Shared Decision-Making and Medication Use in Psychiatry: Patient Autonomy and Well-Being

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More information about the project: https://henning.md/thesis/index-en.html

This research forms part of a doctoral thesis and a broader academic effort to explore patient autonomy and contribute to the ethical evolution of mental health care in Spain. The project focuses on examining the feasibility, clinical value, and operational barriers surrounding shared decision-making and deprescribing practices in psychiatric services, with particular attention to the lived realities and informed perspectives of those actively engaged in the field. As the country prepares its Mental Health Action Plan 2025–2027, this study provides a neutral space to gather insight on the implementation of what is being framed as a more rational and person-centered use of psychiatric medication, alongside increased investment in psychotherapy, social interventions, and community-based strategies. It seeks to capture the knowledge and experience of clinicians, practitioners, service coordinators, and policy makers, regardless of their stance or practice model. All contributions -whether grounded in supportive experience or critical reflection- are vital to identifying systemic needs and informing actionable, context-sensitive improvements. By drawing on a wide range of expertise, the study aims to contribute to more effective and equitable approaches to care -those that prioritize prevention, minimize harm and long-term disability, and support recovery through flexible, evidence-informed, and individualized pathways- thanks to the insight of professioanls as yourself.

* Required

Section 1. Respondent Information

What is your profession?

- [ ] Psychiatrist
- [ ] Psychologist
- [ ] Mental Health Nurse
- [ ] General Practitioner (Primary Care)
- [ ] Medical Doctor (Other Specializations)
- [ ] Pharmacist
- [ ] Social Worker
- [ ] Mental Health Researcher
- [ ] Other

Where do you currently work?

- [ ] Public hospital
- [ ] Private hospital or clinic
- [ ] Community mental health center
- [ ] Primary care setting
- [ ] University or research institution
- [ ] Non-governmental organization (NGO)
- [ ] Other

What is your role within your organization?

- [ ] Clinical practitioner (direct patient care)
- [ ] Researcher
- [ ] Administrator or policy advisor
- [ ] Educator or trainer
- [ ] Other

How many years of experience do you have in mental health care or research?

- ◯ Less than 1 year
- ◯ 1–5 years
- ◯ 6–10 years
- ◯ 11–20 years
- ◯ More than 20 years

What is your general stance on deprescribing psychiatric drugs?

	Strongly Support Deprescribing	Support in Specific Cases	Neutral	Cautious About Deprescribing	Oppose Deprescribing
First-episode psychosis (before establishing a long-term diagnosis)	◯	◯	◯	◯	◯
Depressive disorders (prescribed neuroleptics as augmentation)	◯	◯	◯	◯	◯
Bipolar disorder (long-term neuroleptic treatment for mood stabilization)	◯	◯	◯	◯	◯
Non-specified psychotic or mood disorders (diagnosis unclear or evolving)	◯	◯	◯	◯	◯
Neuroleptics prescribed off-label (e.g., insomnia, anxiety, personality disorders)	◯	◯	◯	◯	◯
Neuroleptics used in elderly patients (dementia-related agitation, behavioral management)	◯	◯	◯	◯	◯
Long-term neuroleptic use in institutionalized patients (e.g., chronic hospitalization, group homes)	◯	◯	◯	◯	◯
Pediatric and adolescent patients (under 18 years old)	◯	◯	◯	◯	◯
Patients with histories of trauma and abuse (where symptoms may be trauma-related)	◯	◯	◯	◯	◯

What is your view on shared decision-making in psychiatry?

	Strongly Support	Support with Clinician Guidance	Neutral	Cautious About Patient-Led Decisions	Oppose
First-episode psychosis (before long-term diagnosis is established)	◯	◯	◯	◯	◯
Depressive disorders (where neuroleptics are prescribed as augmentation)	◯	◯	◯	◯	◯
Bipolar disorder (long-term medication for mood stabilization)	◯	◯	◯	◯	◯
Non-specified psychotic or mood disorders (diagnosis unclear or evolving)	◯	◯	◯	◯	◯
Neuroleptics prescribed off-label (e.g., insomnia, anxiety, personality disorders)	◯	◯	◯	◯	◯
Neuroleptics used in elderly patients (dementia-related agitation, behavioral management)	◯	◯	◯	◯	◯
Long-term neuroleptic use in institutionalized patients (chronic hospitalization, group homes)	◯	◯	◯	◯	◯
Pediatric and adolescent patients (under 18 years old)	◯	◯	◯	◯	◯
Patients with histories of trauma and abuse (where symptoms may be trauma-related)	◯	◯	◯	◯	◯

Have you received formal training on deprescribing strategies and shared decision-making?

