

SUBMITTED VIA EMAIL: medadhere@hhs.gov

May 3, 2012

Surgeon General Vice Admiral Regina M. Benjamin, M.D., M.B.A.
U.S. Department of Health and Human Services
Office of the Surgeon General
200 Independence Avenue, SW, Room 710–H
Washington, DC 20201

Dear Vice Admiral Benjamin,

The National Association of Psychiatric Health Systems (NAPHS) advocates for behavioral health and represents provider systems that are committed to the delivery of responsive, accountable, and clinically effective prevention, treatment, and care for children, adolescents, adults, and older adults with mental and substance use disorders. Our members are behavioral healthcare provider organizations, including more than 700 psychiatric hospitals, addiction treatment facilities, general hospital psychiatric and addiction treatment units, residential treatment centers, youth services organizations, outpatient networks, and other providers of care. Our members deliver all levels of care, including inpatient treatment, residential treatment, partial hospitalization, and outpatient services. We respond to your request for information from the special perspective of professionals in organized treatment settings dealing with individuals with chronic psychiatric conditions.

Psychiatric patients have many challenges related to prescription medication adherence. Many patients have a difficult time understanding the relationship between medication and symptom management. Denial of their illness can be a very real and confounding issue. When patients experience symptom remission, they may stop taking medication. Medications may have side effects that are difficult to manage, including the metabolic syndrome that accompanies some of the newer antipsychotics. Medication can be expensive and patients may not be able to afford them. Community-based care is highly variable and patients may have difficulty finding a practitioner with whom they can continue their care and obtain prescriptions. Longer-acting injectable medication is ever-more widely available, but the field has been slow in adapting this new approach to treatment.

There is a rich literature documenting the issues around medication adherence in psychiatric care. Attached are links¹ to two reviews of the literature that begin to lay out some of the adherence studies relative to the psychiatric field. We strongly recommend that significant attention be paid to the unique issues related to the public health problem of prescription non-adherence among persons with chronic psychiatric conditions. We also want to highlight issues of comorbidity and the importance of psychiatric diagnoses being addressed in patients with chronic physical illness. As an example, the first reference below refers to literature on topics such as the improved status of cardiac patients whose underlying depression is adequately treated.

Thank you for the opportunity to bring these very important issues to your attention.

Sincerely,

/s/

Kathleen McCann, R.N., Ph.D.
Director of Quality and Regulatory Affairs

¹ <http://archinte.ama-assn.org/cgi/content/abstract/165/21/2508>