

Implementation of shared decision making in mental health through the use of a validated questionnaire: My Medicines and Me (M3Q)

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Background First line therapy in moderate to severe mental illness involves the use of psychotropic medications. The potentially debilitating side effects of these medications results in up to 90% of consumers discontinuing treatment. Primary care physicians, who prescribe the majority of psychotropic medications and pharmacists who supply these medications, are in a prime position to improve the quality use of medicines.

Purpose We aimed to implement the validated M3Q into mental health services.

Method The M3Q is a simple validated consumer-held questionnaire that supports shared decision making in the management of psychotropic medications. Following ethics approval, the M3Q was administered to consumers in six adult mental health clinics in metropolitan Perth. The M3Q is a fully validated questionnaire (1,2). 1. Ashoorian D, Davidson R, Rock D, Dragovic M, Clifford R. A clinical communication tool for the assessment of psychotropic medication side effects. *Psychiatry Res* 2015; (230): 643-657. 2. Ashoorian DM, Davidson R, Rock D, Dragovic M, Clifford R. Construction and validation of the my medicines and me questionnaire for assessment of the self-reported side effects of psychotropic medication. *Int J Clinical Psychopharmacol* 2015; 30 (4): 224-229

Findings 205 consumers were recruited. The average completion time for the questionnaire was 15 minutes (SD=6.5). The three most commonly reported side effects were sedation (77%), difficulty waking up (59%) and anxiety (55%). In contrast the three side effects ranked as most bothersome were weight gain (23%) followed by feeling tired during the day (22%) and difficulty falling asleep (14%). The M3Q provided consumers with the opportunity to write about the impact these side effects had on their lives. Over half (53%) of the consumers reported thinking of stopping their medication; of these 64% had actually stopped taking their medication at some point. Side effects were the most common reason given for non-adherence.

Conclusion The M3Q was completed within a reasonable time frame allowing consumers to easily express their subjective experiences with side effects and contrasted the most common side effects with the most bothersome. The next stage of the project is to implement the M3Q into primary care where pharmacists will play a vital role in administering the M3Q in the primary care setting, through community pharmacies.