HOW-TO GUIDE

SHARED AND SUPPORTED DECISION-MAKING

FOR MENTAL HEALTH CLINICIANS

INTRODUCTION

This guide is designed to support mental health clinicians to confidently and effectively use the youth-specific shared and supported decision-making tool, **Your Choices, Your Voice: A Mental Health Decision Guide**. It provides an overview of shared and supported decision-making, along with practical guidance to help clinicians build their skills in using the tool with young people and their families.

Within the guide, you will find explanations of each resource, including the Decision Guide, What Matters to Me form (Advance Statement of Preferences), and Trusted Person form, which together are intended to strengthen the process of shared and supported decision-making in practice.

WHAT IS SHARED AND SUPPORTED DECISION-MAKING?

SUPPORTED DECISION-MAKING

Supported decision-making is a rights-based approach that upholds a person's human right to make decisions about their own care by providing the support they need to understand, express, and act on their choices, including when decision-making autonomy is compromised. Tools that can aid in this process are the decision guide, *What Matters to Me* form (Advance Statement of Preferences) and *Trusted Person* form, which will be detailed further on.

CORE IDEA

The young person makes the decision, with support if they choose.

This concept is strongly linked to the **UN Convention on the Rights of Persons with Disabilities (CRPD)** and is increasingly embedded in mental health law and policy in Australia.

KEY PRINCIPLES

- The goal is to **maximise the young person's capacity to make their own decisions.** In the event where the young person is unable to make the final decision, they have other pathways to express their preferences. For example, through *What Matters to Me* Form.
- Support is tailored to the young person's needs.
- The young person is invited to express preferences even when distressed, so that their preferences can be considered.
- **Young people are supported to understand and weigh risks**, respecting their right to make their own decisions even if they may not align with care team preferences (referred to as 'dignity of risk').

Examples of when supported-decision making might be used in mental health care

- **Making a treatment decision:** Let the young person know they can make the decision about their own care and ask them what information they want. If they are fully aware that a treatment option comes with possible downsides and they still want to choose it, help them mitigate those risks.
- **If experiencing symptoms:** Break decisions into smaller steps, revisit them over time, and involve a trusted person to support the young person to express their preferences.

SHARED DECISION-MAKING

A collaborative process where the clinician and the young person receiving support actively engage in information exchange and deliberation about decisions involving the young person's care. A great way to do this is to use a structured decision-making guide, which will be detailed later.

CORE IDEA

To make informed decisions, it is essential to consider both evidence about the potential downsides and benefits, and the young person's personal preferences and values.

KEY PRINCIPLES

Considering options

- More than one reasonable option is usually presented (including doing nothing).

Information exchange (two-way)

- Clinician shares: options, evidence-based downsides, benefits and uncertainties.
- Young person shares: values, preferences, goals, fears and past experiences.

Deliberating together

- Discussing what matters most to the young person in relation to the chances of benefits and downsides.

Reaching a decision after information exchange and deliberation

- The young person has the right to make their own decision after careful consideration of the evidence-based downsides and benefits and how they align with personal preferences. This may include making the decision independently, collaboratively with the clinician, or choosing to have the clinician or care team make the decision for them.

Examples of when shared decision-making might be used in mental health care

- Weighing up hospital admission vs community-based support.
- Deciding between different medication options or therapy types, or choosing not to take medication.

Why it matters

- Ensures that treatment decisions are informed by both research evidence and personal preferences and values
- Reduces power imbalance in care.
- Improves engagement, trust, and adherence.
- Invites a young person to express their values, goals, and preferences.
- Respects autonomy while still drawing on clinical expertise.

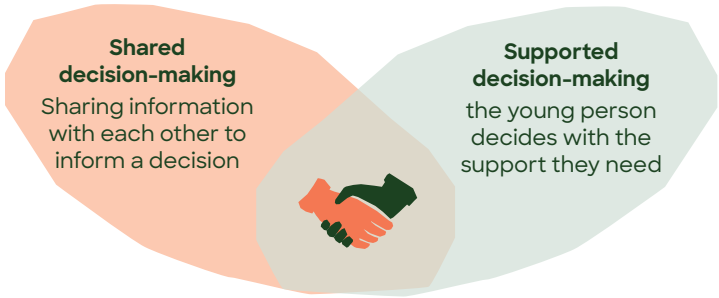
HOW THE TWO APPROACHES WORK TOGETHER

Shared and supported decision-making can **work together in practice**.

