

# Recovery orientated prescribing & medicines management project

*Putting recovery at the heart of everything*



A recovery approach acknowledges that everybody is an individual with different personal experiences and life paths. The key recovery principles include:

- ▶ Hope
- ▶ Building a meaningful and satisfying life
- ▶ Movement away from focusing solely on pathology, illness and symptoms to health, strengths and wellness
- ▶ An active role for people in planning and managing their own recovery
- ▶ The development of skills in self care and self management
- ▶ Listening to the voices of people who use mental health services and working in partnership with them
- ▶ The re-discovery of a sense of personal identity separate from mental health problems
- ▶ Working towards participation in the local community on a basis of equality
- ▶ Having a good support network and possibly using peer support groups

### What does putting recovery at the heart of everything mean when it comes to prescribing and medication?

People who take medication for mental health reasons and mental health workers can place very different value on the use of medication to support recovery. There is very little published literature within this area to guide workers. So we did a project to gather the views and experiences of people who take medication for mental health reasons, their supporters and people who work for mental health services. We did this through questionnaires, interviews or focus groups. We then used this information to develop guidelines for mental health workers, to use when prescribing and supporting people to use medication.

**WE WOULD LIKE TO THANK ALL THOSE PEOPLE WHO TOOK PART!**

#### Themes

The main themes that emerged from all the information that we collected were:

##### *Role of medication*

People generally accepted that medication was a useful tool as a temporary solution to stabilise and keep calm. However, a major drawback was the side effects experienced which at times could be worse than the original symptoms.

##### *Side Effects and Concerns*

Physical side effects such as weight gain, feeling constantly tired, not being able to think clearly, lack of motivation and feeling constantly sedated were a major worry. Some people felt that these

side effects could at times be misunderstood by some mental health workers as symptoms of their mental health problem. When trying to communicate any concerns about high doses, additional medication for side effects, and possible dependency problems people sometimes felt dismissed. This led to feelings of frustration, hopelessness and having no control over what was happening to them when it came to their personal recovery.

##### *Relationships with mental health workers*

Having good relationships with mental health workers was considered crucial for the recovery journey.

What people wanted was to work in partnership with their mental health workers which included:

- ▶ Being listened to and understood
- ▶ Choice, including access to alternative treatments and therapies
- ▶ Feeling part of the decision-making process
- ▶ Having access to reliable information
- ▶ Being supported in making their own choices
- ▶ Careful monitoring of medication
- ▶ Trust

##### *Managing crisis*

People considered crisis plans and having an advocate as important when managing a crisis. People expressed a preference to be medicated with a prior agreement in place. Having an advocate meant having there would be someone there who had the person's best interests at heart.

## Recommendations

We used these themes to make a number of recommendations to help workers support people to use medication in their recovery.

### What is the role of medication in recovery?

- ▶ Medication can have an important role in recovery but as recovery is a unique, individual process, the role of medication will be different for each person.
- ▶ Medication should be thought of as a tool that a person can choose to use to help them achieve their personal recovery goals.
- ▶ Many people find it helpful to use medication as a way to achieve stability, which can then be a foundation of a recovery process that involves many other tools, activities and relationships.
- ▶ Although people may not define their difficulties as being due to illness, they may still find the effects of medication helpful, e.g.: to keep them calm or help them sleep
- ▶ Medication can interfere with the recovery process through unwanted effects that can prevent the person making use of other tools, activities and relationships.
- ▶ Adverse and unwanted effects of medication can sometimes be worse than the problem they are intended to relieve and there is a need for the person using medication to come to a balanced view weighing up benefits and costs in making medication choices.
- ▶ In rare and unusual circumstances it may be judged necessary for someone to be given medication against their wishes within the legal framework of the Mental Health Act. This may be an attempt to manage overwhelming difficulties or distress that are preventing the person from engaging with strategies to address these difficulties or to ensure safety, but the act of doing so can be traumatising and often adds to the problems of achieving personal recovery. There is no simple resolution to concerns about the use of compulsory medication in the service of recovery for people who lack capacity and all involved will need to struggle to reconcile these contradictions and costs in our best efforts at care and treatment.