- [ ] Yes, I have received training on deprescribing psychiatric medications
- [ ] Yes, I have received training on shared decision-making in psychiatry
- [ ] No, I have not received formal training on either
- [ ] Other

Section 2. National Mental Health Policy and Deprescribing Efforts

This section introduces eight hypothetical, yet contextually grounded, national-level reform scenarios that challenge current practices in psychiatric medication management. Each scenario invites critical reflection on deprescribing, shared decision-making, clinician-patient communication, and the importance of timely reassessment. These questions are designed not to prescribe a single model, but to gather the full range of professional perspectives on what constitutes safe, ethical, and person-centered care in diverse clinical and institutional settings. While many proposed reforms may be motivated by commendable intentions - such as reducing overmedication, enhancing patient autonomy, or aligning care with the latest scientific evidence - their success depends on the quality, feasibility, and context-specific adequacy of their implementation. Respondents are therefore encouraged to reflect not only on the theoretical value of such changes, but also on their practical implications, risks, and unintended consequences. Your responses are essential for portraying the complexity of clinical decision-making and policy development. Whether you strongly support, cautiously question, or critically oppose the premises of a given scenario, your input will help inform a nuanced understanding of what constitutes best practice. By sharing your experience and ethical judgment, you contribute to an evidence-informed dialogue on how mental health care systems might evolve in a manner that is more effective, efficient, and respectful of human rights.

Implementing National Screening for Gluten Sensitivity in Psychiatric Diagnoses

Recent studies have established **a direct link between gluten sensitivity and neuropsychiatric disorders**, with symptoms including **anxiety, depression, psychosis, and cognitive impairment**. In many cases, individuals have been prescribed **neuroleptic medication without being screened for gluten-related disorders**, even though dietary intervention could have addressed their symptoms. As a national policy, **mandatory screening for gluten sensitivity in psychiatric patients** has been proposed before prescribing neuroleptics.

Question: In cases where gluten sensitivity is newly identified in patients previously treated with neuroleptics, how should clinicians approach deprescribing and engage the patient in shared decision-making about transitioning to dietary treatment? What key challenges do you foresee in implementing this shift in clinical practice?

Deprescribing Neuroleptics in Cases of Missed Metabolic and Nutritional Disorders

National reviews of **long-term neuroleptic use** have revealed that a significant number of patients were **never screened for metabolic and nutritional deficiencies** such as **B12 deficiency, thyroid dysfunction, or insulin resistance**, all of which can mimic psychiatric symptoms. In regions implementing routine metabolic screening, large numbers of patients have **shown clinical improvement after correcting these deficiencies**, leading to reconsideration of their psychiatric diagnosis.

Question: As a national deprescribing effort, how should patients with **reversible metabolic disorders misdiagnosed as psychiatric conditions** be safely withdrawn from neuroleptics? What role do **primary care and psychiatric coordination** play in this transition?

Addressing Psychiatric Abuse Cases Uncovered Through National Research on Mental Health and Violence

A national research project on **violence and mental health** has revealed that **a significant proportion of psychiatric patients were victims of prior abuse**, yet their trauma was **never acknowledged in their treatment plans**. Instead of receiving trauma-informed care, many were **pathologized, medicated, and institutionalized**, often without informed consent or a proper understanding of their histories. As a result, many victims not only **did not receive the protection or support they needed**, but **suffered further abuse within the mental health system**. The disabling effects of **long-term neuroleptic use**, combined with the **marginalization caused by stigma**, left them **trapped in an increasingly harsher situation**—disempowered, unheard, and more vulnerable to ongoing violence. Instead of ensuring their safety, the very institutions meant to provide care **reinforced their isolation and suffering**. With national policy shifting toward **trauma-informed care and patient-centered mental health services**, deprescribing is now necessary for those who were **misdiagnosed or inappropriately medicated as a response to trauma**, rather than receiving interventions that address their lived experiences.

