

# Shared Decision-Making Preferences in Mental Health: Does Age Matter? A Systematic Review

Databases to be searched are: **Medline, PsycINFO, Pubmed, Web of Science.**

## **Databases searched:**

**S1 - MEDLINE (EBSCO) searches** – run 25th July 2018

Limits applied 1990-2018 (01/01/1990 - 31/12/2018)

No geographic limits applied

Language limits applied - English

## **[A]. Search Strings for Decision Making**

1. MH “Decision Making” 84,171
2. MH “Clinical Decision Making” 3,624
3. MH "Patient Navigation" 478
4. AB share\* N1 decision\* N1 mak\* OR TI share\* N1 decision\* N1 mak\* 5,536
5. AB Clinical N1 decision\* N1 Mak\* OR TI Clinical N1 decision\* N1 Mak\* 14,846
6. AB patient\* N1 cent\* N1 decision\* OR TI patient\* N1 cent\* N1 decision\* 274
7. AB participa\* N1 decision\* mak\* OR TI participa\* N1 decision\* mak\* 1,575
8. [OR/1-7]

**Total: 87,758**

## **B). Search terms for Mental Health**

1. MH “Mental Health” 31,222
2. MH “Psychiatry” did not explode 37,531
3. MH “Mental Health Services+” 88,219
4. AB Mental\* W2 ill\* OR TI Mental\* W2 ill\* 32,575
5. AB Mental W1 Health OR TI Mental W1 Health 116,458
6. AB Mental W2 Disorder\* OR TI Mental W2 Disorder\* 36,452
7. AB Mental W2 Problem\* OR TI Mental W2 Problem\* 12,101
8. [OR/1-7]

**Total: 190,617**

## **C). Search terms for Age**

1. MH “Age Groups” 41,323
2. MH "Age Factors" 423,146
3. MH "Aged+" 2,828,633
4. MH "Adult+" 6,583,135
5. TI ( Age\* OR aging ) OR AB ( Age\* OR aging ) 3,319,265
6. AB Elder\* OR TI Elder\* 229,860
7. AB Old\* OR TI Old\* 1,277,849
8. [OR/1-7]

**Total:** 6,204,330

**D). Search terms for Patient**

1. MH "Patient Participation" 22,695
2. MH "Attitude" not exploded 44,370
3. MH "Attitude to Health+" 373,092
4. MH "Choice Behavior" 29,332
5. AB prefer\* OR TI prefer\* 398,651
6. AB Involv\* OR TI Involv\* 2,018,372
7. AB Autonom\* OR TI Autonom\* 116,521
8. AB participat\* OR TI participat\* 457,996
9. [OR/1-8]

**Total:** 2,679,079

**Final combined total (A) AND B) AND C) AND D)) = 755**

**S1 - PUBMED (NCBI) searches** – run 25th July 2018  
Limits applied 1990-2018 (01/01/1990 - 31/12/2018)  
No geographic limits applied  
Language limits applied - English

**[A]. Search Strings for Decision Making**

1. "Decision Making" [Mesh:noexp] 72,396
2. "Clinical Decision-Making" [Mesh:noexp] 3,657
3. "Patient Navigation"[Mesh:noexp] 480
4. ("shared decision making"[Title/Abstract]) OR "shared decision-making"[Title/Abstract] 5640
5. ("clinical decision making"[Title/Abstract]) OR "clinical decision-making" [Title/Abstract] 13,431
6. (((("patient centered decision\*" [Title/Abstract]) OR "patient centered-decision\*" [Title/Abstract]) OR "patient centred decision\*" [Title/Abstract]) OR "patient centred-decision\*" [Title/Abstract] 117
7. (("participant decision-making"[Title/Abstract]) OR "participant decision making"[Title/Abstract]) OR "participant decision\*" [Title/Abstract] 12
8. [OR/1-7]

