

Supported Decision-Making – Promoting Autonomy to Improve Outcomes

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Objective:

To understand the impacts on both physical and mental health of the individual using the supported decision-making model.

Method:

A literature search was conducted between December 29, 2024, and January 31, 2025. Articles were searched for using the University of Iowa Library resources and PubMed. The search words included supported decision-making, intellectual disability, outcomes, health.

Results/Conclusion:

This review highlights a positive correlation between supported decision-making (SDM) and mental health outcomes across various care settings. Multiple studies show that SDM contributes to improved patient satisfaction, increased autonomy, and in some cases, reduced healthcare utilization. For example, Bruch et al. (2020) found that SDM implementation did not increase consultation time or costs and often had neutral to positive effects on health outcomes. Similarly, Shay and Lafata (2015) reported that when SDM was perceived positively by patients, affective cognitive outcomes such as trust and engagement improved significantly.

Despite these promising findings, the current evidence base has several limitations. It has been noted by Tousignant-Laflamme et al. (2017) that there are no randomized controlled trials specifically assessing SDM in populations with musculoskeletal disorders, suggesting there is a larger gap in empirical research across various patient groups. Additionally, studies rarely account for patients' cognitive functioning levels, which complicates efforts to determine when SDM is both appropriate and safe. Hughes et al. (2021) also noted disparities in SDM experiences tied to race, education, socioeconomic status, and insurance coverage, suggesting that structural inequities and cultural factors shape how patients engage in decision-making.

While SDM should be considered the least restrictive and most autonomy supportive method of decision-making, it may not always be suitable. In cases involving significant mental illness, safety or truly informed consent, Calcedo-Barva et al. (2020) found that although up to 75% of patients with severe mental disorders retain some decision-making capacity, impairments are often temporary and responsive to supportive interventions. Therefore, supported decision-making models and ethical safeguards must accompany SDM practices, especially when patients cognitive or contextual challenges are present.

It is evident that SDM can improve mental health outcomes, however further research is needed to determine whether it is effective in populations with different cognitive abilities.

Understanding these factors is essential to ensuring that SDM is implemented equitably and safely.

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