa, Japan.
10 Department of Psychiatry, Soseikai General Hospital, Kyoto, Japan.
11 Nursing, Midwifery and Allied Health Professions Research Unit, The University of Stirling, Scotland, UK.

Aim: International healthcare policy makers have increasingly advocated partnership models of mental health care, with shared decision-making (SDM) emerging as a prominent approach. Shared decision-making involves a collaborative process between service users and providers, acknowledging their expertise to jointly arrive at treatment decisions. This systematic review aims to assess the impact of SDM interventions on various outcomes in individuals with mental health conditions, caregivers, and healthcare professionals. This update builds upon the original Cochrane Review published in 2010.

Methods: The review employed a comprehensive search strategy in databases such as CENTRAL, MEDLINE, Embase, and PsycINFO from 2009 to January 2020, with updates in February 2022. Randomised controlled trials (RCTs) of SDM interventions for people with mental health conditions were included. Two authors independently screened citations, extracted data, and assessed risk of bias using GRADE to evaluate the certainty of evidence.

Results: This updated review includes a total of 15 RCTs, mainly involving adults from higher-income countries and having severe mental illnesses, such as schizophrenia, depression, and bipolar disorder. No studies involving children or adolescents were identified. The evidence regarding the impact of SDM interventions on clinical outcomes remains uncertain due to very low-certainty evidence. Similarly, the effects on participation in the decision-making process lack clarity. However, SDM interventions may lead to immediate improvements in user-reported outcomes from encounters, although evidence for sustained participation is limited. The outcomes related to recovery and overall satisfaction remain uncertain, with moderate certainty observed only in certain aspects of users' satisfaction with the information received. Additionally, the impact of SDM interventions on healthcare professional satisfaction appears to be mixed, depending on the measurement approach employed. The impact on knowledge, treatment continuation, carer participation, and the dynamics of user-healthcare professional relationships remains uncertain.

Conclusions: This review update indicates that individuals exposed to SDM interventions perceive higher levels of involvement immediately after an encounter, compared to control groups. Furthermore, SDM interventions likely have little or no effect on the length of consultations. However, the overall certainty of evidence remains low or very low, underscoring the need for further research in this area. Addressing the limitations and expanding the scope of evaluations for SDM interventions will contribute towards improving mental health care and facilitating effective SDM between service users and healthcare providers.