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**Research Article**

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# Improving the Medication Compliance among Patients with Mental Health Disorders

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**Abstract** Patients who are diagnosed with mental health disorders are prone to have a 10-25% shorter life expectancy (Fiorillo et al., 2023). Psychiatry disorders are considered a significant public health challenge, and they contribute to 13% of the total global disease burden. Further, the major diseases in psychiatric disorders, such as schizophrenia (23 million people) and bipolar (60 million people) disorders, are affecting a significant population worldwide, which is causing healthcare professionals to have insights into the factors that are influencing psychiatric disease management (Loots et al., 2021). Further, psychoeducation and pharmacotherapy are the first-line treatment options for psychiatric conditions; therefore, medication adherence is imperative in psychiatric disease management to avoid relapse and substance abuse. However, nonadherence to medication in psychiatric facilities is predominantly seen; around 25% of patients with psychiatric conditions stop taking medicines in their first week of discharge (Loots et al., 2021), which leads to a high relapse rate in psychiatric patients. This article focuses on the impact of medication nonadherence and the strategies to improve medication compliance in mental health management.

**Keywords** Medication Compliance, Patients, Mental Health Disorders

## 1. Introduction

Around 450 million people suffer from psychiatric disorders around the globe, and nearly 31.7% of the subpopulation with psychiatric disorders end up with long-term disability and dependency, which lead to unemployment, being away from work, and less ability to produce in the community, which contributes indirectly to the economic cost (Semahegn et al., 2020). Furthermore, in 2010, the expenditure on treating psychiatric diseases was 2.5 trillion dollars, expected to increase by 6.0 trillion dollars by 2030 (Semahegn et al., 2020). Meanwhile, medication adherence plays an imperative role in disease management. However, the prevalence of medication nonadherence is a challenging concern in Psychiatric disease management (Semahegn et al., 2020). Majorly, psychiatric disorders are associated with poor living environment, poor community standards, and cultural and social support. Although psychiatric disorders' first line of treatment is psychoeducation and pharmacotherapy, medication compliance is a severe concern in major psych disorders as patients are observed with poor insight about the illness and a lack of reasoning (Semahegn et al., 2020). Therefore, the majority of psychiatric patients with schizophrenia and bipolar disorders are noncompliant with psychotropic medication.

Further, according to the World Health Organization (WHO) in 2018, the lack of resources, mental health facilities, and poor funding from the government for mental health employees and patients also contributed to the adverse effects of medication adherence in mental health management (Deng et al., 2022). Medication adherence is defined as patient behavior in taking medication that disagrees with healthcare personnel recommendations (Semahegn et al., 2020). Many factors influence medication nonadherence; healthcare professionals must have an insight into the determinants of medication adherence to create effective policies and

systems to improve medication adherence in one of the most challenging subpopulations. Hence, the author would like to give insights into the impacts of medication nonadherence in psychiatric disease management factors that influence medication -adherence and recommendations to improve medication compliance in psychiatric patients.

**2. Factors Influencing Medication-Adherence in Psychiatric Patients**


(Image taken from https://allonehealth.com/wp-content/uploads/2018/04/iStock-466020852-1.jpg )

Factors influencing patients' medication nonadherence in psychiatric disease management are categorized into patient behavior, social support, and related clinical and health systems (Semahegn et al., 2020).

Individual patient behaviors such as unemployment, nature of the job for example, farming as being busy in the profession, age group (30years age group is more compliant with medication comparatively to 60 years age group), and low level of education are associated with the medication nonadherence (Semahegn et al., 2020). Furthermore, patients with substance abuse, cigarette smoking, alcoholism, and khat are more likely to show medication nonadherence to psychotropic medication. Additionally, patients who have negative attitudes toward medication are prone to seek alternative or religious practices to treat the psychiatric conditions as they may not believe in medication. Also, the patient perceived stigma from the neighbors; clinicians also affect medication adherence as patients may not expose themselves to treatment and, therefore, to psychotropic medication (Semahegn et al., 2020).

Similarly, clinical factors that influence the patient's adherence to the medication are medication side effects (dizziness, lethargy, weight gain, and sedative effects), lack of insight into the disease's nature, comorbidity (such as Irritable bowel syndrome, hyper manic and obsessive-compulsive disorders are associated with medication nonadherence), medication efficacy (Low efficacy meds in psychotropics may cause the patient to develop negative behaviors towards the medication adherence), long-term usage of the psychotropic medicine, and complexity of prescribed psychotropic medication(high frequency, complexed dosages and over pill burden cause patients to be nonadherent to their meds) (Semahegn et al., 2020). Finally, the clinician's behavior while recommending and caring for the residents also leaves them nonadherent to the medication, as negative attitudes of clinicians affect the patient's mood and behaviors (Semahegn et al., 2020). Additionally, health systems-related factors such as shortages of the medication supply, lack of accessibility to the medication, ineffective physician-patient and patient-therapist relationships, and medication cost are significant contributors to patient medication nonadherence (Semahegn et al., 2020).

Healthcare professionals need to take all the factors into account to create an integrated system to improve medication nonadherence in mentally challenged subpopulations effectively

**3. Recommendations**

An integrated, comprehensive approach to target the factors that are influencing medication adherence among patients with severe mental health disorders can improve compliance and bring better outcomes.

Involve the families and patients in continuous education with skilled nurses one-on-one and provide thorough education regarding the disease pathology, progress, importance of medication, side effects, and consequences of not taking medication (Loots et al., 2021).

Training clinicians and other healthcare professionals in therapeutic techniques during patient refusals may help improve medication refusal outcomes.

Constant reminders, social support with medication management, and follow-up appointments in a community setting may also alleviate medication adherence in mentally ill patients who live in the community (Loots et al., 2021).

Further, clear instructions involving the patient in the treatment planning process build trust and provide autonomy for them to make informed and shared decisions. It also helps build trust with the team for future concerns and effective communication.

Additionally, connecting the patients to mental health networking facilities in the community and frequent home visits also improves medication management via monitoring.

Also simplified and customized drug regimens according to individual patient requirements are effective strategies for improving medication adherence. Also, usage of Long-acting injectables has shown 78% compliance with the psychotropic medication, whereas oral psychotropic medication compliance is 50% (Jayasree et al., 2024).

In conclusion, effective medication management among patients with psychiatric disorders helps in alleviating relapse and exacerbation. Therefore, it prevents recurrent hospitalizations in the mentally ill, precludes healthcare resource wastage, and decreases the economic burden (Loots et al., 2021).

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