**Total:** 86,370

**[B]. Search terms for Mental Health**

1. "Mental Health"[MeSH Terms] 22992
2. "Psychiatry"[MeSH Terms] 13841
3. "Mental Health Services"[MeSH Terms] 22665
4. ("Mentally ill"[Title/Abstract]) OR "Mental illness"[Title/Abstract] 23,599
5. ("mental health"[Title/Abstract]) 105,063
6. ("mental problem"[Title/Abstract]) OR "mental problems"[Title/Abstract] 49
7. (("common mental disorder"[Title/Abstract]) OR "common mental illness"[Title/Abstract]) OR "common mental problem"[Title/Abstract] 7546
8. (("serious mental disorder"[Title/Abstract]) OR "serious mental illness"[Title/Abstract]) OR "serious mental problem"[Title/Abstract] 2781
9. [OR/1-8]

**Total:** 162,214

**[C]. Search terms for Age**

1. "age groups"[MeSH Terms] 5,331,965
2. "age factors"[Mesh:noexp] 243,565
3. "aged"[MeSH Terms] 2,221,971
4. "adult"[MeSH Terms] 4,369,474
5. ("aging"[Title/Abstract]) OR "ageism"[Title/Abstract] 133,813
6. Elder\*[Title/Abstract] 175,650

7. ("older"[Title/Abstract]) OR "old people"[Title/Abstract]) OR "older people"[Title/Abstract]  
323,177
8. [OR/1-7]

**Total: 5,560,865**

**D). Search terms for Patient**

1. "patient participation" [MeSH Terms] 19,349
2. "Attitude"[MeSH Terms] 23,519
3. "attitude to health"[MeSH Terms] 319,747
4. "Choice Behavior"[Mesh] 25,682
5. prefer\*[Title/Abstract]) 339,005
6. involve\*[Title/Abstract] 1,721,848
7. autonomy\*[Title/Abstract] 89,313
8. participat\*Title/Abstract] 401,825
9. [OR/1-8]

**Total: 2,687,862**

**Final combined total (A) AND B) AND C) AND D)) = 574**

**S1 – PsycINFO (EBSCO) searches** – run 25<sup>th</sup> July 2018  
Limits applied 1990-2018 (01/01/1990 - 31/12/2018)  
No geographic limits applied  
Language limits applied – English

**[A]. Search Strings for Decision Making**

9. MH “Decision Making”
10. MH “Clinical Decision Making”
11. MH "Patient Navigation"
12. AB share\* N1 decision\* N1 mak\* OR TI share\* N1 decision\* N1 mak\*
13. AB Clinical N1 decision\* N1 Mak\* OR TI Clinical N1 decision\* N1 Mak\*
14. AB patient\* N1 cent\* N1 decision" OR TI patient\* N1 cent\* N1 decision"
15. AB participa\* N1 decision\* mak\* OR TI participa\* N1 decision\* mak\*
16. [OR/1-7]

**Total: 6,476**

**[B]. Search terms for Mental Health**

9. MH “Mental Health”
10. MH “Psychiatry”
11. MH “Mental Health Services+”
12. AB Mental\* W1 ill\* OR TI Mental\* W1 ill\*
13. AB Mental N1 Health OR TI Mental N1 Health
14. AB Mental W2 Disorder OR TI Mental W2 Disorder
15. AB Mental W2 Problem\* OR TI Mental W2 Problem\*
16. AB Common W1 Mental W2 Disorder\* OR TI Common W1 Mental W2 Disorder\*
17. AB Serious W1 Mental W2 Disorder\* OR TI Serious W1 Mental W2 Disorder\*
18. [OR/1-9]

**Total: 181,750**

**[C]. Search terms for Age**

9. MH “Age Groups”
10. MH "Age Factors"
11. MH "Aged+"
12. MH "Adult+"
13. AB Age\* OR TI Age\*
14. AB Elder\* OR TI Elder\*
15. AB Old\* OR TI Old\*
16. [OR/1-6]

