Supported Decision Making – Promoting Autonomy to Improve Outcomes

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Abstract

- Supported decision making (SDM), otherwise known as shared decision making, is an alternative to guardianship. The main goal is to support individuals with disabilities in making decisions without taking the right to make those decisions away from them.

- This model helps support individuals whose autonomy to make decisions that might otherwise be limited or removed.

- Many states have laws that recognize supported decision-making as legal agreements.

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

- As of now, there is limited conclusive research on the health impacts. The research currently shows neutral to positive health outcomes from using the SDM model.

- There has been research showing that the lack of a supported decision making model can cause worse health outcomes (Hughes et. al., 2018).

Aim

The purpose of this project is to determine the state of literature related to supported decision making and health outcomes related to the use of supported decision making for people who may utilize SDM including individuals with disabilities and to identify gaps requiring improvement and further research.

Recommendations

Based on our review, we recommend that further research be conducted on the mental health outcomes of individuals with a mild intellectual disability who utilize supported decision making.

Discussion

- 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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Method

- Literature search conducted between December 29, 2024 and January 31, 2025.

- Articles were searched for using University of Iowa Library resources and PubMed

- Analyzed themes among interventions and barriers to implementation

References

A complete list of references can be found with the following QR Code or by request.