

## **FAMILY AND ILLNESS TOPIC: COMPLIANCE**

It is frustrating when we don't have treatments to offer patients; it can be even more frustrating when we do have treatments but patients do not adhere to them. Poor adherence to treatment may relate to a full range of personal, interpersonal and systemic issues. So, the first step in intervention is to try to understand what factors are important in interfering with compliance in this case. For example:

- financial difficulty
- inability to come to terms with the awfulness of the diagnosis
- poor organisational skills
- extremely demanding regime of treatment

It is useful to check off whether the problem seems primarily to be in the child, the family, the medical system or the broader environment.

Some problems are reversible and need to be addressed directly. Others are irreversible and therefore changes need to be made in other parts of the system eg, a child with intellectual disability needs others to take responsibility for aspects of treatment.

**Is non-adherence a mental health issue?** We think usually not. Of course, anxiety disorders, psychosis etc. will interfere with compliance but these are rare explanations and non-adherence, like grief and adjustment to illness, is generally best managed by those who know the family best rather than by bringing in outside agents (see Bulletin: Harm minimisation in non-compliant adolescents).

However, we are always happy to consult about the possibility of a role for the Department of Psychological Medicine in dealing with issues of non-compliance.