**Total: 756,686**

**[D]. Search terms for Patient**

10. MH "Patient Participation"
11. MH "Attitude"
12. MH "Attitude to Health+"
13. AB prefer\* OR TI prefer\*
14. AB Involv\* OR TI Involv\*
15. AB Autonom\* OR TI Autonom\*
16. AB participat\* OR TI participat\*
17. AB Choice\* OR TI Choice\*
18. [OR/1-7]

**Total: 635,964**

**Final combined total (A) AND B) AND C) AND D)) = 49**

**S1 -WoS searches** – run 25<sup>TH</sup> July 2018- WOS Core Collection  
Limits applied 1990-2018 (01/01/1990 - 31/12/2018)  
No geographic limits applied  
Language limits applied – English  
Document limits applied - Article  
[Key: TI=Title, TS=Topic- no abstract available in this database]

#### **[A]. Search Strings for Decision Making**

1. TI=("decision making") OR TS=("decision making") 196,768
2. TI=("clinical decision making") OR TS=("clinical decision making") OR TI=("clinical decision-making") OR TS=("clinical decision-making") 9,292
3. TI=("patient navigation") OR TS=("patient navigation") 547
4. TI=("shared decision making") OR TS=("shared decision making") 4,764
5. TI=("patient centred decision") OR TS=("patient centred decision") OR TI=("patient centered decision") OR TS=("patient centered decision") 90
6. TI=("participant decision making") OR TS=("participant decision making") OR TI=("participant decision-making") OR TS=("participant decision-making") 17
7. [OR/1-6]

**Total:** 197,307

#### **[B]. Search terms for Mental Health**

1. TI=("mental health") OR TS=("mental health") 118,428
2. TI=("psychiatry") OR TS=("psychiatry") 25,761
3. TI=("mental health services") OR TS=("mental health services") 13,360
4. TI=("mental\* AND ill\*") OR TS=("mental\* AND ill\*") 29,147
5. TI=("mental disorder") OR TS=("mental disorder") 6,277
6. TI=("mental problem") OR TS=("mental problem") 46
7. TI=("common mental illness") OR TS=("common mental illness") OR TI=("common mental disorder") OR TS=("common mental disorder") OR TI=("common mental problem") OR TS=("common mental problem") 452
8. (TI=("serious mental problem") OR TS=("serious mental problem") OR TI=("serious mental disorder") OR TS=("serious mental disorder") OR TI=("serious mental illness") OR TS=("serious mental illness")) 3,352
9. [OR/1-8]

**Total:** 158,729

#### **[C]. Search terms for Age**

1. TI=("age groups") OR TS=("age groups") 54,843
2. TI=("age factors") OR TS=("age factors") 908
3. TI=(adult) OR TS=(adult) 1,013,298
4. TI=(aged) OR TS=(aged) 2,102,887

5. TI=(ageing) OR TS=(ageing) OR TI=(aging) OR TS=(aging) OR TI=(ageism) OR TS=(ageism) **2,103,105**
6. TI=(elder\*) OR TS=(elder\*) **173,903**
7. TI=(older) OR TS=(older) OR TI=("older people") OR TS=("older people") OR TI=("old people") OR TS=("old people") **991,674**
8. [OR/1-7]

**Total: 3,318,230**

**D). Search terms for Patient**

1. TI=("patient participation") OR TS=("patient participation") **1,914**
2. TI=("attitude") OR TS=("attitude") **64,341**
3. TI=("attitude to health") OR TS=("attitude to health") **255**
4. TI=("choice behaviour") OR TS=("choice behaviour") **792**
5. TI=(prefer\*) OR TS=(prefer\*) **598,156**
6. TI=(involv\*) OR TS=(involv\*) **2,042,954**
7. TI=(autonom\*) OR TS=(autonom\*) **143,176**
8. TI=(participat\*) OR TS=(participat\*) **506,793**
9. [OR/1-8]