### What can all mental health workers do?

- ▶ Be aware that many people do not feel able to be honest about their experience of medication because they fear the consequences. They may need time to build trust and support and coaching to feel able to start actively participating in prescribing and medication management processes.
- ▶ Support hope by giving the message that people can take control of how they use medication and sharing recovery stories from people who have reduced medication, used it in a targeted way, found other ways to manage their difficulties or recovered to the point where they no longer needed it.
- ▶ Explore people's experiences of taking medication, how it has made them feel, the impact it has had on their lives, whether it supports their personal goals and the meaning for them of taking medication. Where people express concerns, take them seriously and explore ways of addressing them.
- ▶ Explore people's preferred way of understanding their difficulties and how medication fits with this, identifying other strategies and therapies that might be more acceptable to the person.
- ▶ Discuss the ways in which medication could support someone in achieving their personal recovery goals, e.g. through improving sleep, helping them feel calmer, without necessarily framing it as a treatment for an illness.
- ▶ Support people in getting and understanding adequate information about medication and the possible risks and benefits for them. Encourage them to find a range of sources of information, including personal accounts of using medication as well as the results of research and manufacturers' information. Support them in understanding that there are limitations and biases to all sources of knowledge about medication.
- ▶ Support people to connect with peers around their experiences of using medication. People may be willing to share their own experiences with others who are thinking about trying the same medication.

In some settings, formal sessions or groups could be organised. Workers can also share their own experience of using medication, either for mental health reasons or to manage other long term conditions.

- ▶ Support people to access mental health workers with particular expertise in medication, such as pharmacists or consultant psychiatrists, so that they have the opportunity to talk in person with someone about their concerns or questions.
- ▶ Support people to prepare for meetings with prescribers, encouraging them to identify concerns and questions in advance and think about ways to make sure they communicate them effectively (possibly through having a supporter present).

#### **What else can prescribers do?**

- ▶ Adopt a shared decision making approach to prescribing, making people aware of all the options available and weighing up with them the costs and benefits for them of using or not using these medications.
- ▶ Give people the opportunity to think about the options and ask questions, possibly over several meetings.
- ▶ Respect the choices that the person makes about whether and how to use medication, being clear about the circumstances under which it will no longer be possible to respect their choices, e.g.: where there is an unacceptable risk of harm to the person or others around them.
- ▶ When a person chooses to start, stop or change dose of their medication, treat this as a collaborative experiment. Agree with them what it is hoped that using the medication will achieve, identify ways of monitoring how the change in medication has affected them and agree what action will be taken if the change is unsuccessful.
- ▶ Consider introducing a simple measuring scale or developing one with the person taking the medication as a way of keeping track of experience over time and providing a basis for discussing the merit and results from taking it.
- ▶ Talk with the person about whether it would be helpful to involve their informal support network in making decisions about their medication and monitoring how any changes affect them.

#### **What if the person is unable to make choices for themselves?**

- ▶ Help people to be prepared for this possibility by agreeing with them in advance about the signs that they are no longer able to make choices for themselves and how they would like workers to respond. Encourage them to develop a WRAP plan, advance directive or other form of crisis plan. Make sure that this is recorded and communicated to the people who are likely to be involved when a person has a crisis.
- ▶ Although people may have difficulty making choices when they are experiencing a crisis, they should still be involved in decisions about medication as far as possible. They can be supported to understand the concerns, given information about possible options, asked what they would find helpful, and given some degree of choice, although this may be from a more restricted range of options.
- ▶ Try to find someone who can act as an advocate for the person, possibly a member of their informal support network who may also remember what the person has found helpful in the past.
- ▶ If compulsory treatment becomes necessary, be clear about why there are concerns and why medication is necessary to address those concerns. Also be clear about how it can be demonstrated that the concerns are resolved and compulsory treatment will no longer be necessary. Offer people the same information, support and opportunities for discussion and exploring other strategies that would be given at other times, allowing people to express their feelings about receiving compulsory treatment.
- ▶ Following the crisis or period of compulsory treatment, discuss the action that was taken with the person and how this can inform how they use medication and manage crisis in the future.