Viewpoint

The Issues when a Severely Mentally Ill Patient needs treatment but is Unwilling to accept the need for the same

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Who is said to be Severely Mentally ill ?
A Severely Mental condition is the diagnosis of psychotic disorders commonly refers to a diagnosis of psychotic disorders, bipolar disorder, and either major depression with psychotic symptoms or treatment-resistant depression. It is defined as someone over the age of 18 who has a diagnosable mental, behavioral, or emotional disorder that causes serious functional impairment that substantially interferes with or limits one or more major life activities. SMI can also include anxiety disorders, eating disorders, and personality disorders, if the degree of functional impairment is severe. SMIs are long-term illnesses involving substantial functional impairment over multiple symptom domains. These impairments often lead to an inability to maintain gainful employment, poor social support, repeated psychiatric hospitalizations, homelessness, incarceration, and coexisting substance use disorders [1].

Types of Severe Mental Disorders
Depression: A group of symptoms characterized by a persistent low mood and a marked loss of interest or pleasure for a period long enough to disturb the overall level of performance of the individual.
Intellectual disability: a disability characterized by significant limitations in both intellectual functioning and in adaptive behavior e.g. communicating, learning, problem solving) and adaptive behavior (e.g. everyday social skills, routines, hygiene).
Psychosis/acute psychotic episode: a symptom or feature of mental illness characterized by severe disturbance in the perception of reality. (a person might see, hear, or believe things that aren't real).
Bipolar / Mania: a sustained period of abnormally elevated or irritable mood, intense energy, racing thoughts, and other extreme and exaggerated behaviors.
Aggressive behavior: "excessive verbal and/or motor behavior" that can result in both physical and psychological harm to a person, others, or objects in the environment.
Autism spectrum disorder (ASD): a pervasive developmental disorder defined by the presence of abnormal and/or impaired development that is manifested before the age of 3 years, and by the characteristic type of abnormal functioning in the three areas (social interaction, communication and Restricted/repetitive behavior).
Attention deficit and hyperactivity disorder (ADHD): a psychiatric neuro-developmental condition emerging in early childhood, that features an enduring pattern of severe, developmentally inappropriate symptoms, namely inattention, hyperactivity, and impulsivity across different settings (e.g., home and school) that significantly impair academic, social as well as work performance

What treatments are effective for Serious Mental Illness?
Treatment choices for serious mental illness and any mental health conditions vary from person to person. Even people with the same diagnosis have different experiences, needs, goals and objectives for treatment. There is no "one size fits all" treatment.
Choosing the right mix of treatments and supports is an important step in the recovery process. When individuals are actively involved in designing their own treatment plan – including defining recovery and wellness goals – it can enhance the experience of treatment and improve outcomes. There are many tools and treatments that may be part of a well-rounded recovery plan.

- Psychotherapy explores thoughts, feelings, and behaviors, and seeks to improve an individual's well-being. Examples include Cognitive Behavioral Therapy, Interpersonal Psychotherapy, and Family Psychoeducation.
- Medication does not cure mental illness. However, it may reduce the frequency or severity of symptoms, which can allow for improved quality of life and recovery
- Complementary practices that are not typically associated with standard care, may be used in place of or in addition to standard health practices. Examples include yoga, meditation, tai chi, relaxation exercises, and other mind-body medicine techniques
- Brain stimulation therapies involve stimulating or touching the brain directly with electricity, magnets, or implants. These options are often considered when medication and therapy are not able to relieve the symptoms of mental health conditions. Examples are electroconvulsive therapy (ECT) and transcranial magnetic stimulation (TMS).

Why would Severely Mentally ill patients not accept the need for treatment?
Experts commonly describe it as "denial of deficit" or "lack of insight." It falls under the family of agnosia's, all of which happens when your brain can't recognize or process what your senses tell it. Anosognosia is a condition where you can't recognize other health conditions or problems that you have. This condition can happen with mental illnesses, keeping a person with a disorder like schizophrenia from recognizing that they have a condition and need to take their medication.

Anosognosia is incredibly common with certain mental health conditions. People with anosognosia have damage in the areas of their brain that update their self-image.
Because of that a person's mind can't update their self-image, they can't process or recognize that they have a health problem. A person in denial rejects or avoids accepting reality because it's unpleasant or distressing. A person with anosognosia can't recognize the problem at all. Since they can't recognize they have a medical problem, people with this condition often don't see the need to care for that problem. In more severe cases, they actively avoid or resist treatment [2].

