

WA JOINT CONSUMER ADVISORY GROUPS

ISSUES PAPER SERIES

PAPER THREE:

Medication

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For many individuals with an acute episodic or chronic psychiatric medical condition, the requisite need to regularly take prescribed psychoactive medication is a key component in the recovery process to optimally minimize the risk of illness and subsequent readmission to an acute care facility or hospital. Most notably, however, despite the scientific advances in the release of new selectively targeted psychopharmacological therapeutic agents in the treatment of varying psychotic illnesses, the individual plight and rights of the mental health consumer in decisions regarding the role, side effects and efficacy of medication tend to have been largely ignored and overlooked by both treating medical practitioners, psychiatrists, and allied health professionals.

Side Effects

Regarding the proactive and subscribed benefits of psychoactive medication, there are a number of important issues and concerns, as expressed by mental health consumers, which warrant reflective and serious consideration. First and foremost, although it is acknowledged that there are sometimes unpleasant and accompanying biological side effects to almost any medication, consumers clearly express the desire for greater education and information on medication and its side effects from doctors, allied health professionals and other service providers. For example, the debilitating effects of medication have significant implications for the quality of life of the consumer. Namely, commonly used medications can produce such side effects as significant weight gain, loss of appetite, social dysfunction, tardive dyskinesia, impotence, impaired kidney functioning, deterioration of teeth and eyesight, diabetes and many others which subsequently impact on one’s level of physical health and sense of psychological and social well-being.

Given that some neuroleptics and antidepressants do not work until they have reached a level of toxicity, it is no wonder that some consumers are reluctant to take medication and “compliant” ones can suffer life-threatening consequences. Apparent satisfaction with long-term use of such toxic substances is indicative of complacency and a lack of vision amongst the psychiatric profession. Or, it could be said that we are probably considered lesser human beings who should be unquestioningly grateful for our treatment even if at times it amounts to therapeutic barbarism. This is especially the case with regard to hostel residents who are frequently administered the cheaper, older drugs with minimal review.

Listening

The psychiatrist or treating physician does not often hear qualitative life issues that are being affected by medication, and in consequence fail to act upon such information. This leaves the consumer feeling disempowered and nothing is done about these issues.

When any changes to medication are being considered, the consumer should be consulted by the doctor in being able to make an adequately informed decision based on knowledge and understanding of potential side effects. This assumes that a degree of self-management of the medication by the consumer is desirable. Information about the medication is crucial to effective self-management. Although regular monitoring of the medication by the physician/psychiatrist is supposed to occur, it is often non-existent or at best haphazard. All psychoactive drugs must be properly monitored. The rotation of registrars brings about a lack of vigilance in monitoring as each one expects the next to request the crucial blood tests, when such a process is not being effectively implemented on a regular basis. Would other patients in the health system be subject to such carelessness?

General Practitioners

At present, there is a trend towards the inclusion of General Practitioners (GP) in the treatment of people with mental illness in the community. GP's need to be better educated about the effects of psychotropic drugs. For example, consumers have reported visiting a GP for a physical illness and are often not asked what medications they are on for mental illness and can be given medications that are contraindicated. Information and education about psychotropic drugs is of paramount importance to both the consumer and the GP. Where appropriate, information should be made available (with consumer consent) to families and carers. Perhaps, doctors could have a checklist as to information given to people using mental health services. For example, a pilot does not start a plane until an exhaustive written checklist has been gone through which happens every time whether it is a single seater or a jumbo.

Social and Cultural Effects

There is a great deal of information about the physical side effects of medication, but what are the social and cultural effects?

“Let us suppose that I worked in a job that required me to start at 7.30 am using machinery for punching small holes very accurately into fine metal sheets; or sitting at a computer typing; or looking after children and driving

them to school and as a recreational activity I am involved in a tennis club. The latter social and cultural life is normal for some people. However, for those who experience physical side effects due to their medication, this can prevent them from becoming full social and cultural participants. The physical side effect of taking medication such as not being able to rise early, impaired vision and unsteadiness would necessarily prohibit and possibly prevent the person from an early morning start; doing intricate precision driving tasks; theirs, their children's' and others' safety would also be at risk; and maybe become isolated due to their lack of ability to participate in a tennis club”.

“There is also a social stigma attached to taking drugs for a mental illness, as they become a signpost to one's ability to function or not function and how disabled one is seen to be by society according to the kind of drugs you take and how they affect you. The symbolic stigma attached to the drugs for mental illness can and often does stop people from taking their medication and subsequent relapses into crisis are socially and financially costly to society”.

Consequently, there needs to be more awareness of not only the physical side effects but the impact these physical side effects have on a person's social and cultural well being. Awareness needs to be developed in all social fields, such as vocational training, employment, education, health, recreation at all levels of these from government to non-government agencies.

Finally, and above all, the lack of alternatives to prescribed drug treatment can be a major stumbling block for consumers. For example, it appears that mental health professionals within the community are largely reticent and reluctant to explore the alternatives to drug therapy. If the lives of those diagnosed with mental illness are to improve, a very radical shift needs to take place in our society's current understanding and treatment. It is the professionals who have the drug dependence problem.