Research Digest

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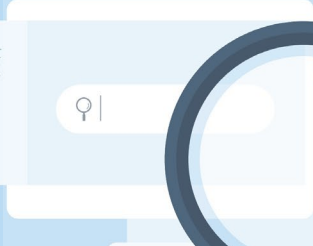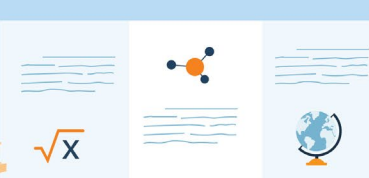
SHARED DECISION MAKING IN YOUTH MENTAL HEALTH EXPERIENCE AND INSIGHTS

KEYWORDS: Shared decision making • Patient partners • Engagement • Recommendations • Implementation

WHAT IS SHARED DECISION MAKING ?

Shared decision making (SDM) is a process that values and integrates patient expertise to support decisions

ACCESS Open Minds (OM) defines **patients** as youth aged 11-25 and their families and carers. Families and carers include any significant and supportive person in a youth's life.

Benefits of SDM from current evidence include: Improving and enhancing patient attitudes towards recovery, and improved satisfaction with services and care decisions.

Why is this article important?

- Implementation of SDM in the field of mental health is still in early stages
- Existing research describing and evaluating SDM strategies has tended to focus on individual clinical interactions; broader strategies are scarce
- This article addresses those gaps by sharing the implementation strategies and lessons learned through application of SDM within ACCESS Open Minds, a pan-Canadian youth mental health service transformation and research network

What will you find in this article?

Strategies and lessons learned outlined in the article include incorporating SDM practices in:

- Governance (national project/local service)
- Research
- Training
- Knowledge translation
- Design and delivery of youth mental health services

Implementing SDM within ACCESS OM

Governance

Patient partnership in governance was supported by:
• Requiring representation for quorum
• Consensus building
• Giving council members veto power
• Compensation for participation, and dedicated budgets to support patient-council work

Clinical Contexts

Patient partners were included in planning and delivery of ACCESS OM services at sites across the country, including:
• Co-designing clinical spaces
• Co-designing and delivering training
• Contributing to the hiring of local service providers and staff

Research

Patient partners contributed in the development of ACCESS OM's research strategy, including:
• Developing research questions
• Choosing and designing data collection tools
• Co-creating and validating consent forms
• Participating in publications as authors and sitting on a publications committee

Capacity Building

Patient partners are provided with opportunities to build new skills and capacity:
• Leading and contributing to the development of multiple resources (guides, publications, webinars, videos and posters)
• Presenting at various conferences
• Supporting ACCESS OM's brand development and social media strategies

——Challenges——

——Practical Strategies——

Time constraints: the project's fast pace, coupled with geographical distances and stakeholder schedules, complicate SDM and the relationship-building that make it work

• Set up specific meeting times in advance
• Allow staff to meet patient partners at flexible times, such as evenings and weekends
• Collaborate on creating shared values and communications guidelines to manage expectations

Power dynamics: concerns about and resistance to changing the status quo

• Leadership is key: identify a champion to consistently promote and integrate SDM

Tokenism: overrepresentation of only one stakeholder voice or perspective

• Simplify administrative forms/processes and offer a variety of compensation methods
• Acknowledge diversity and have adaptable membership terms

Conclusion

The implementation of SDM strategies within ACCESS OM was successful due to building relationships, sharing knowledge, and maintaining meaningful partnerships between all stakeholder groups.