**Total: 3,155,912**

**Final combined total (A) AND B) AND C) AND D)) = 405**

**Key studies not included: 2**

**Total (with duplicates): 1,785**

**Total (duplicates removed): 1,250**





# PRISMA 2009 Checklist

Section/topic	#	Checklist item	Reported on page #
<b>TITLE</b>			
Title	1	Identify the report as a systematic review, meta-analysis, or both.	1
<b>ABSTRACT</b>			
Structured summary	2	Provide a structured summary including, as applicable: background; objectives; data sources; study eligibility criteria, participants, and interventions; study appraisal and synthesis methods; results; limitations; conclusions and implications of key findings; systematic review registration number.	1
<b>INTRODUCTION</b>			
Rationale	3	Describe the rationale for the review in the context of what is already known.	2-4
Objectives	4	Provide an explicit statement of questions being addressed with reference to participants, interventions, comparisons, outcomes, and study design (PICOS).	5
<b>METHODS</b>			
Protocol and registration	5	Indicate if a review protocol exists, if and where it can be accessed (e.g., Web address), and, if available, provide registration information including registration number.	5
Eligibility criteria	6	Specify study characteristics (e.g., PICOS, length of follow-up) and report characteristics (e.g., years considered, language, publication status) used as criteria for eligibility, giving rationale.	5,6
Information sources	7	Describe all information sources (e.g., databases with dates of coverage, contact with study authors to identify additional studies) in the search and date last searched.	5, Suppl. 1
Search	8	Present full electronic search strategy for at least one database, including any limits used, such that it could be repeated.	Suppl. 1
Study selection	9	State the process for selecting studies (i.e., screening, eligibility, included in systematic review, and, if applicable, included in the meta-analysis).	5-7
Data collection process	10	Describe method of data extraction from reports (e.g., piloted forms, independently, in duplicate) and any processes for obtaining and confirming data from investigators.	6,7
Data items	11	List and define all variables for which data were sought (e.g., PICOS, funding sources) and any assumptions and simplifications made.	N/A
Risk of bias in individual studies	12	Describe methods used for assessing risk of bias of individual studies (including specification of whether this was done at the study or outcome level), and how this information is to be used in any data synthesis.	6,7, Table 2
Summary measures	13	State the principal summary measures (e.g., risk ratio, difference in means).	N/A
Synthesis of results	14	Describe the methods of handling data and combining results of studies, if done, including measures of consistency (e.g., $I^2$ ) for each meta-analysis.	9, Table 1



# PRISMA 2009 Checklist

Section/topic	#	Checklist item	Reported on page #
Risk of bias across studies	15	Specify any assessment of risk of bias that may affect the cumulative evidence (e.g., publication bias, selective reporting within studies).	6,7, Table 2
Additional analyses	16	Describe methods of additional analyses (e.g., sensitivity or subgroup analyses, meta-regression), if done, indicating which were pre-specified.	N/A
<b>RESULTS</b>			
Study selection	17	Give numbers of studies screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally with a flow diagram.	8, Fig.1
Study characteristics	18	For each study, present characteristics for which data were extracted (e.g., study size, PICOS, follow-up period) and provide the citations.	Table 1
Risk of bias within studies	19	Present data on risk of bias of each study and, if available, any outcome level assessment (see item 12).	Table 2
Results of individual studies	20	For all outcomes considered (benefits or harms), present, for each study: (a) simple summary data for each intervention group (b) effect estimates and confidence intervals, ideally with a forest plot.	Table 4
Synthesis of results	21	Present results of each meta-analysis done, including confidence intervals and measures of consistency.	N/A
Risk of bias across studies	22	Present results of any assessment of risk of bias across studies (see Item 15).	8,9, Table 2
Additional analysis	23	Give results of additional analyses, if done (e.g., sensitivity or subgroup analyses, meta-regression [see Item 16]).	N/A
<b>DISCUSSION</b>			
Summary of evidence	24	Summarize the main findings including the strength of evidence for each main outcome; consider their relevance to key groups (e.g., healthcare providers, users, and policy makers).	10-15
Limitations	25	Discuss limitations at study and outcome level (e.g., risk of bias), and at review-level (e.g., incomplete retrieval of identified research, reporting bias).	13,14
Conclusions	26	Provide a general interpretation of the results in the context of other evidence, and implications for future research.	11-13
<b>FUNDING</b>			
Funding	27	Describe sources of funding for the systematic review and other support (e.g., supply of data); role of funders for the systematic review.	Title Doc