Supported decision-making maximises autonomy for the person to be the decision-maker, while shared decision-making describes the information exchange needed for fully informed deliberation and choice to occur.

In short

- **Supported decision-making** ensures the young person's right and capacity to decide is upheld.
- **Shared decision-making** is how the person and clinician work together to reach a decision.



UNDERSTANDING DECISION GUIDES, *WHAT MATTERS TO ME* (ADVANCE STATEMENT) FORM AND *TRUSTED* (NOMINATED) *PERSONS* FORM

Each of the following tools can be used to support shared and supported decision-making with a young person. It's important to remember that completion of these tools is always optional and does not need to occur within a single session. Young people can choose if, when, and which tools they complete as part of *Your Choices, Your Voice: A Mental Health Decision Guide*.

DECISION GUIDE

PURPOSE

A decision guide helps a young person think through a decision about their care. For example, whether to start a new treatment, involve family, change supports, or simply do nothing.

CLINICIAN USE

- Invite the young person to share their values, goals and concerns about decision options.
- Ensure information is shared about evidence-based risks and benefits, including of doing nothing, so that deliberation is informed and decisional conflict is reduced.

WHEN TO USE

- Anytime during treatment when a young person needs to make a decision about their care.
- During care planning, review, or crisis planning.
- Anytime a young person feels uncertain or ambivalent.

HOW TO INTRODUCE DECISION GUIDES

"Sometimes it helps to slow down and look at the options side by side. This guide can help you think about what's most important to you before deciding."

FREQUENTLY ASKED QUESTIONS

Why do we include a 'keeping my treatment the same' option in the guide?

Shared decision-making means that all options, including not changing anything right now, are acknowledged and explored. 'Keeping my treatment the same' offers an important comparison when discussing the potential benefits and downsides of treatment options. It allows clinicians to clearly communicate what may happen if no changes are made (e.g., improvement, no change, worsening of symptoms), and to compare these possibilities with the likely outcomes, downsides and benefits of available treatments.

But what if the young person I'm working with is on a Treatment Order*?

When a young person is under a Treatment Order, treatment is mandated, but decision-making rights are not removed. Young people retain the right to be heard, express preferences, and participate in decisions about how treatment is delivered. Using a decision guide in this context supports human rights by promoting agency, collaboration, and respect, while also strengthening clinical care. Treatment choices that integrate the best available evidence with a young person's preferences and values are more informed and are more likely to be effective, acceptable, and sustained over time.

*The term Treatment Order will be used throughout this form relating to compulsory (involuntary) treatment. Each state and territory may vary on how compulsory treatment is referred to.

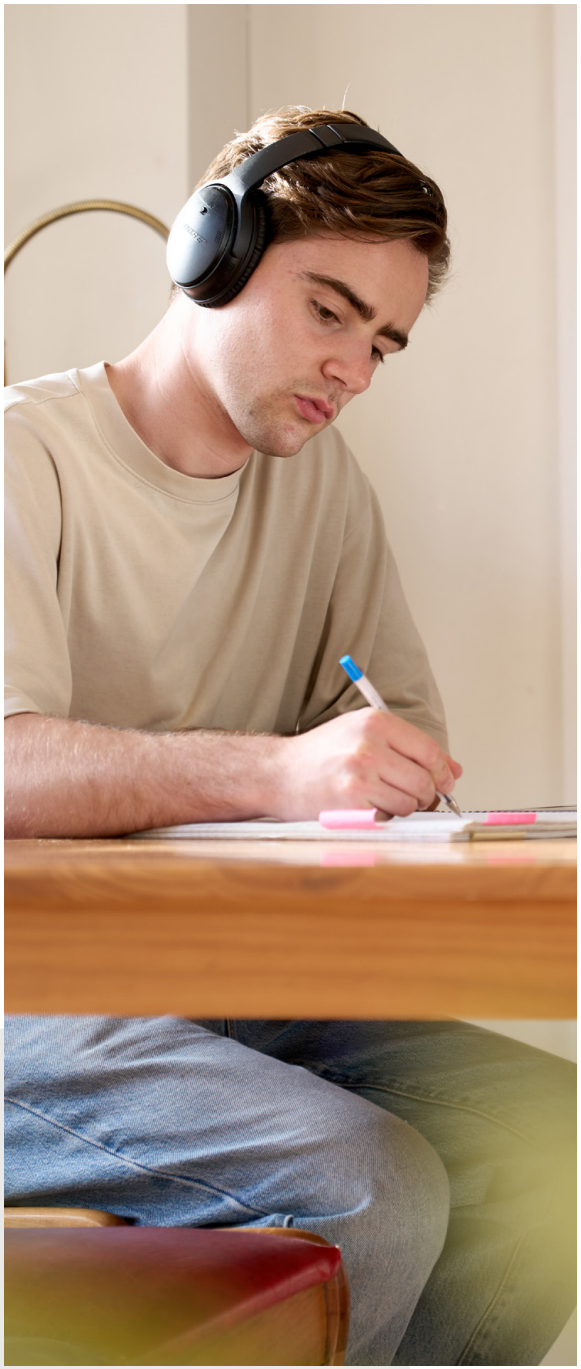
As Treatment Orders are time-limited, supporting involvement in decision making during this period also increases the likelihood of continuity of care once the order ends and full decision-making rights are reinstated. Here are some helpful tips to navigating a decision guide if the young person is on a Treatment Order:

