

3. Techniques that usually improve compliance include:
- a increasing the level of supervision
  - b attending to drug side-effects
  - c negotiating the dose with the patient
  - d providing the patient with information about drugs
  - e seeing family members regularly.

MCQ answers					
1		2		3	
a	F	a	T	a	T
b	T	b	T	b	T
c	F	c	F	c	T
d	T	d	T	d	F
e	F	e	F	e	T

## Commentary

Jenny Fisher

I have enjoyed reading Buchanan's paper very much. It is clear, thoughtful and contains much valuable information. As I read it, I began to think it would make a good foundation for a short factual leaflet for carers. However, they are unlikely to read it in its present form, since many would find the scientific style and wording hard going. Words such as compliance, drugs and intrusive have connotations and need to be used with care by professionals. The National Schizophrenia Fellowship uses the term adherence instead of compliance.

Buchanan covers one of the main anxieties which carers face, what to do when their patient decides to stop taking medication. I found it comforting to read, since much of it confirms many of the things I have discovered by trial and error over the years.

It is good to read that professionals now largely accept that neuroleptics are valuable and that failure to take medication leads to relapse, which can in turn, lead to risk for the individual or others. This is not a new concept to carers who have had to cope with the problems over the years. However, information about how they might help to prevent this happening is very welcome.

Carers are recruited at random from the general public, they are not chosen. They come with all the inhibitions, ignorance, prejudice and fear which the public holds for mental illness. The first thing many

new carers ask is for information. Some immediately set about obtaining this with a vengeance while others are just totally baffled and give up. Information is best given individually and psychiatric staff are best placed to do this. Carers need the relevant information as soon as possible, as they often have other responsibilities, such as families and jobs, to attend to in addition to caring for their patient.

The paper points clearly to the connection between individual care provided by interested professionals and good adherence to treatment. Tender loving care encourages a sense of well-being and raises self-esteem. Carers might also benefit from this kind of interest.

Buchanan recognises that family members provide most of the care which people with chronic mental illness receive and are best placed to supervise the taking of medication by the patient. It is common for carers to monitor medication, but for this to be effective they also need information about the illness: what is likely to happen; what kind of medication is needed and its action on the patient; side-effects and risks. They also need to know that it is not the end of the world if a tablet is missed, and to be a party to decisions to increase or decrease the dose or change the timing of medication. Some of the suggestions in this paper

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are very helpful to the carer in avoiding pestering the patient.

Support and recognition engender confidence. Too little support may contribute to crisis and relapse and cause family tension. If carers are confident in their understanding of medication it is more likely that their patient will be.

Buchanan has made other practical suggestions, showing how patients can be encouraged to take their medication. Instructions and regimes from the psychiatrist need to be simple: forgetful patients should leave their tablets in a prominent place. Carers can illustrate the positive aspects of staying well using metaphors, for example, medication being seen as an 'insurance policy'.

It is good to hear that side-effects, something which relatives also worry about, are not usually found to be a serious cause (unless severe) of a patient stopping medication. With support, the carer can become expert in assessing their individual patient's mental health, spotting symptoms of relapse early and alerting professionals.

One of the things which people with schizophrenia frequently tell me is that problems concerned with medication and side-effects are

nothing compared with the distress caused by the stigma and isolation which they feel in society. The paper talks about the care of individuals in the family home. Sometimes, real problems occur here, such as the carer and the patient developing high levels of mutual dependency. Carers need support in order to feel able to stand back and the patient will need strong support in taking a step away. Independence for the patient is what all carers wish for, but this needs careful, realistic planning. The move towards independence must not be experienced as a sudden rejection.

Not all patients have interested relatives. This may be because relatives are not supported well and professionals do not have enough time to spend with relatives.

Mentally ill people, like anybody else, benefit from family contact throughout their lives and it is important that all the services foster this.

The National Schizophrenia Fellowship and the Sainsbury Centre have jointly piloted a Carer's Education and Support Programme. The courses include carer and professional input and are highly recommended by carers and professionals (for further information, telephone 0181 547 3937).