

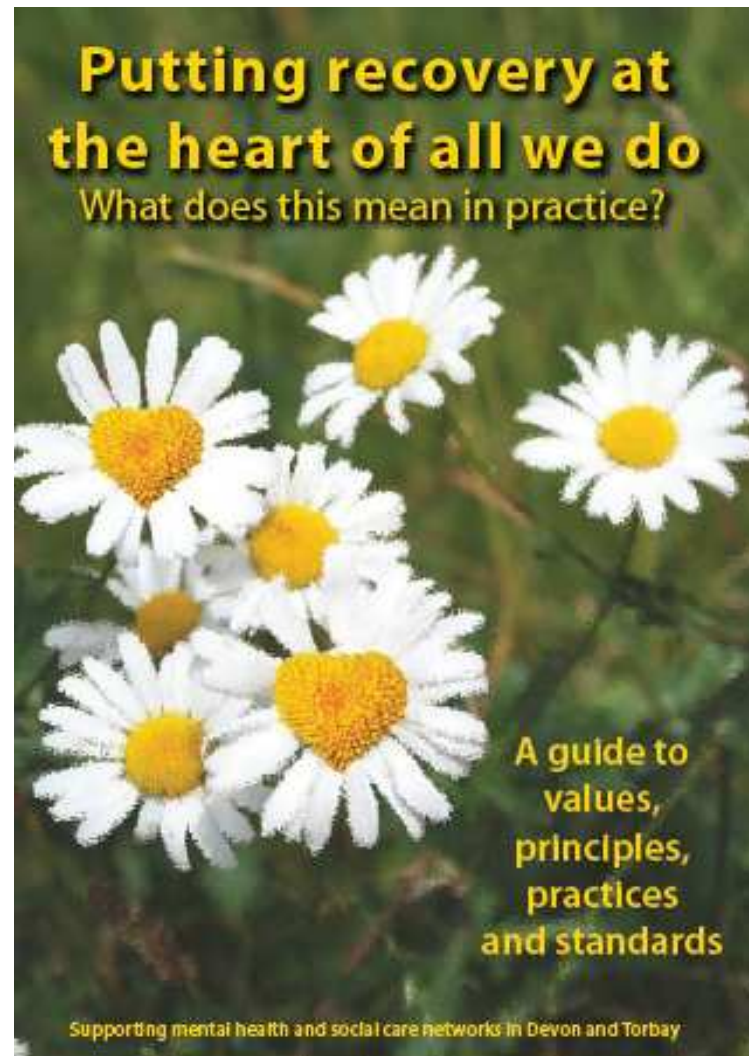
From taking to using medication: a recovery orientated approach to prescribing and medicines management

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The Devon Partnership Trust Recovery Orientated Prescribing project



What does putting recovery at the heart of everything look like in relation to prescribing and medicines management?

- Project group: Clinical Psychologist, Consultant Psychiatrist, Pharmacist, Staff Nurse, Person with lived experience of taking medication, Person in caring role
- Review existing literature
- Principles in Devon Recovery Guide: what would we be doing if we were using them to guide practice?
- Consultation with people who take medication, informal supporters and mental health workers
- Development of guidelines

Why is the role of medication so important?

- 92% of people using mental health services have taken medication
- 30-50% of medication prescribed for long term conditions is not taken as recommended
- Suggests we're not getting it right!

So...

- Why do you encourage people to take medication?
- Why do you take medication yourself?

Lived experiences

- Independent researcher & person with lived experience: semi-structured interviews
- 26 people taking medication for mental health reasons across a range of care settings (primary care to medium secure)
- Researcher: interviews & focus group with 9 people providing informal care and support.
- Thematic analysis

Role of medication

- Range of experiences: useful to achieve stability, a foundation for other things but also interfered with recovery:
- *“To get your life back so that you can have complete control. You only can do that with the right medication”*
- *“Without medication my wife would not be making any recovery what so ever”*
- *“Envision a bubbling, gurgling, leaping, scintillating clean mountain stream in summer sunshine and turns it into a bowl of dirty dishwater. That is what it did to my mind”*
- *“The medication may undermine [recovery] because of the side effects e.g. sleeping to 3pm every day, overeating and getting over-weight”.*

- General desire to minimise medication usage and explore other options for improving wellbeing.
- Experiences of mental health workers having attitude '*that they know what is best for recovery*': own efforts and perspectives were not valued.
- "*You want to be on as little medication as possible for recovery. However, you are over ridden by expert opinion once again*"
- "*A meaningful and satisfying life could be achieved if professionals worked with the patient even if their choice is to work without the medication*"
- "*Other methods should be used as much as possible: Suitable therapy, pragmatic help and skills help. It is these methods that will lead to [recovery].*"
- "*The medication is essentially a way to contain symptoms but the real issue is how the person deals with stress and emotions*".

Support from mental health workers

- Negative experiences: feeling pathologised and controlled
- *“If a healthcare worker doesn’t understand what I am saying they revert back to the label”*
- Positive experiences: feeling listened to and understood:
- *“They listened to him; they explained things and showed some empathy”*
- People wanted
 - Access to reliable information: *“When last in hospital the consultant was good. He listened and consulted, he gave good information and he was clear what he thought”*
 - A collaborative approach & support to make choices: *“I have been given medication purely to take when going into a manic episode. The choice is mine to take”*
 - Ongoing review and evaluation of effectiveness: *“[There is] not enough review in general. [There is a] lack of monitoring when [someone is] put on medication”*

Lived experiences

Elaine's experience

The role of medication in personal recovery: from 'taking' to 'using'

- Recovery is individual: people's experiences of medication will be individual
- Not about whether you use it but how: taking up an active stance
- A tool that people can choose to use to help them achieve their personal recovery goals
- *Recognising that free choice is not always possible*

Prescribing for effects: will it help me achieve my goals?

- People's individual understandings of their difficulties and what will help may be incompatible with worker's rationale
- Medication may still have desirable effects, e.g.: reducing anxiety, improving sleep, blocking out overwhelming feelings
- Can be discussed without framing as treatment

Supporting people in taking up an active stance

- What can mental health workers do to support people to actively use medication as a self-management tool?

Shared decision making

- Making people aware of all the options: range of medications, psychosocial interventions & coping strategies, complementary therapies, self-help and peer support
- Helping people weigh up the costs and benefits: all will have both desirable and undesirable effects but individuals will have different priorities

Information

- People need enough information to make decisions
- All information has biases and limitations:
 - RCTs: funding, group effects
 - Personal stories: idiosyncratic
- Helping people to access a range of information and be aware of the limitations and to tolerate the uncertainty

Collaborative experiments

- To inform decisions about starting, stopping or changing dose or type: address concerns from both parties
- Agree on the aim of the change
- Agree a way of monitoring:
 - simple, personalised rating scales
 - include the person & supporters
- Agree a time scale & action if unsuccessful