From: Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group (2009). Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. PLoS Med 6(7): e1000097. doi:10.1371/journal.pmed1000097

**Cochrane Public Health Group Data Extraction and Assessment Template (*modified to suit review and piloted*)**

<b>Study ID:</b>	Date form completed:
First author name:	Email:
Institution	Address:
Citation:	
Year of study:	Data extractor:
Country:	Setting:
Comments:	

**1. General Information**

Publication type	Journal Article <input type="checkbox"/>	Abstract <input type="checkbox"/>	Other (specify e.g. book chapter) _____
Funding source of study:	Potential conflict of interest from funding? Y / N / unclear		

**2. Study Eligibility**

Study Characteristics		Page/ Para/ Figure #
<b>Type of study</b> (Review authors to add/remove designs based on criteria specified in protocol)	Description in text:  <i>Does the study design meet the criteria for inclusion?</i> Yes <input type="checkbox"/> No <input type="checkbox"/> → <b>Exclude</b> Unclear <input type="checkbox"/>	
<b>Participants</b> (Review authors insert inclusion criteria as defined in Protocol)	Describe the participants included:	
	Are participants defined as a group having specific social or cultural characteristics?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear <input type="checkbox"/> Details:
	How is the geographic boundary defined?	Details: Specific location (e.g. state / country):
	Is the mean age of participants over 55 years old? Are those over 55 analysed separately?	Yes <input type="checkbox"/> No <input type="checkbox"/> → <b>Exclude</b> Unclear <input type="checkbox"/>

<b>Intervention</b> (Shared Decision-Making)	a) Does the research solely examine SDM?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear <input type="checkbox"/>	
	b) If not, is SDM examined in a way that can be included in this review?	Yes <input type="checkbox"/> No <input type="checkbox"/> → <b>Exclude</b> Unclear <input type="checkbox"/>	

<b>Types of outcome measures</b>	List outcomes:	SDM <input type="checkbox"/> Specified ADM <input type="checkbox"/> Unspecified ADM <input type="checkbox"/> Details:	
	<i>Do the outcome measures meet the criteria for inclusion?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> → <b>Exclude</b> Unclear <input type="checkbox"/>	

### 3. Study details

<b>Study intention</b>	<b>Descriptions as stated in the report/paper</b>	<b>Page/ Para/ Figure #</b>
Aim of study	<i>What was the study designed to assess? Are these clearly stated?</i>	
Equity pointer: Social context of the study	<i>e.g. was study conducted in a particular setting that might target/exclude specific population s? See also Inclusion/exclusion criteria under Methods, below.</i>	
Total study duration		
Primary research?	<i>Is it primary research? If not, exclude.</i>	

<b>Methods</b>	<b>Descriptions as stated in the report/paper</b>	<b>Page/ Para/ Figure #</b>
Method/s of recruitment of participants <i>(How were potential participants approached and invited to participate? Where were participants recruited from? Does this differ from the intervention setting?)</i>		
Inclusion/exclusion criteria for participation in study		
Representativeness of sample: Are participants in the study likely to be representative of the target population?		
Total number of aspects examined <i>(i.e. SDM preferences only, SDM preferences + others)</i>		
Preferences measure used <i>(e.g. control preferences scale, autonomy preferences scale...)</i>		
Was a sample size calculation made? <i>(If so, what assumptions were made? Were these assumptions appropriate? Any other details?)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear <input type="checkbox"/> Details:	
If applicable, what was the method and/or unit of randomisation? (e.g. allocation by individuals or cluster/groups... )	Details:	
Analytical and statistical methods used		
Appropriateness of analytical and statistical methods		

