# Drug Compliance and Psychosocial Wellbeing of Patients with Mental Illness in Ibadan

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**Abstract**
*The study looked at medicine adherence and psychosocial well-being in patients with mental illnesses at Adeoyo State Hospital, Ring Road, Ibadan. A descriptive survey design was used in the investigation. One hundred and twenty (120) people with mental illnesses who visit Adeoyo State Hospital, Ring Road, Ibadan, were purposefully chosen. For data gathering, a customised questionnaire was employed. Data for demographic parameters were analysed using percentage distribution and frequency counts, and Pearson Product Moment Correlational Analysis (PPMC) was used to test hypotheses at p = 0.05. The study found a strong link between medication compliance and psychological well-being in mentally ill individuals (r=.275, n=120, p (.002).05). It was also shown that there was a substantial association between medication compliance and respondents' social well-being (r=.327, n=120, p (.001).05). It was recommended that patients with mental illnesses be monitored to ensure drug compliance. Medical social workers are needed to educate the general population and society about the consequences of drug noncompliance.*

**Keywords**: Patients, Drug compliance, Mental illness, and Psycho-social wellbeing.

## Introduction

There is mounting evidence of mental illnesses worldwide. Mental health issues are one of the most significant contributors to the global disease and disability load. Mental health issues account for five of the top ten primary causes of disability worldwide. They are as significant in low-income nations as they are in wealthy ones, spanning age, gender, and socioeconomic class. Furthermore, all estimates imply that mental health problems will skyrocket in the future (Brundtland 2000). Mental illnesses are conditions that have an impact on a person's mood, thoughts, or behaviour. Serious mental disorders include schizophrenia, bipolar disorder, panic disorder, obsessive-compulsive disorder, and major depressive disorder, among others. Although these conditions might be frightening, it is vital to realise that they are curable. Individuals with various disorders can live full, fulfilling lives if they get treatment as needed. Being diagnosed with a major mental illness might come as a surprise to both the individual being diagnosed and his or her family and friends. On the other hand, obtaining a diagnosis and treatment plan may sometimes assist in easing family tension and beginning the healing process.

Noncompliance with antipsychotic medication has a deleterious influence on the course of disease, increasing the likelihood of relapse, re-hospitalization, and suicide, as well as increasing healthcare expenses. Noncompliance with psychiatric drugs or treatment regimens has a significant impact on the progression of mental illness, relapse, and future recovery. Furthermore, there may be a major influence on the expense of treatment, as well as significant barriers to the patient's long-term adaption, such as social, occupational, and academic functioning. Patients suffering from psychological ailments have higher levels of noncompliance than those suffering from physical illnesses. Biological measurements, clinician ratings, patient self-report, pill count, caregiver reports, and medication side effects can all be used to assess treatment adherence. Issues connected to the therapy, patient-related factors, health care, and socioeconomic situations have all been listed as reasons for non-adherence.

Mental health is an important component of overall health and well-being, but it has received little attention in this region of the world. Furthermore, the World Health Organization (WHO) estimates that 450 million people worldwide have a mental problem, and that 25% of the population will experience mental disease at some point in their life (WHO, 2019). According to the World Health Organization, mental health is "a condition of well-being in which the individual recognises his or her own potential, can cope with the usual demands of life, can work successfully and fruitfully, and can contribute to his or her community" (WHO, 2018).

Various words have been used to characterise the behaviour of continuing to take prescription medicine. The most often used, conventional phrase is "compliance," which has been described as the degree to which a consumer's behaviour corresponds to the prescriber's instructions (Horne, Weinman, Barber, Elliot, & Morgan, 2020). The term "compliance" has been described as "the extent to which a person's behaviour corresponds with medical or health recommendations" (Haynes, 2021) or "the degree of conformity between treatment behaviour and treatment standards" (Hunt, Bergen, and Bashir, 2002). The first of these meanings implies paternalism on the side of the doctor, but the latter, more contemporary term, acknowledges the patient's responsibility in treatment decisions (Hunt, Bergen and Bashir, 2020). The phrase "compliance" is becoming less popular since it indicates a lack of customer engagement and, instead implies a passive strategy in which the consumer dutifully (and often unquestioningly) follows the advice and directives of the healthcare practitioner (Horne et al., 2005; Swaminath, 2017). The premise that medical counsel is helpful for the customer and that rational consumer behaviour entails precisely following medical advice is inherent in many definitions of compliance (Swaminath, 2017).

