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- \* working within a recovery framework
- \* facilitation of recovery and wellness
- \* working within a philosophy of hope and partnership with consumers and their carers
- \* understanding consumers in the context of their whole self and not just their illness/disorder
- \* protecting people's rights and working with people in the context of respect and equity
- \* ensuring consumers set their own goals and are enabled through the clinical contact to measure their own success
- \* focusing on strengths rather than symptoms
- \* facilitation of timely treatment and timely discharge from services
- \* working in a culturally and gender sensitive manner.

## MARY'S STORY

Mary is an 81-year-old woman with a history of ischaemic heart disease and severe osteoarthritis. She was admitted to hospital after a high lethality suicide attempt involving a medication overdose. She takes various medications for her heart (including perhexiline and metoprolol) and has frequent episodes of angina which are partially relieved with sublingual nitrate spray. She undergoes a course of ECT and at a multidisciplinary meeting plans for her subsequent drug therapy are discussed.

During the case conference:

- Her doctor enquires about neurovegetative features and the quality of her interpersonal interactions on the inpatient unit. There is a subsequent decision to prescribe an antidepressant.
- The nurses involved with caring for Mary identify significant sleep disturbance and loss of weight. At handover it is reported that she has significant bradycardia and hypotension that appears to have developed after the introduction of an SSRI.
- A pharmacist contacts nursing and medical staff to report concerns about a drug interaction resulting in beta blocker toxicity – the antidepressant is subsequently changed.
- The unit occupational therapist visits Mary after discharge and find that she is unable to manage her medications at home – the arthritis in her hands is so severe that she cannot even open the packaging. The report from a neuropsychologist indicates that she has significant cognitive impairment, in keeping with the clinical observations of nursing and medical staff. The pharmacist makes arrangements for her medicines to be packed in a dosage administration aid.

### Ask yourself!

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In relation to Mary's case:

- 1 Could effective pharmacotherapy be designed and delivered by one discipline alone?
  - 2 What systems can be used to summarise clinical information and facilitate interprofessional care?
  - 3 What aspects of Mary's circumstances mean that multidisciplinary care is likely to assist?
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From the consumer's perspective – *How does this feel for me?*

Hospital admissions can be a confusing time – although many people speak to a consumer, it is not always clear to the consumer who undertakes what role.

Although many processes of professional care may be running in the background, to a consumer these may not always be visible and it may seem that there is little progress.

'Why are all of these people asking me all of these questions?'

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### Summary

Psychotropic drug therapy is clearly among the most important of the treatment modalities available for the management of serious mental illness. A review of the history of psychotropic drug development indicates that the evolution of

new treatment strategies in psychiatry has been rapid in recent times, possibly outpacing the rate at which understanding and knowledge about treatment options is developing. All of this underscores the importance of a truly multidisciplinary approach to drug treatment for mental illness, where a range of practitioners contribute the skills and experience of their disciplines as a part of a comprehensive approach to management. To achieve this, a broad view of the issues relating to the safety and efficacy of drug treatment is required, incorporating attention to all aspects of care where drug-related problems can be observed.

### Discussion questions

- 1 What is meant by the term 'drug-related problem?'
- 2 Discuss examples whereby various health professionals may contribute specific expertise in designing and implementing pharmacotherapy for those with mental illness.

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### Test yourself (answers at the back of the book)

- 1 The first effective antipsychotic drug to be introduced into widespread clinical practice was:
  - A clozapine
  - B chlorpromazine
  - C clomipramine
  - D cetirazine
- 2 Which of the following statements is true with respect to psychological treatments for mental disorders?
  - A They are frequently associated with significant biological side effects.
  - B They are usually inexpensive and easy to access.
  - C There is evidence to support use in a range of clinical settings.
  - D They are always less effective than biological treatments.
- 3 Which of the following is an example of a non-drug form of biological treatment for mental disorders?
  - A Cognitive behavioural therapy
  - B Psychoeducation
  - C Lithium augmentation
  - D Transcranial electromagnetic therapy

- 4 An initiative by the Library of Congress (USA) and the National Institute of Mental Health (USA) to enhance public awareness of the benefits of brain research, the 'decade of the brain' spanned the period:
- A 1950–59
  - B 1960–69
  - C 1900–99
  - D 2000–09
- 5 Established in collaboration with the World Health Organization, a unit of measurement of drug usage used in pharmacoepidemiology is:
- A defined daily dose/1000 population/day
  - B drug mass/prescription
  - C mg/kg/day
  - D mg/month/1 000 000 people
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### Useful websites

*Australian Statistics on Medicine* (2009) available at <[www.health.gov.au/internet/main/publishing.nsf/content/nmp-quality.htm](http://www.health.gov.au/internet/main/publishing.nsf/content/nmp-quality.htm)>

*Quality and Medicines Mapping* (2007) available at <[www.qummap.net.au/](http://www.qummap.net.au/)>

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### References

Department of Health and Ageing. (2002). *The National Strategy for Quality Use of Medicines*. Canberra, Australia.

Department of Health and Ageing. (2010). National Medicines Policy available at <[www.health.gov.au/internet/main/publishing.nsf/Content/National+Medicines+Policy-1](http://www.health.gov.au/internet/main/publishing.nsf/Content/National+Medicines+Policy-1)>, accessed 30 July 2012.

Hippocrates. (400 BCE). *On the Sacred Disease*, translated by Francis Adams (2009) available at <[www.classics.mit.edu/hippocrates/sacred.html](http://www.classics.mit.edu/hippocrates/sacred.html)>, accessed 30 July 2012.

Rossi S. (2012). *Australian Medicines Handbook*. Adelaide, South Australia: AMH Pty Ltd.

Strand L. M. et al. (1990). 'Drug-related problems: their structure and function' *Diap* 24(11): 1093–1097.