Does Shared Decision Making Improve Care at Community Mental Health Clinics?

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**What was the research about?**
Shared decision making is a process in which patients work with their doctors to select tests and treatments based on what is most important to them. Shared decision making is uncommon in community mental health clinics.

In this study, the research team created a program to support shared decision making for patients with mental illness. The team wanted to learn if patients with mental illness who received treatment from community clinics that used the program

- Understood their treatment options
- Became more involved with treatment decision making
- Felt more satisfied with treatment decisions and with communication with their doctor
- Had improved progress in response to treatment, quality of life, and mental and physical health
- Felt more support during therapy

**What were the results?**
The study found no differences between patients in clinics that used the program and those in clinics that did not use the program in

- Satisfaction with treatment decisions
- Communication with doctors

However, of patients who completed interviews after the study, 94 percent said they had some benefit from taking part in the program. These benefits included improved self-esteem and feeling more involved in their care.

**Who was in the study?**
The study included 240 patients from four community mental health clinics. Two of the clinics were in a city in California, and two were in rural New Mexico. Of the patients, 53 percent were female, 55 percent were white, and 26 percent were Hispanic. The average patient age was 58.

**What did the research team do?**
The team assigned the program to one of the urban clinics and one of the rural clinics by chance. Sixty patients at each clinic took part in the study.

All patients in the study received their usual mental health care. The patients took a survey at the start of the study and again every six months for two years. The survey asked about patients’ satisfaction with treatment decisions, communication with doctors, involvement in decision making, treatment progress, and quality of life. The research team also interviewed patients in the program at the end of the study or if they left the study early.
What were the limits of the study?
The mental health clinics that used the shared decision making program had challenges that affected the study. Staff did not always carry out the program, and many staff members left their jobs during the study. Patients at the clinics that did and didn't use the program differed in age, race, ethnicity, and other social factors. The results may have been different if more and better matched clinics took part in the study.

Future research could compare the shared decision making program to regular care in larger studies with better matched clinics.

How can people use the results?
Patients said the program improved their self-esteem and made them feel more involved in their care. Community health clinics may be interested in further exploring shared decision making with their patients.

To learn more about this project, visit pcori.org/Chu074.