Schizophrenia is a serious mental condition that often has substantial consequences for people's

quality of life. The amount to which people with schizophrenia take their antipsychotic drugs is thought to have a significant impact on their results. While medication adherence in people with schizophrenia has been widely examined, the majority of research has been quantitative, and therefore the opinions of consumers have been largely ignored. One reason for this omission has been proposed: the belief that people with schizophrenia would be unable to contribute meaningfully to knowledge. It would be preferable to gather more information from patients in order to understand why they do or do not take their drugs.

When compared to non-compliance, medication compliance in patients with schizophrenia is associated with improved results in terms of symptom intensity, relapse, and overall functioning. Several studies have found that non-compliant people with schizophrenia have more severe disease symptoms. Extreme symptom exacerbations frequently result in a recurrence of psychosis and hospitalisation for noncompliant clients. A three-year study of outpatients with schizophrenia indicated that symptom remission was more common among consumers who were compliant with their medication at the time of follow-up (Novick et al., 2010). On the other hand, Rosa, Marcolin, and Elkis (2005), on the other hand, discovered that non-compliant customers experienced an initial exacerbation of symptoms that remained stable during a one-year follow-up. Furthermore, Janssen et al. (2006) discovered that the absolute difference in Positive and Negative Syndrome Scale (PANSS) scores measured at admission and at discharge was significantly greater for patients who were more compliant in their study comparing symptom severity among hospitalised consumers. Medication adherence has been demonstrated repeatedly to minimise the high rates of relapse in patients with schizophrenia (Novick et al., 2010).

Medical intervention in the form of antipsychotic medication is now widely accepted as the primary therapy for schizophrenia (Noetzel, Jones, and Conn, 2012). While antipsychotic drugs are extremely beneficial to the majority of people with schizophrenia, they are not a cure. In many cases, antipsychotic drugs ease or milden symptoms and, in certain situations, can reduce the duration of a schizophrenic episode. The most frequent method of administering antipsychotic medicine is in tablet or liquid form, one to three times per day. Some antipsychotic drugs are also available in tablet form, as well as dissolvable forms (Mueser & Gingerich, 2006). Antipsychotic drugs can also be administered as short-acting and long-acting injections.

Myers and Branthwaite randomly assigned patients in an early trial at a psychiatric outpatient clinic in the United Kingdom into groups that got therapy once a day, three times daily, or selected one of the two schedules. A pill count and an interview were used to determine compliance. There was no overall difference in reported compliance between patients receiving once-day or three-times-daily dosages, although those who chose to take their medicine three times daily reported higher compliance.

Lin found that patients were more likely to continue taking their medication during the first month of treatment if they had received specific educational messages, such as the fact that they should take their medication daily, that they may not notice any benefit for the first 2–4 weeks, that they should continue even if they felt better, and that they should not stop medication without consulting their doctor. They were also given advice on how to get answers to medication-related questions.

There has been a lot of speculation about whether or not various antidepressant medications are connected with greater or poorer compliance. A naturalistic analysis using claims data from 2000 patients revealed that individuals on tricyclic antidepressants may have worse compliance, and that providing family, group, or individual psychotherapy may increase compliance (Tal-Seale, Croghan and Obenchain, 2000).

Furukawa et al. did a meta-analysis of studies comparing antidepressant-benzodiazepine combos with antidepressants given alone for up to 8 weeks and found a modest benefit to co-prescribing benzodiazepines. Any potential benefit must be balanced against the clinical risks, such as the development of benzodiazepine dependency.

