

**Shared Decision Making Summit**  
**Reports back to larger group**

***The Risks and Rewards of SDM***

**Reporters:**

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- Mental health is one of the few areas in which we use a clinical assessment of capacity as opposed to legal assessment of capacity and that that is a real issue what level of risk that elevates us to – explore
- Who owns risk? That answer depends on who makes decisions. If providers make decisions then they own the risk and if consumers make decisions then they own the risk.
- Shared decision making doesn't increase the risk. It redistributes the risk. Risk is mitigated when liability is shared.
- The State of Washington law underscores this thinking. It incentivizes the use of SDM. It essentially changes the threshold of malpractice for those employing SDM. Risk is decreased if using SDM in clinical encounters.
- SDM affects risk for the better.
- There are also risks of not moving forward – effect of not supporting people in moving on and the kinds of stresses and negative consequences that can result
- Now that we've identified these things, what can we do about it? Of course there are risks but from the beginning of our discussion, the topic of dialogue was emphasized.
- There is a disconnection between what should be and what is actually happening.
- What kinds of factors would help make the necessary change? Coordinators from DMH, communication, central roles, involvement of people from different realms, reporting and communicating outcomes, and dialogue between providers and consumers.
- Resolution of the dysfunctional provider/client relationship.

- **Person-person relationship experiences between people for applied learning. It's about the human relationship and collaboration not the disease and the treatment.**
- **Funding sources have to encourage this to embed it in the system.**
- **The importance of clinical skill was also discussed à how to use time differently, not additional tasks to complete just how do you do what you do with SDM in mind, as a guide.**