- **Acknowledge the reality:**
  Be transparent about what aspects of treatment are required under the order and what areas remain open for discussion.
- **Highlight areas of choice:**
  Use the decision guide to explore decisions that can be influenced, such as:
  - The timing or format of treatment (e.g., when appointments happen, who's present).
  - Supportive care alongside required treatment (e.g., therapy options, coping strategies, involvement of supports).
  - Communication preferences (e.g., how information is shared, who is updated).
- **Explore meaning and perspective:**
  Even when a treatment itself isn't optional, the guide can help uncover how the young person feels about it, what they fear, hope, or want understood.
- **Validate the frustration of limited choice:**
  Acknowledge the emotional impact of having autonomy reduced, without defensiveness.
- **Use the guide as a bridge, not a checklist:**
  The aim isn't to force agreement, but to keep dialogue open, and to document the young person's perspective so it informs future reviews, care planning, or advance statements.

How do I balance dignity of risk with my duty of care?

Dignity of risk is another way of saying 'you have the right to live the life you choose, even if your choices involve some risk'. Balancing a young person's right to make choices (including some risk) with your duty of care can be challenging. Here are some tips to help navigate this with young people:

- Focus on managing risk collaboratively rather than removing it entirely, involving the young person and others where appropriate.
- Recognise that what is reasonable will vary between young people and services, and should be guided by multidisciplinary judgement and support.
- Use sound professional judgement, document your rationale, and keep communication open.
- Ensure decisions are centred on the young person's rights, safety, and wellbeing, referring to relevant mental health legislation if needed.
- Seek support from colleagues, engage in reflective practice, and utilise clinical reviews and supervision to guide decision-making and ensure care is ethical, proportionate, and well-considered.



WHAT MATTERS TO ME FORM (ADVANCE STATEMENT OF PREFERENCES)

PURPOSE

An Advance Statement of Preferences can be completed by any young person aged 12 years or older by filling out a What Matters to Me form. To be valid, it must be written, signed, dated, and witnessed by an adult over 18 chosen by the young person.

The statement records a young person's preferences for future mental health treatment in case they become unwell and unable to communicate their decisions, including under a compulsory Treatment Order. While it is not legally binding, services must make every reasonable effort to follow it, noting that recognition of these statements varies across states and territories.

The tool supports respect, autonomy, and person-centred care by keeping the young person's voice central to treatment planning, and can be completed at any stage of engagement.

CLINICIAN USE

- Support the young person to share what matters to them about their care, specifically what does or doesn't help and what makes them feel safe and supported.
- Make sure the young person understands how future treating teams may use this form, while also being clear that it is not legally binding.

WHEN TO USE

- During periods of stability or recovery.
- As part of care or discharge planning.
- When the young person is in hospital.

HOW TO INTRODUCE *WHAT MATTERS TO ME* FORM

"This is a way to make sure your treatment team understands what matters to you, even if you can't explain it at the time. You're in charge of what goes in it."

