A Psychiatrist’s View: 
The Role of Medication in a Recovery-oriented Framework for Care

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Recovery to Practice Webinar series:
Recovery-oriented Approaches to the Use of Medication
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A Psychiatrist’s View: The Role of Medication in a Recovery-oriented Framework for Care
In this presentation, we’ll discuss...

✓ The evolving role of the psychiatrist in community psychiatric practice.
✓ The imperative to provide person-centered care and person-centered psychopharmacology.
✓ The role of shared decision making in person-centered psychopharmacology.
✓ Challenges for the future.
15-20 minute visits focused on assessing symptoms, the impact of medications on symptoms and side effects

“Unless I have a lot of time I try not to be too open-ended in terms of ‘How are you; How’s it going’ type stuff, but I try to keep it fairly focused in terms of how they're doing with their symptoms, how they're doing with the meds. Do they have any side effects? Are they compliant?”

-remark from psychiatrist

How Did We Get Here?

- Increase in number of people using mental health services.
- The therapeutic importance of medications.
- The shortage of psychiatric care providers.
- Funding constraints and policies: volume generates revenue.
- Profession’s desire to be seen to practice “like other doctors”.

What to do?

- Back to fundamentals of person-centered practice.
- Consider strategies to reconcile fiscal and organizational realities, balanced with the imperative to provide high quality person-centered care.
- Identify evidence based practices appropriate for the individual.
All care starts with connecting to and understanding the person and their goals!
The recovery process is driven by the individual and supported by the clinician.

- Focus on hope and important goals
- Understand people in the context of their whole lives
- Help with skills
- Inspire a positive self image
- Promote collaborative doctor-patient partnerships
- Emphasize education and self-help

https://www.samhsa.gov/recovery-to-practice/virtual-learning#clinical-decision
Next, consider the role of medication in helping the individual reach *their* goals.
Medication plays a role: Some basic facts about medications for psychiatric disorders

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<tr>
<th>Upsides</th>
<th>Challenges</th>
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<td>• Medications can treat a wide array of disorders:</td>
<td>• Medicines don’t fix everything and work best when use is supported with other interventions.</td>
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<td>• Psychosis, mood disorders, anxiety, and alcohol/drug use</td>
<td>• Side effects can be difficult to manage or live with.</td>
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<td>• Distressing symptoms can be reduced and sometimes eliminated.</td>
<td>• Not everyone benefits from taking medication.</td>
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<td>• Medications can help prevent relapses and more intense levels of care (hospital or jail).</td>
<td>• It can be difficult to find the right medicine(s).</td>
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<td>• The decision to use medicine is complex and personal.</td>
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What is Shared Decision Making (SDM)?

- SDM is a key component of person-centered health care.
- *It is a process* in which clinicians and individuals in service work together to make decisions and select tests, treatments and care plans based on clinical evidence that balances risks and expected outcomes with patient preferences and values.

Key Components of SDM

- Clear decision to be made
- Decision making preference evaluated
- Shared information in usable format from an unbiased source
- Information provides range of evidenced based alternatives and strength of evidence
- Procedure to elicit preferences and weigh options
- Decision that is at least clear, if not agreed upon by all parties
Three-talk Model of SDM

Team Talk: Let’s work as a team to make a decision that suits you best.

Option Talk: Let’s compare the possible options.

Decision Talk: Tell me what matters most to you for this decision.

Glyn Elwyn et al. BMJ 2017;359:bmj.j4891
Common Medication Decisions

Should I use medication?

- Is medication effective for my problem?
- What are the alternatives to medication?
- Are they effective?
- How badly does this problem interfere with my life?

Which medication (in a class) should I use?

- Do different medications have different levels of effectiveness?
- Do different medications have different side effects?
- Applies to antipsychotics, antidepressants, mood stabilizers, anti-anxiety agents.
- What about other medications I take for physical health?
An Example of SDM: LAI vs Oral Meds

Long Acting Injectables

**Pros**
- Deal with meds less often
- Don’t have to be reminded of psychosis daily
- Privacy (no pill bottle)
- May have fewer side effects due to steady blood levels

**Cons**
- Need to get a needle stick
- May be pain or swelling at the injection site
- When traveling, need to make special arrangements

Oral Medication

**Pros**
- If a side effect develops, can stop the medication immediately
- No shots
- May still be taking oral medications too

**Cons**
- Need to remember to take pills every day
- Have to remember to take pills with me if I don’t stay at home
- May still need oral medication with the injectable

http://practiceinnovations.org/Consumers/Medication-and-Medication-Side-Effects
Unfortunately, many health care decisions have alternatives that
  ▪ Have both desirable and undesirable outcomes.
  ▪ Have desirable outcomes occurring partly with one option and partly with another.
  ▪ No alternative will satisfy all our personal objectives and no alternative is without its risk of undesirable outcomes.
Key Strategy: Use Decision Support Tools

Decision Aids
Interventions or tools that support people by making the decisions explicit, providing information about options and associated benefits/harms, and helping clarify similarity between decisions and personal values.

Challenges to using SDM

- What’s “preference sensitive” decision?
- What is the gold standard?
- Dealing with issues of safety v. risk management
- Dealing with issues of capacity, engagement
- Unavailability of partners and other team members
- Choices limited by insurance coverage or formularies
- When the individual and the psychiatrist disagree
Strategies to move forward

1. Work as a team.
2. Work as a team.
3. Work as a team.
4. Dialogue at agency level, involving team and clients.
5. Create policies and procedures at agency level to support SDM and person centered psychiatric practice (Torrey et al. 2018) (e.g., change work flow).
6. Psychiatrists need support from leadership.
7. Keep doing research and have empirical approach to making changes.
Medication is one of many recovery tools when the person and their team work together to achieve the best outcome.

- Person-centered
- Engaged decision-making
- Informed by the individuals goals and values
- Tightly coordinated to ensure everyone is working toward the same outcome
SAMHSA’s 10 Principles and 4 Dimensions of Recovery in Behavioral Health
Recovery to Practice

Through education, training, and resources SAMHSA's Recovery to Practice (RTP) program supports the expansion and integration of recovery-oriented behavioral health care delivered in multiple service settings between multiple disciplines.
Want to continue your learning?


Interested in Shared Decision Making?

SAMHSA’s Website: [www.samhsa.gov/brss-tacs/recovery-support-tools/shared-decision-making](http://www.samhsa.gov/brss-tacs/recovery-support-tools/shared-decision-making)
RTP Companion Newsletter on Medication and Recovery

Sign up to receive the RTP quarterly newsletter by visiting our webpage: https://www.samhsa.gov/recovery-to-practice
This is the final Recovery to Practice webinar. Recordings of 48 excellent RTP webinars on recovery-oriented practices are available on the SAMHSA website and YouTube channel.

Online Courses Now Available!
- Peer Support for People Experiencing Homelessness
- Integrated Behavioral Health

Click here: https://www.samhsa.gov/recovery-to-practice/virtual-learning
To receive a Certificate of Attendance or to earn a continuing education credit for attending this RTP webinar click ↓


Thank you for attending!