Treatment Advocacy Center Backgrounder

Why Do Some Individuals with Serious Mental Illness Refuse to Take Medication?

(updated March 2014)

SUMMARY: Compliance with medication is a major problem for individuals with many chronic diseases, including diabetes, hypertension and rheumatoid arthritis. For schizophrenia and bipolar disorder it is also problematic since the relapse rate is so high. Many studies of this problem have identified the following major reasons why some individuals with serious mental illness refuse to take medication:

1. Anosognosia: The person is unaware of their illness and does not think they are sick.
2. Alcohol and/or drug abuse
3. Poor relationships with mental health provider
4. Medication side effects

Studies of individuals with first-episode schizophrenia have reported that 82 percent of them will relapse within 5 years, and that the greatest predictor of relapse is non-compliance with medication.


Most people do not like to take medication. As one man with schizophrenia wrote: “Being medicated involves the admission of needing someone else’s help...It is an admission of some degree of helplessness; an admission that one is not all-powerful, and some may believe it is an admission of weakness.” This man then added: “The only thing worse than taking medication, in my view, is to have an uncontrolled major psychiatric illness that runs its course, and in the process of doing so, destroys the mind and spirit.”


Many studies have been done to identify the reasons why some individuals with schizophrenia and bipolar disorder refuse to take medication. The following four reasons appear to be the most important.

1. Anosognosia: The person is unaware of their illness and does not think they are sick.
A national survey of Americans identified individuals with serious mental illness who were not receiving treatment and asked why not. As expected, the most common answers were “wanted to solve problem on own” and “thought the problem would get better by itself.” The next most common reason was that the person believed that they “did not have a problem requiring treatment.” This unawareness of one’s own illness is called **anosognosia** and, as described elsewhere, is known to be caused by damage to the part of the brain used to think about ourselves. Thus, the unawareness of illness is a direct consequence of the person’s brain dysfunction. The next most commonly cited reasons were “too expensive” and “unsure about where to go for help.”


In a review, 10 of 14 studies that examined lack of awareness of illness and medication nonadherence in schizophrenia reported that the two are strongly associated.


The other four studies were carried out in countries in which there is a very high rate of patient adherence to medications (e.g., Ireland, 80 percent adherence) because most patients still do whatever the doctor tells them to do; this high adherence rate makes it difficult to measure the effects of lack of awareness.


Other studies have also reported a strong association between lack of awareness and medication nonadherence.


For example, a study of 218 outpatients reported that the correlation between awareness of illness and adherence with medication was highly statistically significant (p<0.007).


When impaired awareness of illness is compared with other reasons for medication nonadherence, it is invariably found to be the single most important reason.

This is true for individuals with bipolar disorder as well as for those with schizophrenia.


2. **Alcohol and/or drug abuse**

The second most important reason for medication nonadherence in individuals with serious psychiatric disorders is concurrent substance abuse. This association has been reported in many studies.


In one such study it was found that “substance-abusing patients with schizophrenia were 13 times more likely than non-substance-abusing patients to be noncompliant with antipsychotic medication.”


Among the reasons for this association is the fact that psychiatrists often tell patients to not drink alcohol when on medication (they therefore stop medication so they can drink) and the fact that some medications counteract the effects of the alcohol or drugs (so the person cannot experience their desired high).

3. **Poor relationship with mental health provider.**

Every study that has examined this has found a poor relationship between psychiatric staff and patients to be a factor in patients' nonadherence to medications. It is often referred to as a poor therapeutic alliance. Such relationships include psychiatrists, psychologists, nurses, social workers, and psychiatric aides in both inpatient and outpatient units. It involves things such as taking the time to listen to patients, treating them with respect, explaining things to them, and involving them in treatment decisions insofar as this is feasible.
4. Medication side effects

This is often claimed to be the most important reason individuals with schizophrenia and bipolar disorder fail to take their medications. Studies, however, suggest that it is a less important reason than the three reasons discussed above. In one review, only 1 out of 9 studies found a significant association between side effects and medication adherence in individuals with schizophrenia (Lacro et al., op cit.). Another study concluded that “adverse effects may have less influence on [medication] adherence than is currently presumed” (Day et al., op cit.).

5. Other factors

Other factors known to contribute to medication nonadherence in individuals with schizophrenia and bipolar disorder include cost of medication, lack of improvement in symptoms, confusion, depression, lack of access to medication because of being homeless or in jail, and (for individuals with bipolar disorder) purposeful stopping of medication because they enjoy being manic.