Depression can be effectively treated with medicine. Effective communication between doctors and patients is critical. Families and their ill relatives can benefit from education that teaches them how to manage medicine and, therefore, improve compliance, spot warning signs and symptoms, and promote an atmosphere favourable to healing and sustaining good mental health. Educational initiatives to promote compliance are founded on the assumption that poor compliance is caused by a lack of information. Psycho-educational tactics are intended to both motivate and educate patients about their disease and treatment. Because textual material alone is sometimes insufficient in long-term therapy, patients must comprehend what is expected of them. Reminder schedules, pharmacy-generated refill reminders, and customised prescription containers or packaging have all been demonstrated to greatly enhance compliance.

Counseling from a health expert might also be beneficial. Aspects of physician–patient communication that are taken into account in terms of medication adherence include: providing collaborative communication in which patients' needs are addressed, assessing patients' information and reducing the possibility of receiving conflicting information about medications; and adapting patient-centered communication to patients with mental illness in which issues about their illness and medications are discussed openly (Al-Jumah and Qureshi, 2012).

Health experts monitor and review therapy on a continuous basis. Healthcare practitioners must be aware of and concerned about the amount of patient noncompliance and its impact on treatment quality.

They should be taught about the use of medications, illness management in collaboration with patients, multidisciplinary care, and adherence monitoring. Family members must also conduct research. Family members may be a vital resource for people suffering from major mental diseases. They may help their loved ones through the diagnosis and beyond by learning more about the condition.

Psychotherapy, which is a procedure in which skilled mental health experts assist individuals in coping with their condition, is also used. This is done by talking through ways of understanding and dealing with their symptoms, thoughts, and behaviours. The most common types of psychotherapy include supportive, cognitive-behavioral, interpersonal, group, and family therapy. Certain treatments, such as art therapy or play therapy, may be beneficial, particularly for young children who have difficulty conveying their thoughts and feelings.

**Psychosocial factors affecting drug compliance include the following:**

**Self-Stigma:** Over the last few years, self-stigma connected with mental illness has remained a global public health problem. Patients with mental illnesses frequently have social, psychological, economic, and psychological issues as a result of self-stigma. This has an impact on, among other things, social relationships, healthcare, productivity, and acceptance (Hansson, Stjernswärd, and Svensson, 2014). It might emerge as the death of friends and loved ones—the people who are most important in one's social support network. It exacerbates mental illness and leads to social marginalisation, incapacity to participate in vital daily activities, and a low proclivity to seek treatment, ultimately affecting one main factor of quality of life (Asrat, Ayenalem, and Yimer, 2018). Self-stigma is a barrier to adequate therapy and rehabilitation for mentally ill people, resulting in longer recovery, various psychological consequences, and substantial financial issues (Adewuya et al., 2011).

**Age:** It might be difficult for health care workers to identify mental illnesses in youngsters. Children, unlike adults, go through various physical, mental, and emotional changes as they go through their normal growth and development. They are also learning to cope with, adapt to, and relate to others and the environment around them. Some problems, such as anxiety disorders, eating disorders, mood disorders, and schizophrenia, can affect both children and adults. Others begin exclusively in childhood, though they can last throughout maturity. Symptoms of obsessive-compulsive disorder, for example, occur during childhood or adolescence. It is not uncommon for a youngster to have many disorders. Age is a determinant in medication adherence since children, for obvious reasons, require more care from health professionals than adults. This, in turn, influences the rate of compliance. In a study of middle-aged and older outpatients with schizophrenia, cognitive functioning, particularly conceptualization and memory, was the strongest patient-related predictor of medication management ability, outweighing the effects of age, gender, educational level, symptom severity, and attitudes toward medication (Jeste et al., 2003).

