

Patient compliance in mental health

Introduction

The current emphasis in mental health on care in the community and the closure of hundreds of **acute** beds for mental patients have highlighted a lack of continuity, communication and general cohesion of services for patients suffering from schizophrenia and other forms of mental illness.

Compliance is a major issue yet there is still a lack of systems for identifying or following up patients who are non-compliant with their medication. According to SANE (Schizophrenia - A National Emergency) there are approximately 10,000 patients with a diagnosis of schizophrenia who are not registered with a GP.

As patients move from secondary care to primary care they move from an environment where compliance is carefully supervised to one where compliance is almost entirely dependent on the patient. Patients become non-compliant for a variety of reasons:

- side effects
- mistrust of the prescriber or other healthcare workers
- medication regime in conflict with lifestyle (for example, timing of administration may be too frequent)
- advice from friends/relatives that conflicts with medical advice
- denial of disease
- inability to use medicines or to open containers
- poor understanding of dose, frequency, etc
- forgetting to take the medicine

Poor compliance will lead to treatment failure and the return of symptoms of the illness.

The purpose of this audit would be to recognise as early as possible those patients who appear not to be complying with their prescribed medication. It will not be possible to detect the patient who collects all his/her medication on time, but does not take it. It will,

however, detect patients who fail to present prescriptions or collect medication.

Before setting out to perform this audit it is essential to involve all interested parties. Anyone who may be involved in collecting or supplying information or be affected by the audit should be communicated with at the onset. At this stage a timescale for the audit should be discussed and agreed. It is important to be realistic and be aware of all participants' commitments. Any variation to the audit can be discussed and possible problems resolved. Ideally one person should be nominated to co-ordinate the audit and the team, who should arrange update meetings and ensure that any feedback is disseminated to the team.

Benefits

Benefits for patients

- an extra source of contact for themselves and their carers
- another professional able to give them unbiased information on their drugs and their side effects
- with such co-operation and support an outcome of improved compliance can be hoped for

Benefits for healthcare professionals

- knowledge that a further line of communication is open to assist in the care of their patient
- further monitoring system that can generate relevant information of benefit to patient, carers, family and the public
- further level of security in knowing that non-compliance will be recognised sooner.

Criteria and standards

Criteria

At present there are no nationally agreed criteria to be met. A meeting of interested parties would need to agree the best way of monitoring non-compliance in particular patients.

Suggestions for possible criteria include:

- all patients registered as having a diagnosis of schizophrenia to have a nominated community pharmacist of their choice
- the nominated community pharmacist to be entered into the patient's medical record within 48 hours
- the discharging authority to send details of medication and other relevant information to the nominated pharmacist on day of discharge
- the pharmacist to receive medication details within two working days
- pharmacist to initiate follow-up procedure for any patient not picking up his/her prescription within the previously agreed time (this may vary between patients): for example, the patient's key worker could be contacted
- the date and time of follow-up procedure to be entered on the pharmacy computer/audit form
- date and time of when patients collect medication to be entered on the pharmacy computer or on audit form with expected date for next collection

Standards

All standards need to be agreed by the team before starting the audit. In the absence of national or local guidelines, 80% could be used in the first instance simply as a benchmark. If standards cannot be easily set then a pilot audit could be carried out before deciding on a standard for the main audit.

Data collection

The data collected will depend on the criteria chosen by the team.

A suggested method would be to target and follow through all patients discharged from hospital over a period of a particular calendar month. If the numbers are small then the length of time could be extended but a single form for each month could be used. A pilot should be carried out in any case to ensure that the form and the data collected are adequate for the purpose. If the form is felt to be too complicated then it could be adapted.

Two forms have been included as examples.

Appendix 1 is a simple form for use in the hospital to determine whether the nominated pharmacist is informed of the patient's discharge within 24 hours.

Appendix 2 is a form for the community pharmacist to record when the patient collects his/her medication and whether the key worker is contacted if the patient is late or fails to collect the prescription.

Analysing the data

The accuracy of the data is dependent on those completing the form. If **adequate** information is given at the time of starting the audit this should not present a problem. The benefits of the procedure will emerge if and when a non-compliant patient is followed up appropriately and action is taken by the relevant person (that is, the key worker) to find the patient.

Making the change

The close working relationship fostered in this audit will help change come about and it is hoped that patients and carers will be able to see continuity of care. Any success in this type of project should be publicised not only locally but through medical and other appropriate journals,

When to re-audit

Success or failure of the results of the audit will determine when the re-audit should take place: certainly no more than a year after the first audit.