How is Anosognosia diagnosed?
Anosognosia is effectively invisible unless a provider already knows you have a health problem, and they see the signs that you don't recognize that problem. In many cases, that means a provider first must diagnose a condition that's having a significant impact on your life. Then they must see signs that you can't recognize that problem, leading them to suspect anosognosia.
It's also common for people with anosognosia to rationalize or cover up signs of health problems, which happens because their mind tries to fill in the gaps for what it can't explain or understand. Because of that, diagnosing this condition often requires a combination of the following:

- A physical and neurological exam.
- Asking questions about a person's health history and life circumstances.
- Diagnostic testing and imaging.

Many people with mental health concerns are motivated to get help. But, some people with mental health conditions may refuse treatment. This can be for a variety of reasons, such as:

- Being afraid of stigma
- Not realizing how serious their symptoms really are
- Not understanding how to navigate the healthcare system
- Not knowing what mental health care is and how it can help

- Lacking financial resources to afford care
- Not being able to find the right specialty or culturally appropriate care

When someone you care about has a serious mental health condition and refuses to get help, it can be very challenging to navigate.

Can you force someone to get mental health care?

Yes, in select cases a person with a serious mental illness may get mental health treatment. This can happen when a person is involuntarily hospitalized or sent to a rehabilitation facility for treatment. In most cases, you can't force someone into treatment. Consent forms are followed through at every step of the admission.

If a loved one shows signs of a mental illness and refuses help, but is not a danger to themselves or others or showing any signs of a mental health emergency, then you cannot force them to get treatment. Encouraging treatment can be navigated as mentioned below

Reflective listening is a skill that needs to be cultivated, it doesn't come naturally to most people. To succeed, you will need to learn to really listen and not react to what you're loved one feels, wants, and believes. Then, after you think you understand what you are told, you need to reflect with them, in your own words, your understanding of what you just heard.

The tact is to do this without commenting, disagreeing, or arguing. If you succeed, your loved one's resistance to talking with you about treatment will lessen and you will begin to gain a clear idea of their experience of the illness and the treatment they don't want.

When you know how your loved one experiences the idea of having a mental illness, addiction, and/or taking of psychiatric drugs, you will have a foothold you can use to start moving forward. But you will also need to know what their hopes and expectations are for the future whether you believe they're realistic.

If you can reflect with an accurate understanding of these experiences, hopes, and expectations, your loved ones are going to be much more open to talking with you. More importantly, they're going to be much more open to hearing what you have to say [3].

Empathize

The second tool for your tool belt involves learning when and how to express empathy. If there were a moral to each technique, the one for empathizing would go something like this: If you want someone to seriously consider your point of view, be certain they feel you have seriously considered theirs. That means you must empathize with all the reasons your loved one has for not wanting to accept treatment, even those you think are "crazy."

You especially want to empathize with any feelings connected to delusions (such as fear, anger, or even elation, if the delusion is grandiose). Empathizing with how a particular delusion makes one feel is not the same as agreeing that belief is true. This may seem like a minor point, but, as you will see, the right kind of empathy will make a tremendous difference in how receptive your loved one is to your concerns and opinions [4].

Agree

Find common ground and talk it out. Knowing that what you want for your loved one is something they do not want for themselves can make it seem as if there is no common ground. You want them to admit they're sick and accept treatment. They don't think they're sick, so why in the world would they accept treatment for an illness they don't have?

To avoid coming to an impasse, you need to look closer for common ground and for whatever motivation the other person must change. Common ground always exists, even between the most extreme opposing positions. One area you both can almost certainly agree upon is wanting the relationship to be conflict free, wanting the relationship to be better.

The emphasis here is on acknowledging that your loved one has personal choice and responsibility for the decisions they make about their life. When you use the agreement tool, you become a neutral observer, pointing out the various things you do agree upon.

If invited, you can also point out the positive and negative consequences of decisions your loved one has made. That means refraining from saying things like, "See, if you had taken your medication, you wouldn't have ended up in the hospital." Or "If you hadn't been high, you would not be in trouble, you're in. Your focus is on making observations together—identifying facts upon which you can ultimately agree [5].

Partner

If you have been using reflective listening and strategic empathy, your loved one is going to feel that you are an ally rather than an adversary and getting answers to such questions will be a lot easier than it may sound. When you put aside your agenda for the time being, you can find a great deal of common ground. For example, if the answer to the question about what happened after the medicine was stopped was, "I had more energy but also I couldn't sleep and got scared," you can agree with that observation without linking it to having a mental illness.

