

**WEST MICHIGAN COMMUNITY MENTAL HEALTH  
ADMINISTRATIVE MANUAL**

		Chapter: 2	Section: 10	Subject: 7
CHAPTER: Board Services and Program Administration				
SECTION: Medication Services				
SUBJECT: Non-Adherence with Psychotropic Medications Prescribed by WCMCHS Physicians				
Administrative Approval:		Date of Governing Board Action:		Page 1 of 5
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- I. **PURPOSE:** To establish procedures for addressing consumers choosing to be non-adherent with psychotropic medications prescribed by WCMCHS prescribers.
  
- II. **APPLICATION:** All programs and services governing by West Michigan Community Mental Health.
  
- III. **REQUIRED BY:** Professional community practice standards of duty of due care and duty to restrain.
  
- IV. **DEFINITIONS:**
  1. **Duty of Due Care:** An unwritten legal responsibility of mental health professionals to arrange and/or provide (either directly or indirectly), mental health services that are appropriate to the consumer's assessed mental health service need. For instance, a consumer found to be psychotic, suicidal and/or violent, requires access to treatment intervention/services initiated/implemented by WCMCHS which are clinically appropriate/equivalent to the consumer's assessed mental health service need/s.
  
  2. **Duty to Protect:** A legal responsibility of mental health professionals when presented with a consumer who is considered to be dangerous to self or others as a product of their assessed mental illness and refuse mental health services suited to their assessed mental health needs. Mental health professionals are responsible to initiate the legal involuntary process, or assist others in initiating the legal involuntary process for arranging access to mental health services appropriate to the consumer's assessed mental health service need/s. This legal process is outlined in the Michigan Mental Health Code, Chapter 4, Chapter 4A and 5.
  
  3. **Duty to Warn:** A legal responsibility of mental health professionals who are providing intervention services to dangerous individuals. This process is outlined in the Michigan Mental Health Code under Section 946. There is a "duty to warn," if the consumer is seen as presenting a danger to a "specific" individual. Mental health professionals are legally bound and responsible to make a "reasonable effort" to contact the person of the consumer's stated violent objectives. If the individual cannot be reached, at a minimum, mental health professionals are to notify law enforcement of the consumer's stated violent objectives. This process requires written documentation to verify the professional's execution of his/her legal responsibilities as outlined in the Michigan Mental Health Code.

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4. **Psychotropic Medication Non-Adherence:** Consumers who choose, for whatever reason, to refuse the offer of psychotropic medication and treatment, or discontinue psychotropic medication treatment, or take less/more (either oral or injectable) psychotropic medication than prescribed by WCMCH prescribers. Consumers have the legal right under the Michigan Mental Health Code to refuse psychotropic medication treatment. Mental health professionals have a professional obligation to provide the consumer with a thorough explanation of the consequences (benefits and risks) directly related to their non-adherence. Consumers with serious and persistent mental illness (major depression, schizophrenia, Bipolar Disorder, etc.) and a history of mental decompensation during periods of psychotropic medication non-adherence, present a greater risk to themselves and others when non-adherent.
  
5. **Physical Management:** A technique used by staff as an emergency intervention to restrict the movement of an individual by continued direct physical contact in spite of the individual's resistance in order to prevent him/her from physically harming himself/herself or others. Physical management shall only be used on an emergency basis when the situation places the individual or others at imminent risk of serious physical harm. To ensure the safety of each individual and staff, each agency shall designate emergency physical management techniques to be utilized during emergency situations. The term "physical management" does not include briefly holding an individual in order to comfort him or her or to demonstrate affection, or holding his/her hand.
  
6. **Serious and Persistent Mental Illness:** Mental disorders of major severity as identified in the American Psychiatric Association's Diagnostic Statistical Manual of Mental Disorders-V, as major mood disorders (major depression and bipolar disorders), schizophrenia, and dementia with delusions, behavioral disturbance, or depressed mood.
  