## Results

<b>Participants</b> <i>Include if relevant</i>	<b>Include information for each group (i.e. intervention and controls) under study</b>	<b>Page/ Para/ Figure #</b>
What percentage of selected individuals agreed to participate?		
If applicable, total number randomised		
If applicable, were there any significant baseline imbalances?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear <input type="checkbox"/> Details:	
Age (median, mean and range if possible)		
Sex		
Race/Ethnicity		
Mental Health Illness stated		
Co-morbidity		
Other socio-demographics (eg. Educational level, literacy level, socio-economic status, first language. Also consider possible proxies for these e.g. low baseline nutritional status )		

## Outcomes

*(This table is set up for 2 outcome measure to save spaces, copy and paste table as often as required)*

<b>Question</b>	<b>Outcome</b>	<b>Page/ Para/ Figure #</b>
Outcome definition (preference)		
How was preference gathered? Telephone survey, mail survey, in person by trained assessor, routinely collected data, other		
Is this outcome/tool validated?		
...And has it been used as validated?		
Is it a reliable outcome measure?		
Is there adequate power for this outcome?		

## Results

Comparison					
Outcome					
<b>Results</b>	<b>Intervention</b>		<b>Comparison</b>		
	No. Participants	Results	No. Participants	Results	
No. of missing participants and reasons					
Preference results reported					
Other results reported					

### Other relevant information

Potential for author conflict <i>ie. evidence that author or data collectors would benefit if results favoured the intervention under study or the control</i>		
Key conclusions of the study authors		
Could the inclusion of this study potentially bias the generalisability of the review? Equity pointer: Remember to consider whether disadvantaged populations may have been excluded from the study.		
Is there potential for differences in relative effects between advantaged and disadvantaged populations? (e.g. are children from lower income families less likely to wear bicycle helmets)		
Issues affecting directness ( <i>Note any aspects of population, intervention, etc. that affect this study's direct applicability to the review question</i> )		
References to other relevant studies		
Additional notes by review authors		
Correspondence required for further study information (from whom, what and when)		

## Risk of Bias Assessment Research

This form combines the Cochrane RoB for RCTs, latest edition (September 2018 - refer to Chapter 8 in the Cochrane Handbook for additional guidance), with the Evaluation Tool for Qualitative Research in order to account for a range of study designs (Long AF, Godfrey M, Randall T, Brett AJ and Grant MJ (2002) Developing Evidence Based Social Care Policy and Practice. Part 3: Feasibility of Undertaking Systematic Reviews in Social Care. Leeds: Nuffield Institute for Health).

Area	Domain	Review authors' judgement*	Description	Page/ Para/ Figure #
Study Overview	Bibliographic Details	Author, title, source (publisher and place of publication), year		
	Purpose	Study aims		
		If the paper is part of a wider study, the aims of the wider research		
	Study Design	<i>RCT, Pre-Post, Population etc.</i>		
	Key Findings	Key findings of the study		
	Evaluative Summary	Strengths, weaknesses, theory, policy and practice implications		
Study, Setting, & Sample	Phenomena Under Study	What is being studied?		
		Is sufficient detail given of the nature of the phenomena under study? <i>Yes, possibly yes, possibly no, no, unclear, not applicable.</i>		
	Context I: Theoretical Framework	If applicable, what theoretical framework guide or informs the study?		
		If applicable, in what ways is the framework reflected in the way the study was done?		
		If applicable, how do authors locate the study within the existing knowledge base?		

