MassPRA listening session feedback on Shared Decision-making

Worcester 12-7-16

Feedback about Practitioners

- Pull together a guide for people deciding to come off medications: People coming off medications need support to deal with negative effects of tapering
- Identify ways practitioners can engage uninvolved guardians, and what alternatives are available when guardians are uninvolved
- Informed consent is key - how do practitioners promote information about various choices being fully understood?
- Staff need skills: how to share power and decisions. They need to change attitudes before they can benefit from efforts to change skills, however.
- Provide outreach workers with training and/or tools to structure the teaching of skills and/or provision of supports which best match the needs and preferences of the person re: their treatment.

Feedback about Programs

- Develop policies and procedures for how to help staff communicate "grey areas" or ambivalence about a person's treatment decisions: for people who opt not to take a certain medication, or any medication, it's important for staff to mind language which communicates a ***perspective***: "noncompliant", "treatment resistant", "decompensating", "refusal", "lacks insight", etc. often result in blame/shame and should be avoided.
- "Administration skills" should not be the only competencies taught, if staff are required to administer medications. Staff must be required to educate people about their choices, about prescribed meds, etc
- People may have cultural or linguistic barriers to understanding that must be overcome in the process of gaining fully informed consent. People with hearing impairments or other language differences must have access to translation services that are culturally syntonic.
- Incorporate principles of Open Dialog into practices
- "Mandatory trainings" communicate the priorities of what "***must***" be learned, and should be more inclusive of shared decision-making skills
- Develop/Offer ***support groups*** for people who have taken medications for long periods of time

Feedback about Service Systems

- Educate psychiatric providers about what we do and how we can help
- Challenge the medical model when it turns experiences/emotions into symptoms, or "pathologizes" experiences.
- Consider development of an Online training module, eligible for CME Credits to increase psychiatric practitioners' capacity.
- Consider development of online training for persons in services that Outreach or residential workers can use to augment their efforts
- Invite psychiatric practitioners to join advisory boards dedicated to rehab (e.g. SE programs and/or clubhouses) to provide access to different scenarios in which people with psychiatric conditions are recovering normative roles.
- Re-think "anti-stigma" campaigns - find someone with "celebrity status" who would highlight personal medicine and coping, rather than traditional anti-stigma campaigns which simply promote getting treatment and taking medications. See the example from www.bringchange2mind.org