- V. **POLICY:** It is the policy of WCMCH that when consumers choose to be non-adherent to psychotropic medications prescribed by WCMCH prescribers, the assigned care manager/client services manager and the prescribers are to implement the recommended procedures to address the benefits and risk related to consumer choice, and pursue any and all professional responsibilities/practice standards appropriate to the consumer's mental health service need/s.

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**VI. PROCEDURES:**

1. At any point during an episode of active care a consumer chooses to discontinue, temporarily stop, decrease, or increase psychotropic medication prescribed by a WMCMH prescriber, the prescriber and/or med clinic staff, and program nurse are to engage the consumer in a discussion of the potential risks inherent in their choice and document the event in their respective progress notes. If appropriate, this documentation will include a suicide and/or violence assessment. If during this assessment a risk is identified, the prescriber and/or staff nurse shall institute the applicable procedure identified in steps 6 to 8 of this policy.
2. If the prescriber and program staff nurse is the first WMCMH staff to be knowledgeable of the consumer's choice to be non-adherent, they are to notify the assigned care manager of this event. If the care manager is the first to be knowledgeable of the consumer's decision to be non-adherent, the care manager will alert the prescriber and program staff nurse and document the same on a consumer's clinical record progress note.
3. The prescriber, program staff nurse and the assigned care manager are to triage these events and, working as a team, develop a strategy to engage the consumer around the inherent risks in their choice to be non-adherent to psychotropic medication/s. The chosen approach must be consistent and be implemented uniformly by the team. Consumers with a severe and persistent mental illness and a history of non-adherence and/or mental decompensation during periods of non-adherence will require a more intensive/elevated engagement strategy than those consumers with less severe disorders and a treatment history suggesting minimum risk to the consumer or others. All consumer contacts (direct or indirect) are to be documented and filed in the consumer's clinical case record.
4. Consumers who have a serious and persistent mental illness, a history of non-adherence, a history of mental decompensation when non-adherent, and a history of requiring more intensive services during their episodes of non-adherence, should be aggressively engaged by the team, with the assigned care manager escalating his/her contacts (which may need to be outreach contacts) to continue the process of encouraging the consumer's adherence and to further engage the consumer around the inherent risks of the consumer's choice. These contacts and/or attempted contacts must be documented and filed in the consumer's clinical case record.

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5. Consumers who choose to be non-adherent with medication/s, then also choose to drop out of active service, and refuse to allow follow up contacts to occur with the team/assigned care manager, are to be mailed a series of correspondence providing written information pertaining to the inherent risks of the consumer's choice to be non-adherent, and instructions explaining the process and encouraging them to resume services with WMCMH. Copies of the mailed correspondence are to be filed in the consumer's electronic clinical record.
  
6. Consumers who have a serious and persistent mental illness, a history of non-adherence, or a history of mental decompensation when not taking their psychotropic medications and/or a history of psychiatric hospitalizations due to not taking them, are to be reviewed by the assigned care manager and/or team, to determine the need for a more intensive level of care (hospitalization), which may require the involuntary process for hospitalization for those consumers meeting the criteria for involuntary treatment as specified in the Michigan Mental Health Code, Chapter 4, 4a or 5. In such circumstances there may be a professional responsibility to use physical management if there is an imminent, serious risk of physical harm to self and/or others due to their severe and persistent mental illness, or a need to seek a welfare check from law enforcement. Please refer to Policy 2-9-1 Behavior Treatment Committee for further information.
  
7. Consumers who choose to be non-adherent and have an active court order for alternative mental health treatment require that the assigned care manager must immediately notify the court of consumer's non-adherence per the provisions of the Michigan Mental Health Code, Chapter 4, and engage the court in discussion as to the implementation of the provisions of the court order that address the consequences of being non-adherent to the court's order.
  
8. Consumers who choose to be non-adherent to psychotropic medications and engage in behavior suggesting a danger to a specific person/s by stating violent objectives towards the specific person/s, present a professional Duty To Warn the identified person/s in accordance with the provisions of the Michigan Mental Health Code, Section 946.

**VII. SUPPORTING DOCUMENTS: None**