MEDICATION/TREATMENT OPTIMIZATION: HOW TO GET THE BEST OUT OF YOUR MEDS AND TREATMENT, OR NOT...

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RESPONSIBILITY STATEMENT AND GUIDING DEFINITIONS

It can be detrimental to a user’s physical and mental health to abruptly stop taking medications. We strongly discourage anyone from reducing their psychotropic medication intake without a tapering plan in place and the support of a health care professional.

Definitions:

“Treatment optimization” is here defined as the support of users of the mental health system in achieving balance among a continuum of treatment and support options for optimal well being and quality of life.

“Medication optimization” is here defined as a state where individuals receive no less and no more medications than what is optimal for their long term health (Unger, 2011)
**Why Now?**

- Metabolic Syndrome—coronary heart disease, stroke, and type 2 diabetes

- Robert Whittaker’s *Anatomy of an Epidemic*:
  - People disabled by mental illness skyrocketed over the past 50 years

- Over 4 million in US receive disability check

- Could widespread use of psychotropics fuel epidemic?

- Research—many people without psychotropic medication recover
Why Now?

- DSM5 controversy
- Medicaid Reform-opportunity for systems reform
- Wellness/8 Dimensions
Why Now?

- My Psyckes
- NYC Hearing Voices Network
- Parachute NYC
Why Now?

- **Relationship to Recovery**
  1. Choice in treatment is a human right
  2. To choose medications or not is a human right
  3. Tools and Resources help with decision making

- **Shared Decision Making**
  1. Voice and Choice in treatment
  2. Partnership with clinicians
  3. Personal preferences
**Why Now?**

- Drug company lawsuits
- NY Times articles - psychiatrists and pharmaceutical industry
- Children and medication
  - 1987 (16,200) - 2007 (561,569) youth receiving government disability check due to mental illness
PSYCHIATRIST’S PERSPECTIVE

“Evidence regarding overestimation of the efficacy of antipsychotics and underestimation of their toxicity, as well as emerging data regarding alternative treatment options, suggests it may be time to introduce patient choice and reconsider whether everyone who meets the criteria for a schizophrenia spectrum diagnosis requires antipsychotics in order to recover.”

The British Journal of Psychiatry
(2012) 201, 83–84
PSYCHIATRIST’S PERSPECTIVE

- Medical model: cure, ancillary personnel, hospital based, disease centered
- Residency training: hospital based, team leader, limited exposure to outpatient settings, incomplete understanding of the entire mental health system
PSYCHIATRIST’S PERSPECTIVE

- Financial environment: limited length of stay (LOS) thus only "effective" intervention is medication, no payment for talk therapy, very low expectations from other mental health workers
WORK ENVIRONMENT

- Consultant vs employee
- Psych evaluations, medication management, consultation with other team members
- Other team members also use a symptom centered model
- All non-medication issues are delegated to other people
CONFLICTING MESSAGES

- Spending in medications
- Marginalized within the profession and by other team members
- Challenging relationship with consumer groups: unrestricted medications v housing
- If medications are not “it”, what am I supposed to do?
- Psychiatrist is responsible for tragic outcomes
WHAT TO DO

- Change in spending priorities
- Curriculum change, including consumer perspectives
- Pay for talking
- Develop guidelines for medication optimization, including mainstream psychiatrists
- Improve team work to facilitate medication changes
- Engage 3rd parties
- Work with the entire team (communicate with all members)
- Parachute NYC
INFORMED CHOICES
MISSION

To offer people freedom of choice in their journey for wellness and recovery...

To improve their quality of life...
Centering on minimizing focus on medication and acquiring knowledge of alternative approaches to wellness.
PURPOSE: PROVIDE EDUCATION, SUPPORT, AND INFORMATION ABOUT MENTAL HEALTH TREATMENT OPTIMIZATION AND ALTERNATIVE APPROACHES TO WELLNESS.

Goals:

- Develop user and provider competence in implementing informed decision making
- Provide medication tapering education and advocacy to influence systems change
- Empower users by offering support and guidance throughout their recovery and medication optimization journey
- Educate consumers to ask essential questions about their treatment with their professional caregivers
- Provide leading research about psychiatric medications and effects
- Contribute to the field by sharing and developing alternative approaches for wellness, such as personal medicine
**Education and Support Components**

**Education Group**

- Open to any person interested and open to discussing ideas about treatment optimization approaches and experiences
- Closed groups. New training cycle begins each quarter.
- Training is conducted by two educators, one of which has experience as a user of psychotropic medications
- Six (1-1/2 hour) education modules:
  1. Nature of Mental Health Issues
  2. Psychiatric Medication 101
  3. Alternative Treatments & Recovery
  4. Personal Medicine
  5. Wrap Up & Celebration
  6. Systems Advocacy

**Support Group**

- Groups are held biweekly up to 60-90 minutes.
- Open to any person who has completed the five core Informed Choices education modules.
- Quorum: 3 non-facilitating participants are required to hold a group up to a maximum of 12 total participants
- Groups are co-facilitated by two individuals, one of which will have experience as a user of psychotropic medications
- Group members share their treatment optimization goal at the first session
- Participants are invited to attend as many group sessions as desired.
- New groups are established when a group has grown to consistent 12 member participation
Module Components

Objectives: Learning Goals
Explore: Invite questioning of accepted practices
Empower: List evidence building rationale for treatment and systems change
Scenario: Experiential activities
Reflect: Handouts & articles on module topics for self-guided learning
Act: Suggested action steps to apply concepts to individual experience
Support Process

Purpose:

- Support people in identifying and optimizing treatment preferences
- Provide an opportunity to share their experiences in a co-learning community
- Provide support in discussing treatment preferences with providers
- Assist members in coping with physical and psychological effects of treatment change like tapering medications or seeking alternative supports
Objectives:

1. Contrast traditional and alternative models of mental illness origin and treatment

2. Provide overview of the Diagnostic and Statistical Manual of Mental Disorders (DSM) development, mental disorder classifications and diagnostic criteria

3. Discuss role of trauma in mental health outcomes
Objectives:

- Brief history of psychiatric medication development and use
- Classes of psychiatric medications, benefits and side effects
- Current psychiatric medication research, development and evaluation, including 2$^{nd}$ generation atypical psychotropic drugs
- Literature and guidance on psychototropic medication tapering
- Shared decision-making and approaches to working with providers to optimize treatment
Topic 3: Alternative Treatments and Recovery

Objectives:

• Alternative treatments to traditional mental health supports & interventions
• Efficacy of alternative and adjunctive treatments
• Wellness and recovery models
• Understand role of happiness, joy, and hope in healing
• Trauma-informed care models
Objectives:

- Relationships that help and hinder recovery
- Strategies to build upon inherent resilience and hardiness
- Develop a personal medicine plan including medication optimization
- Harm reduction and benefits for wellness
TOPIC 5: WRAP UP: DISCUSSION AND CELEBRATION

Objectives:

• How has participation aided learning about treatment optimization?
• How can Informed Choices education experience be improved?
• Link with Informed Choices support group
• Encourage involvement in advocacy targeting treatment systems change
Objectives:

• Advocate for reporting all pharmaceutical research findings

• Educate public and private sector mental health providers about psychotropic medication tapering and alternative wellness approaches.

• Align treatment reimbursement systems to prioritize non-pharmacological interventions over psychotropic interventions.

• Join with advocacy groups working toward systems change