

Summary

MassPRA Annual meeting April 4, 2016

Psychiatric medications, as across the United States, are a primary treatment intervention in Massachusetts' community-based mental health system. Many people with mental health diagnoses view them as being an important part of their wellness. However, most treatments bring with them some risk of doing harm as well as good. While the negative effects of psychiatric medications are well documented, they are often under-recognized and understated.

Due to the significant individual variation in response to medications, persuading all people in our care to take medication in order to avoid harm, or as the primary mode of treatment, is a practice that can have negative consequences. Additionally, the positive effects of diet, exercise, relaxation, mindfulness, and community participation (work in particular) receive much less attention than the evidence of their effectiveness warrants. As a system, it is time that we balance what is known about the benefits of psychiatric medications with the importance of supporting personal activation and shared-decision making between people using our services and their psychiatric providers. MassPRA believes in our workforce's capacity to contribute to solutions that balance benefits as well as risks, and we invite you to participate in this important discussion.

Primary issues in helping to ensure choice and voice with medications

During MassPRA's Annual meeting in April of 2016, over 170 participants attended panel and breakout sessions focused on problems with over-reliance on psychiatric medications, issues of consent and the importance of sharing decision-making with those who are prescribed medications. Here are some of the issues that were brought to light:

- While decisions about medications belong to the relationship between the prescriber and their patient, it's difficult for prescribers to manage these very complex discussions within treatment encounters that are reimbursed for no more than 15 minute increments. Perhaps as a result, many prescribers do not access sharing decision-making tools such as Common Ground, and prescribers have been found to "lack familiarity and training, sometimes disagree with the concept, and often have concerns regarding [clients'] decisional capacity (Gravel, Legare & Graham, 2006) .
- Psych Rehab practitioners across provider agencies may have differing levels of permission for what types of information they are able to share about medications.
- Information provided by drug companies influences decision-making, but may not be entirely validated
- Regulations vs Empowerment - Current regulations do not speak to the importance of shared decision-making, nor choice by the person being prescribed medications.
- It's unlikely that that we continuously re-evaluate the questions/concerns that may arise when changes to a person's medications occur
- We are a society that likes quick solutions - medications fit our narrative that suffering is to be avoided, and that we should "get what we want"

Needs to be addressed to resolve or minimize the problem

In discussion panels and through breakout sessions, participants interacted with questions about what could be done to promote more meaningful engagement around medication-related issues. We identified that:

- Staff operating within the MAP regulations should also have tools to draw out peoples' goals and ensure treatment supports them
- Providers of services must build in the time to help people learn/develop confidence to make choices.
- We need to look at how the information provided by drug companies influences decision-making, and ensure that information of all types can be verified for it's accuracy and level of evidence.
- Rehab practitioners need to advocate within the agencies we work for to promote a narrative in support of wellness and personal empowerment in treatment decisions.
- The use of peer practitioners at agencies to enable persons served to be more proactively involved in treatment decisions should be encouraged.

Despite the current problems that were identified, participants pointed out that there is increased provider agency and practitioner awareness of the need to change and greater motivation to be a part of positive change

- Some programs have the capacity to provide the time and tools to promote informed consent. Service Models with increased emphasis on the role of peers, recovery, wellness promotion, and work were highlighted as natural routes to increased attention on the unintended effects of medication and need for active client involvement in prescribing decisions
- Teams within CBFS, which often employ diverse roles and perspectives within the team, have been helpful in promoting a more holistic understanding of the wellness needs of people served.

Summary from the event

- Solutions should raise awareness geared towards reducing fears held by a variety of stakeholders about the effectiveness of shared decision-making for people in mental health settings
- Personal Activation: People in services need to develop confidence in the right to expect the help they need and learn skills to self-advocate within treatment visits to prescribers
- Practitioners who take people to medication appointments can focus on:
 - Getting the prescriber to talk TO the person
 - Translating: Helping the client to be heard, and to exercise her/his own voice
 - Role playing outside the session – advocacy for self, practicing questions, etc
- Prescribers need to hear the message from one another. Look for literature in support of shared decision making from clinicians (such as Lisa Dixon, Bob Drake, Pat Deegan, Mark Ragins, and Chris Gordon to name a few)