Question: How should shared decision making and deprescribing be implemented as part of a national mental health reform that recognizes **the harm caused by past pathologization**? What measures should be taken to ensure that **victims of both interpersonal and institutional violence receive the protection and support they were previously denied**?

National Deprescribing Initiative for Elderly Patients at High Risk of Mortality and Disability

Longitudinal studies have demonstrated that **elderly patients on neuroleptic medication face increased risks of mortality, stroke, falls, and cognitive decline**. The World Health Organization (WHO) and national healthcare agencies now recommend **withdrawing neuroleptics for elderly patients whenever possible** to prevent avoidable harm. A **nationwide deprescribing campaign** targets long-term neuroleptic use in **nursing homes, psychiatric institutions, and general geriatric care settings**.

Question: What strategies should be implemented to ensure **safe withdrawal** of neuroleptics in elderly patients, balancing symptom management with the urgent need to reduce medication-related harm?

Reevaluating Long-Term Psychiatric Diagnoses in a National Audit

A national review of **long-term psychiatric patients on neuroleptics** has revealed that **a substantial percentage were misdiagnosed** due to early-life trauma, temporary psychotic episodes, or substance-induced symptoms. Many individuals have remained on neuroleptics for **decades**, despite the fact that their initial condition may not have warranted such treatment. With new diagnostic guidelines emphasizing **precision medicine and functional recovery**, **deprescribing programs are being established nationwide** for patients found to have questionable diagnoses.

Question: What ethical and clinical considerations should guide shared decision making and the **systematic deprescribing in misdiagnosed patients**, ensuring their safety and autonomy?

Addressing the Overprescription of Neuroleptics in Social Care and Marginalized Communities

National health reports indicate that **neuroleptic medications are disproportionately prescribed to vulnerable populations**, including individuals in **institutional care, those experiencing homelessness, and socioeconomically disadvantaged groups**. Often, these medications have been used as **behavioral management tools** rather than for diagnosed psychiatric conditions. A **policy-driven deprescribing effort** now mandates a **review of neuroleptic use in these settings**, replacing pharmacological control with **community-based and psychosocial interventions**.

Question: What steps should be taken to ensure that **shared decision making and deprescribing in marginalized populations** does not result in patients being left without adequate care or support?

National Review of the Use of Neuroleptics in Children and Adolescents

Pediatric mental health research has raised concerns about the **overuse of neuroleptics in children and adolescents**, particularly in cases where behavioral symptoms are linked to **trauma, ADHD, autism, or sensory processing disorders** rather than psychotic illness. National guidelines now recommend **strict limitations on neuroleptic prescriptions for young patients** and **mandatory deprescribing reviews** for those who may have been unnecessarily medicated.

Question: How can deprescribing programs ensure **safe shared decision making and transition for children and adolescents**, while also addressing the potential withdrawal effects and the need for other interventions?

Ending the Use of Neuroleptics for Non-Psychiatric Indications in General Medicine

Recent audits in **non-psychiatric hospital settings** have uncovered **widespread neuroleptic prescribing for conditions unrelated to psychosis**, including **delirium, sleep disturbances, and non-specific agitation**. In some cases, patients with **no psychiatric history** were discharged on long-term neuroleptics, creating a new population of unintended chronic users. With national deprescribing guidelines now recommending **immediate review of all non-psychiatric neuroleptic prescriptions**, hospitals and general medical practitioners must take the lead in **reducing inappropriate medication use**.

Question: What system-wide strategies should be adopted to promote shared decision making and prevent **the unnecessary initiation of treatment**, while ensuring appropriate deprescribing for patients affected by past prescribing errors?

