

# **Shared Medical Decision-Making, Trust, and the Acceptance of Treatment Recommendations: A Comparison of Treatment Decision-Making in Depression and Non-Psychiatric Conditions**

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Calls to involve mental health patients in their care and treatment decision-making have come from the highest levels of government and healthcare and often include shared medical decision-making (SDM) as a means of patient engagement. While research on SDM for physical conditions is expanding rapidly, there has not been as much focus on SDM for depression care. Few SDM studies have explored direct, quantitative comparisons across psychiatric and multiple, chronic, non-psychiatric conditions. This work is needed to understand whether the current SDM model meets the needs of those making decisions about antidepressant treatment.

This study examines the differences between those making depression treatment decisions and those making somatic treatment decisions. Specifically, the study explores these research questions: (1) Which factors predict patient reports of SDM?, (2) Are the predictive variables in the antidepressant group different than those in the non-psychiatric groups?, (3) What is the relationship between SDM and the acceptance of treatment recommendations?, (4) What is the relationship between trust and the acceptance of treatment recommendations, and (5) Are the effects of SDM and, separately, trust on the acceptance of treatment recommendations different across groups?

The theories that inform this study include: (1) the Social Distance Theory of Power, which predicts that power differentials in relationships produce asymmetric social distance; (2) Self-Determination Theory, which is a psychological theory of motivation and behavior change; and

