Comparing Two Web-Based Programs for Improving People’s Experience and Shared Decision Making in Mental Health Care

What was the research about?
In mental health care, doctors often make the decisions about treatment. To make care more focused on people's needs, people with a mental illness and their doctors can make decisions together. This process is called shared decision making.

In this study, the research team compared two programs to help people with mental illness make decisions about treatment:

- **Measurement-Based Care, or MBC**, used a web-based portal to ask people about their health, like their symptoms and medicines. These answers helped doctors work with patients to choose medicines and treatment that would work best for each person.

- **Person-Centered Care, or PCC**, used peer support staff to help people fill out an online survey. Peer support staff are people recovering from mental illness trained to give peer support. The survey asked questions about people's health, like how they are feeling, what they do to feel better, and what concerns they have about their medicine. The peer support staff also helped people figure out their treatment goals and prepare to talk with their doctors. Doctors got the patients’ answers before the visit and talked with them about what treatment would work best.

The team looked at whether people with mental illness felt involved in their care and medicine choices.

What were the results?
At the end of the study, people in the two programs didn't differ in their

- Experience managing their medicines
- Shared decision making with their doctors
- Involvement in their health and mental health care
- Management of their medicines' side effects
- Quality of life
- Seriousness of their mental health symptoms
- Ability to do daily activities

Who was in the study?
The study included 2,363 adults who had Medicaid health insurance and received mental health care at one of 14 community mental health centers in Pennsylvania. Of these adults, 86 percent were white, 9 percent were black, and 5 percent were another race; 2 percent were Hispanic. The average age was 42, and 63 percent were women. In the study

- 24 percent of people had bipolar disorder
- 23 percent had major depression
- 20 percent had a substance use problem
• 17 percent had another type of depression
• 16 percent had schizophrenia or schizoaffective disorder
• 10 percent had anxiety or posttraumatic stress disorder
• 10 percent had another diagnosis

What did the research team do?
The research team assigned 14 community mental health centers by chance to either MBC or PCC programs. People took part in the programs at the centers where they received mental health care. They filled out four surveys between the start of the program and two years later. The team looked at the surveys and at data from Medicaid insurance claims.

People with mental illness, mental health organizations, peer support staff, policy makers, mental health providers, and researchers gave input on the study.

What were the limits of the study?
Four centers didn’t stay in the study. The centers that replaced them may have differed in ways that changed the results. The questions the research team used to look at people’s experiences with managing their medicine had not been used before and may not have captured patients’ experiences fully. Not as many people filled out surveys as expected at the start of the study. Having information from more people might have led to different results.

Future research could develop ways to make the programs easier for clinic staff and doctors to use.

How can people use the results?
Clinics can use the results when considering ways to improve mental health care.

To learn more about this project, visit www.pcori.org/MacDonaldWilson213.