TRUSTED (NOMINATED) PERSON FORM

PURPOSE

A Trusted (Nominated) Person form allows a young person to formally choose someone they trust to support them if they become unwell and/or are on a Treatment Order. The trusted person's role is to help the young person have a voice in decisions about their treatment and care. For example, by receiving information, being consulted about treatment options, and helping communicate the young person's preferences.

CLINICIAN USE

- Clarify the trusted person's role (support, advocacy, communication).
- Encourage review over time as relationships or supports change.

WHEN TO USE

- When a young person is receiving or may receive compulsory treatment.
- As part of broader rights and autonomy conversations.

HOW TO INTRODUCE *TRUSTED (NOMINATED) PERSON* FORM

"You can choose someone you trust to be involved if you're too unwell to make decisions. They can help make sure your views are heard and respected."

PRACTICAL TIPS ON USING *YOUR CHOICES, YOUR VOICE: A MENTAL HEALTH DECISION GUIDE* WITH YOUNG PEOPLE

Slow the pace

Allow time, reflection and breaks: Give young people space to think. Build in pauses and, if needed, spread the conversation over more than one session.

Use clear, simple language

Explain the purpose plainly and reflect the young person's words: Avoid jargon, check understanding, and where possible use the young person's own wording so the statement genuinely reflects their voice.

Be culturally responsive

Adapt the process to the young person's culture and values: Acknowledge how culture, family, and community shape decision-making, and adjust your approach so the process feels safe and respectful.

Be flexible and creative

Use visuals or other communication methods if helpful: Use visual tools like the ones provided in the guide, scale questions to young person's understanding or instead of filling in the forms use the questions as a guide, engaging in creative exploration meaningful to the young person such as mind maps or drawings.

Choose the right timing

Complete when the young person is not in distress: Where possible, use the tools when the young person can reflect and make informed decisions, rather than during acute distress.

Consider developmental needs

Tailor your approach to age, capacity, and needs: Adapt your communication and support based on the young person's age, developmental stage, and any accessibility or communication needs.

Revisit and revise

Preferences can be changed over time: Normalise that preferences may shift and encourage periodic review of the statement.

Support the trusted person

Help choose, involve them appropriately, and clarify their role: Help the young person select someone they trust, and ensure both understand what the role involves in supporting decision-making.

PARTNERING WITH FAMILIES AND CARERS WHEN USING THE SHARED AND SUPPORTED DECISION-MAKING TOOL

Balancing family input with a young person's autonomy means honouring each person's perspective while supporting the young person's right to make informed choices, even those involving uncertainty. Ways in which we can promote family-inclusive practice include:

Acknowledge everyone's perspective

Start by recognising that each person's view comes from a place of care or concern. This helps de-escalate tension and keeps the conversation grounded in shared goals, usually the young person's wellbeing.

Centre the young person's voice

Make it clear that, where clinically and legally appropriate, the young person's preferences guide the decision and treatment choices.

Balance guidance with autonomy

Explain to family members that your role is to gently support decision quality, ensuring the young person understands their options and associated implications. In this way, you are upholding a young person's right to make choices that carry some uncertainty or potential for learning.

Developmental stage

Young people aged 12 years and over can choose to complete the form without a caregiver present. However, it is encouraged to partner with caregivers of all young people, especially those aged 12-16.

Support the family to stay engaged

When families feel heard and included, they're more likely to stay connected even when they disagree. Including family may occur through one-on-one or family-based sessions, family peer work, and referral to family-based groups.

Keep the focus on shared goals

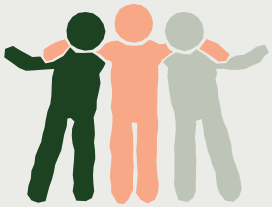
Refocus discussion on the common aims of wellbeing, connection, recovery, and safety rather than on specific choices. This can help families move from control to collaboration.

Clarify that family involvement is optional

Ensure young people understand that their family or carers do not need to be involved in the process if it feels unsafe, inappropriate, or not aligned with their preferences. Involvement should always be guided by the young person's wishes, their safety, and what supports their autonomy and therapeutic goals.

Revisit

If not involved currently, check in with the young person regarding their desire to involve a family member or a carer. This may have changed.



RELATED RESOURCES

- A shared decision making model for mob
  https://aci.health.nsw.gov.au/shared-decision-making

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