You will know what your loved one's short- and long-term goals are because you will have talked about them together. And, with this knowledge, you will now be able to present the idea that medication might help them to achieve their goals. I can't emphasize this enough—your suggestions should have nothing to do with the notion that your loved one has a mental illness.

Relationships that are respectful and nonjudgmental lead to acceptance of treatment. Whenever you find areas of agreement and you talk about them together, you strengthen the relationship. Research shows that when you talk about things you agree on, you're usually speaking in a respectful and nonjudgmental way. And when you have a relationship with someone that is marked by mutual respect and lack of judgement, it turns out that's one of the best predictors of who will accept treatment and stay with it long-term.

As part of the treatment process and solution, adherence to Principles of Ethics is followed, i.e:

Autonomy: Respect for Individuals rights to make informed decisions about their healthcare. Provide them with treatment information

Non-Maleficence: Do no harm

Beneficence: Do good, check progress. Adjust treatment plans as needed

Justice: Be fair and maintain equality regardless of factors such as social status, gender, race etc.

While the above is well laid out principles and consent forms are filled, it may yet warrant Coercive or Involuntary measures that undoubtedly raise concerns regarding the autonomy of patient care and dignity. This continues to be a conundrum.

An assignment related encounter with a loved one:

This is a personal experience being shared, where a fragile patient refused treatment and how medication/therapy compliance had to be managed very sensitively over a period of time.

Mark, 24 years of age, began to experience fear and anxiety in April 2015. He was employed with a tech company, a job that he secured during the last year of his degree course. His work involved travelling internationally for conferences and training. He had begun to experience small bouts of panic attacks around then and shared about it with his parents. What followed were visits to the psychiatrist and therapy. The immediate family members were devastated, unable to figure out these symptoms. Medication began in small doses. In September 2015, Mark's father passed away within a week of pancreatic cancer diagnosis. Mark' s condition escalated in that year presenting bouts of depression, mood swings, manic episodes, inability to perform at work, suicidal thoughts on and off. This was a clear indicator of bipolar disorder and was also validated through psychometric testing. Triggers were identified, change of psychiatrists as also change of therapists did not help initially. Opinions were sought from well-known medical professionals. Mark refused to believe that he had a mental health condition and refused to take medication. The sporadic intake would set him back and cause a relapse. He insisted that there was no need for treatment. Manic episodes became more frequent, and it was traumatic for the family to cope at home, when they experienced volatile behavior, hallucinations and suicidal ideation. Harm to self and likely harm to others was clear, if the situation did not get addressed.

While the treating psychiatrist followed the 4 principles of ethical practice, Mark had to be partially voluntarily taken to a hospital for treatment in 2020, though involuntarily in 2021, 2022 and 2023. In 2022, he was sent to rehab for a period of close to 6 weeks while the others were hospitalized for a period of 10 to 15 days i.e. each admission. The use of coping mechanisms taught at therapy did not yield results at home, hence the need for round-the-clock help.
In 2022- 2023, he underwent frequent therapy sessions with multiple changes of therapists. He gradually accepted the fact that his treatment may be lifelong and included diligent intake of medication, therapy, nutrition, sleep, exercise etc . As it stands, Therapy is ongoing, and the importance of compliance is constantly explained to him. Mark is on the path of recovery - slowly and steadily getting streamlined.
The family has been supportive of expressions of empathy and compassion. Severely mentally ill cases need utmost motivation, monitoring and more than anything , to follow the mantra of " one day at a time" one cannot switch off as caregivers and one size does not fit all! Consistent adherence to routines have shown an improved outcome thus far...

Be it a solution or Standard Operating Procedure, this continues to be challenging for the medical fraternity and caregivers. One must keep making the effort to maintain stability and stay away from triggering factors as far as possible.
Unfortunately, in our country, facilities offering quality care for the severely mentally ill are far and few and hence home care with a good support system and regularity with medication, therapy, nutrition, sleep and exercise is a very important work around in handling severely mentally ill patients [6].
There is a dire need to build infrastructure with full-fledged specialized services for managing such patients to acknowledge their condition, give them respect and help them lead normal lives to whatever extent possible.
Mental Health whether mild or severe can be equated to any disease one may go through. Keeping a severely mentally ill patient in a comfortable and safe surrounding is an absolute need of the hour.

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