



PUBLIC POLICY STATEMENT

MEDICATION

PROBLEM:

A major cause for the rehospitalization of people with chronic mental illness is the plethora of problems surrounding medications.

For many mental health consumers, psychiatric medications play an important part in their stabilization, recovery and ability to return to the community from treatment settings. When admitting someone to a hospital, however, providers have little knowledge of the medicines that may have already been prescribed for a patient and even less information about what may have succeeded in controlling symptoms and what may have failed. As a result, patients are often prescribed multiple medications (known as polypharmacy) because the prescriber simply cannot know which drug(s) is the one most responsible for a patient's current state.

Often, as the patient moves from one hospital ward to another, or moves back into or out of the community, there is little coordinated documentation that follows the consumer to inform the next provider. No database exists of information about which medications a consumer has taken, which have been successful, or which have resulted in serious side effects. The result is that, as the consumer moves through the system, there is no data to inform either the provider or the consumer about potentially successful medication treatment plans.

At the same time, consumers themselves are often unable to give the prescriber, at any point in the system, accurate information about medications because they haven't been involved in the decision-making. Oftentimes, consumers acquiesce to the prescribing doctor without questioning efficacy, symptoms, or side effects. Other times, they truly don't know the information and, during a crisis, are not able to recall. Still, other times, consumers have chosen not to comply with a prescriber's decision because they do not want to experience the serious side effects of psychotropic drugs. And finally, people learn that to get discharged from a hospital they must play the game; they take what is prescribed, are not involved in the process, and stop taking meds once they are free.

Most important, however, is the serious lack of time needed to form the relationship between providers and consumers that is necessary for the two-way communication that must take place: 1.) providers must be able to hear all of the pertinent information to make treatment decisions, and 2.) consumers must feel that their choices are respected and listened to in the process.

RECOMMENDATIONS

The Mental Health Association in New Jersey supports efforts to address the problems stated here by recommending the following:

- Support efforts to form collaborative, cooperative, respectful relationships between consumers and the providers who serve them.
- Direct significant resources to promoting the use of evidence-based pharmacological treatment “best practices,” particularly including components that directly improve the trust relationship between providers and consumers.
- Direct significant resources to the Medication Workgroup formed as part of Redirection II, whose goal is to inform the state’s Division of Mental Health Services (DMHS) about medication quality improvement from the viewpoint of all stakeholders: consumers, providers, family members, and DMHS itself.
- Direct significant resources toward programs that support consumers in their efforts to accept responsibility for their medication regimens and wherein consumers can take an active role in educating providers, other consumers, families, administrators, and DMHS itself about medication treatment, side effects, and efficacy.
- Facilitate the process of implementing best practice guidelines among providers in the state public mental health system by providing leadership, education, technical assistance, and administrative support.
- Encourage consumers, family members, and providers to use medication therapy as only part of a holistic treatment plan that includes many of the components that have been found to contribute to a consumer’s stability and recovery and which sometimes can mitigate the use of medication at all (e.g., psychotherapies, peer support, rehabilitation, skills training, family education)
- Support efforts to build statewide databases that capture:
 - Consumer’s experience
 - Family’s experience
 - Provider’s observations
 - Variables that may also be working for/against consumer’s recovery (e.g., was the patient homeless, physically abused, experiencing other health problems, abusing substances, supported by family, etc.)
 - Consumer’s perception of his/her own sense of self-determination and self-advocacy
 - Alternative therapies
 - Data that can be incorporated in training curriculums for providers now in education settings about state-of-the-art medication best practices

POSITION:

It is the Mental Health Association in New Jersey’s position that, in order for consumers to stabilize from crises, recover, return to the community, and remain well in the community, improvements must be made in the management of information about their pharmaceutical treatments and in the use of best practices employed by providers and prescribers.

These improvements are the responsibility of all concerned stakeholders: consumers, prescribers, providers, and administrators at all levels. In all cases, the input of the consumer is essential when determining policy relevant to strategies that improve compliance, efficacy, and safety.