**Marital status:** The presence of a domestic connection with a spouse aided in health management. As a result, it was critical to evaluate the influence of marital status on medication adherence. This was due to the fact that it was seen as a measure of a social network that served as a supporting component for patients during sickness management (Sperber, Sandelowski, & Voils, 2013). Spousal support in medication compliance has been proven to give practical assistance, such as reminding the patient to take their pills (Trivedi et al., 2008).

**Economic Situation:** For individuals with mental illnesses, economic status was related to medicine compliance. The capacity to pay for the prescriptions was connected to this connection. Drugs for treating mental diseases range in price from cheap to costly (Mitchell and Selmes, 2007).

**Physician–patient Relationship:** Physician–patient relationships influence patient health outcomes such as medication adherence. Communication and continuity of care are two critical considerations. Verbal and nonverbal communication, task-oriented behaviour (effective questioning and information transmission), psychosocial behaviour (showing empathy and care), cooperation, and engagement throughout the encounter are all components of physician–patient communication processes. Aspects of physician–patient communication that are taken into account in terms of medication adherence include: providing collaborative communication in which patients' needs are addressed, assessing patients' information and reducing the possibility of receiving conflicting information about medications; and adapting patient-centered communication to patients with mental illness in which issues about their illness and medications are discussed openly (Al-Jumah and Qureshi, 2012).

**Beliefs:** According to the data, patients' beliefs had a substantial and crucial impact on affecting drug adherence. Medication usage attitudes were divided into two categories: general beliefs and specialised beliefs. Medication usage is associated with damage and overuse in general. Beliefs concerning damage included the view that pharmaceuticals were dangerous, poisonous, addictive, and should not be taken on a regular basis. Specific beliefs are those that impact patients' appraisals of the prescribed drug, such as the impression of personal need for treatment and concern about the meds' long-term use (Horne et al., 2013; Horne et al., 2001). The patients' views on the value of taking drugs mirrored their understanding of their condition and the importance of the medications in treating their sickness. As a result, their motives for taking the drug were impacted. Patients' fears about medicine, on the other hand, stemmed from

misunderstandings about what they thought they understood or had experienced with reference to the drugs.

**Hypotheses**

**Ho1**: There is no significant relationship between drug compliance and the psychological wellbeing of mentally ill patients.

**Ho2**: There is no significant relationship between drug compliance and the social wellbeing of mentally ill patients.

**Methodology**

The descriptive research approach was used in this study, and the population for the study included mental health patients at Adeoyo Hospital in Ibadan. However, the population's mental diagnoses were limited to schizophrenia, mood disorders, and anxiety disorders. Purposive sampling was employed as a sample strategy. The data gathering tool was a questionnaire with five components. Section A contains the demographic variable section, which contains the demographic information about the participants that is relevant to the investigation. Section B contains remarks regarding the respondents' psychological well-being, which was measured using an eighteen-item scale adapted from Ryff's Scale of Psychological Well Being (RSPWB, 2005). Section C includes statements assessing the respondents' social well-being, which is a fifteen-item measure adapted from Lee Keyes' "Keyes Social Wellbeing Scale" (2013). Section D contains statements that assess respondents' drug compliance using a 10-item scale adapted from Hogan, Awad, and Eastwood's Drug Attitude Inventory (DAI-10) (1983). The data collection instrument (questionnaire) was verified using both face and content validity.

**Results**

**Hypothesis one:** There is no significant relationship between Drug compliance and the Psychological wellbeing of mentally ill patients in Adeoyo State Hospital

**Table 1:** Pearson Product Moment Correlation (PPMC) showing the relationship between drug compliance and the psychological wellbeing of mentally ill patient

| Variables | Mean | Std. Dev. | N | r | p-value | Remarks |
|---|---|---|---|---|---|---|
| Psychological wellbeing | 48.62550 | 5.95228 | 120 | .275* | .002 | Sig. |
| Drug compliance | 26.7917 | 4.02283 | | | | |

* Correlation is significant at the 0.05 level (2-tailed).