	Context II: Setting	Within what geographical and care setting is the study carried out?		
		What is the rationale for choosing this study?		
		Is the setting appropriate/sufficient? <i>Yes, probably yes, probably no, no, unclear, not applicable.</i>		
		Is sufficient detail given about the setting? <i>Yes, probably yes, probably no, no, unclear, not applicable.</i>		
		Over what period is the study conducted?		
	Context III: Sample (events, persons, times and settings)	How was sample selected? <i>(e.g. purposive, convenience...)</i>		
		Is the sample appropriate to the aims of the study? <i>Yes, probably yes, probably no, no, unclear, not applicable.</i>		
		If applicable, is the sample appropriate in terms of depth ( <i>intensity of data collection</i> ) and width across time, settings and events? <i>Yes, probably yes, probably no, no, unclear, not applicable.</i>		
		If applicable, was the allocation sequence random? <i>Yes, probably yes, probably no, no, unclear, not applicable.</i>		
		If applicable, were important co-interventions balanced across intervention groups? <i>Yes, probably yes, probably no, no, unclear, not applicable.</i>		
		If applicable, was the allocation sequence concealed until participants were enrolled and assigned to interventions? <i>Yes, probably yes, probably no, no, unclear, not applicable.</i>		
		If applicable, were participants aware of their assigned intervention		



		during the trial? <i>Yes, probably yes, probably no, no, unclear, not applicable.</i>		
		If applicable, did baseline differences between intervention groups suggest a problem with the randomisation process? <i>Yes, probably yes, probably no, no, unclear, not applicable.</i>		
		What are the key characteristics of the sample?		
		If applicable, were carers and people delivering the interventions aware of participants' assigned intervention during the trial? <i>Yes, probably yes, probably no, no, unclear, not applicable.</i>		
	Context IV: Outcomes	What outcome criteria are used in the study?		
		If applicable, whose perspectives are addressed? <i>(SU, professional, carer...)</i>		
		If applicable, is there sufficient breadth ( <i>contrast of two or more perspectives</i> ) and depth? <i>Yes, probably yes, probably no, no, unclear, not applicable.</i>		
		If applicable, could failures in implementing the intervention have affected the outcome? <i>Yes, probably yes, probably no, no, unclear, not applicable.</i>		
		If applicable, did study participants adhere to the assigned intervention regimen? <i>Yes, probably yes, probably no, no, unclear, not applicable.</i>		
		If applicable, was an appropriate analysis used to estimate the effect of adhering to the intervention? <i>Yes, probably</i>		

		<i>yes, probably no, no, unclear, not applicable.</i>		
		Was ethical committee approval obtained? <i>Yes, probably yes, probably no, no, unclear, not applicable.</i>		
		Was informed consent obtained from participants of the study? <i>Yes, probably yes, probably no, no, unclear, not applicable.</i>		
		Have ethical issues been adequately addressed? <i>Yes, probably yes, probably no, no, unclear, not applicable.</i>		
<b>Ethics</b>		What data collection methods are used to obtain and record the data?		
	<b>Ethics</b>	If applicable, is the information collected with sufficient detail and depth to provide insight into the meaning and perceptions of informants? <i>Yes, probably yes, probably no, no, unclear, not applicable.</i>		
		If applicable, is the process field work adequately described? <i>Yes, probably yes, probably no, no, unclear, not applicable.</i>		
<b>Data Collection, Analysis and Researcher Bias</b>		If applicable, is there evidence of reflexivity? That is, providing insight into the relationship between the researcher, setting, data production and analysis? <i>Yes, probably yes, probably no, no, unclear, not applicable.</i>		
	<b>Data Collection</b>	Were data for this outcome available for all, or nearly all, participants? <i>Yes, probably yes, probably no, no, unclear, not applicable.</i>		
		If applicable, do the proportions of missing outcome data differ between intervention groups? <i>Yes, probably yes, probably no, no, unclear, not applicable.</i>		