Final Reflection: barriers to national shared decision making and deprescribing efforts

Given the above **eight shared decision making and deprescribing challenges**, please reflect on the following:

1. **Which of these national initiatives do you believe is most urgent, if any?**
2. **What are the key barriers to implementing such policies at a national level?** (e.g., lack of training, institutional resistance, patient fears)
3. **What role do practitioners and administrators play in ensuring that these do not result in care gaps or unintended harm?**

Section 3. National Policy Implementation

This section aims to assess the **level of implementation and challenges of national policies** related to deprescribing in mental health, as well as to identify **key areas for improvement and priority actions**.

Which do you consider the main challenge for implementing shared decision making and deprescribing strategies in mental health at the national level? *(Select up to three options.)*

Please select at most 3 options.

- [ ] Lack of professional training in such strategies.
- [ ] Resistance from mental health professionals themselves.
- [ ] Fear of relapses or negative consequences for patients.
- [ ] Lack of clear guidelines and action protocols.
- [ ] Influence of the pharmaceutical industry on clinical practice.
- [ ] Lack of accessible therapeutic alternatives for patients.
- [ ] Rejection or fear from patients or their families.
- [ ] Other

Have you participated in initiatives related to shared decision making and deprescribing psychiatric medication in your workplace?

- [ ] Yes, in formal deprescribing programs within my institution.
- [ ] Yes, in individual cases with patients within my clinical practice.
- [ ] No, but I would be interested in receiving training or participating in deprescribing initiatives.
- [ ] No, and I do not consider deprescribing a need in mental health.

In your experience, how often is psychiatric medication reviewed with the intention of deprescribing in your workplace?

- ◯ It is systematically reviewed for all patients with the possibility of adjustment or withdrawal.
- ◯ It is occasionally reviewed, depending on the professional's discretion.
- ◯ It is reviewed only if the patient explicitly requests it.
- ◯ Medication reviews with a deprescribing focus are not conducted in my workplace.

Do you think the national mental health strategy adequately prioritizes shared decision making, deprescribing and the reduction of psychiatric drug use?

- ◯ Yes, there is a clear and well-implemented policy in this regard.
- ◯ Yes, but its implementation is limited and context-dependent.
- ◯ No, the national strategy does not sufficiently address this issue.
- ◯ No, and I do not believe it should be a priority in mental health.

What policies or programs do you consider essential to improving psychiatric care?

- [ ] Greater training and awareness for mental health professionals on shared decision making and deprescribing.
- [ ] Development of specific protocols in hospitals and mental health centers.
- [ ] Increased access to non-pharmacological therapies and alternatives.
- [ ] Greater involvement of patients and their families in decision-making.
- [ ] Creation of specialized deprescribing units within the healthcare system.
- [ ] Legislative reforms to guarantee the right to shared decision making, deprescribing and reduce coercive drug use.
- [ ] Other

Section 4. Your Insights & Future Engagement

Open Feedback *(Optional)*

Please share any additional thoughts, experiences, or perspectives on **deprescribing, shared decision-making, and psychiatric medication use**. Your insights will help contextualize the survey findings and contribute to further research and policy recommendations.

Stay Connected & Access Research Outcomes *(Optional)*

Would you like to receive updates on the research findings, free training materials, and opportunities to collaborate on future research and best practice initiatives?

- [ ] Yes, I would like to receive the research results and training materials.
- [ ] Yes, I am interested in participating in further research or professional discussions on best practices.
- [ ] No, I prefer not to receive further communication.

If you selected **Yes**, please provide your **email address** below:

I have carefully read the participant information sheet and have had the opportunity to ask any questions, which have been satisfactorily answered. I understand that my participation is voluntary and that I may withdraw from the study at any time without justification or any negative consequences. I understand that my responses will be collected anonymously and processed in accordance with current data protection regulations. I consent for my answers to this survey to be used in the dissertation of Enric Garcia Torrents, Universitat Rovira i Virgili. *

- [ ] I consent to my responses being used exclusively for academic and scientific purposes within the context of this study, and authorize my anonymized data to be reused in future research related to this topic.
- [ ] I declare that I have understood all the information provided and that I give this consent freely and knowingly.