Table 1 showed that there is a significant relationship between drug compliance and the psychological wellbeing of mentally ill patients in Adeoyo State Hospital (r=.275, n=120, p(.002)<.05). Hence, drug compliance influenced/enhanced the psychological wellbeing of mentally ill patients in the study.
The hypothesis is rejected.

**Hypothesis two:** There is no significant relationship between drug compliance and social wellbeing of mentally ill patients

**Table 2:** Pearson Product Moment Correlation (PPMC) showing the relationship between drug compliance and social wellbeing of mentally ill patient

| Variables | Mean | Std. Dev. | N | r | p-value | Remarks |
|---|---|---|---|---|---|---|
| Social wellbeing | 39.4500 | 5.23859 | 120 | .327* | .001 | Sig. |
| Drug compliance | 26.7917 | 4.02283 | | | | |

* Correlation is significant at the 0.05 level (2-tailed).

Table 2 showed that there is a significant relationship between drug compliance and social wellbeing of mentally ill patients (r=.327, n=120, p (.001)<.05). Hence, drug compliance influenced/enhanced the social wellbeing of mentally ill patients in the study.

**The hypothesis is rejected.**

**Discussion of the results**

Hypothesis one revealed a substantial association between medication compliance and the psychological well-being of mentally ill individuals. This is consistent with the findings of Stentzel, van den Berg, and Schulze (2018), who conducted research to investigate possible predictors of non-adherence in patients with severe mental illnesses. According to the study's findings, the most prevalent reason for non-adherence was forgetting to take the medication. Age, on the other hand, was a detriment. Furthermore, Vaingankar, Abdin, and Chong (2020) conducted a study to determine if mental problems were connected

with present marital status. The survey was a cross-sectional nationwide survey with 6126 respondents. A systematic questionnaire was used to determine a lifetime diagnosis for five mental diseases. According to Witz (2021), males achieve professional stature and inclusion as a result of their economic, political, and prestige advantages, which they employ to limit women's access to professions. Scott and Marshall (2020) defined occupation as an economic function distinct from home activity as a result of the expansion of the labour market. Orubuloye and Oni (2018) revealed patent medicine stores where personal interactions between consumers and store owners, free consultations, and flexible pricing serve as an alternative source of treatment for many.

Hypothesis two revealed a substantial association between medication compliance and the social well-being of mentally ill individuals. The findings support Al-Jumah and Qureshi's (2012) contention that physician–patient interactions influence patient health outcomes, particularly medication adherence. Communication and continuity of care are two critical considerations. Verbal and nonverbal communication, task-oriented behaviour, psychosocial behaviour, partnership, and engagement throughout the encounter are all components of physician–patient communication processes. Aspects of physician–patient communication that are taken into account in terms of medication adherence include: providing collaborative communication in which patients' needs are addressed, assessing patients' information and reducing the possibility of receiving conflicting information about medications; and adapting patient-centered communication to patients with mental illness in which issues about their illness and medications are discussed openly. The findings are consistent with Polaris Teen's (2018) finding that mental disorders are associated with the stress of body changes, including the fluctuating hormones of puberty, as well as teen ambivalence toward increased independence and changes in their relationships with parents, peers, and others.

**Conclusion**

The incidence of mental disease affects people of all ages and genders. Individuals suffering from mental illnesses have a history of noncompliance with medications and treatment. According to this study, drug compliance, on the other hand, enhances the psychosocial well-being of mentally ill patients.

**Implications for Social Casework**

1. Because of the long-term usage of medications, social workers should develop an acceptable drug adherence technique for patients to follow.
2. Social workers must work with patients to change their attitudes regarding drug compliance.
3. Social workers should educate mental health personnel in hospitals about the need to use a shared decision-making care approach.
4. In order to check drug compliance, patients with mental illnesses should be observed by family members and health personnel, particularly medical social workers.
5. Medical social workers will need to educate the general public and society on the consequences of drug noncompliance.

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