		If applicable, is there evidence that results were not biased by missing outcome data? <i>Yes, probably yes, probably no, no, unclear, not applicable.</i>		
	Data Analysis	How were the data analysed?		
		Is the description of the data analysis adequate? <i>Yes, probably yes, probably no, no, unclear, not applicable.</i>		
		Was the method of measuring the outcome inappropriate? <i>Yes, probably yes, probably no, no, unclear, not applicable.</i>		
		Is adequate evidence provided to support the analysis? <i>Yes, probably yes, probably no, no, unclear, not applicable.</i>		
		If applicable, could measurement or ascertainment of the outcome have differed between intervention groups? <i>Yes, probably yes, probably no, no, unclear, not applicable.</i>		
		If applicable, were outcome assessors aware of the intervention received by study participants? <i>Yes, probably yes, probably no, no, unclear, not applicable.</i>		
		If applicable, could assessment of the outcome have been influenced by knowledge of intervention received? <i>Yes, probably yes, probably no, no, unclear, not applicable.</i>		
		If applicable, is it likely that assessment of the outcome was influenced by knowledge of intervention received? <i>Yes, probably yes, probably no, no, unclear, not applicable.</i>		

		Are the researcher's own position, assumptions and possible biases outlined? <i>Yes, probably yes, probably no, no, unclear, not applicable.</i>			
		If applicable, are the study findings generalizable? <i>Yes, probably yes, probably no, no, unclear, not applicable.</i>			
		If applicable, to what population are the study's findings generalizable?			
	Reported Result and Other Bias	Was the trial analysed in accordance with a pre-specified plan? <i>Yes, probably yes, probably no, no, unclear, not applicable.</i>			
		If applicable, is the result likely to be selected on the basis of multiple outcome measurements? <i>Yes, probably yes, probably no, no, unclear, not applicable.</i>			
		If applicable, is the result likely to be selected on the basis of multiple analyses of the data? <i>Yes, probably yes, probably no, no, unclear, not applicable.</i>			
		Is the conclusion justified given the conduct of the study? <i>Yes, probably yes, probably no, no, unclear, not applicable.</i>			
		Are there any other potential sources of bias? <i>Yes, probably yes, probably no, no, unclear, not applicable. Specify...</i>			
	Policy and Practice Implications	Implications	If applicable, what are the implications for policy?		
			If applicable, what are the implications for service practice?		
What are the total numbers of references used in the study?					
Are there any other noteworthy features of the study?					

		List any other study references		
Other Comments	Other Comments	Risk of Bias Judgement: <i>Low, high, some concerns</i>		
		Name of reviewer		
		Review date		
	Reviewer			

## Near Misses

Study ID	First Author Name	Year	Study Design	No. Participants	Participants Description	Location	Preference Measure Used	Mental Health Examined	Preference Result Reported	Reason for Exclusion	Other Comments
#1	De las Cuevas	2014	Cross-Sectional Survey	507	Psychiatric Outpatients 18-85 (M=48.4, SD=13.6)	Canary Islands	Nine-Item SDM Questionnaire	Any psychiatric disorder	The older the patient the lower self-reported SDM. Schizophrenia diagnosis lead to a lower reported SDM.	Examined patient's opinions on whether they felt they are involved in SDM rather than their preferences.	Contacted for information on over 55's control preferences (as that was recorded) but no response.
#2	Michaelis	2017	Observational	798	Psychotherapeutic Inpatients 18-77 (M=42.3, SD=11.8)	Germany	CPS	Any psychiatric disorder	Older participants preferred shared over autonomous.	Mean age participants was less than 55.	Contacted for information on over 55's control preferences but no response.
#3	Park	2014	Exploratory study taken from RCT trial	239	Mental Health Outpatients (M=54.3, SD=8.3)	USA	Levinson (2005) 6 point Likert scale	Schizophrenic spectrum disorder, bipolar disorder, major depressive disorder, PTSD	Individuals with a diagnosis of a schizophrenia spectrum disorder were more likely to prefer relying on their providers' knowledge. Age was unrelated.	Mean age participants was less than 55.	Contacted for information on over 55's control preferences but no response.