DSH PSYCHOTROPIC MEDICATION Operational Procedures

INTRODUCTION:

Most patients admitted to the California Department of State Hospitals (DSH) for treatment are mentally disordered persons who have failed to respond adequately to community treatment, who have been involuntarily committed by California courts, or who have been transferred for stabilization by the California Department of Corrections and Rehabilitation. The majority of these patients suffer from chronic psychotic illnesses or serious mood disorders; have severe violent, predatory, or suicidal behaviors; or cannot care for their own needs by reason of a mental disease, defect, or disorder. They typically require intensive and extended treatment including, but not limited to, psychopharmacological interventions and supports.

Such severe mental illness carries significant risks of increased morbidity and mortality. While treatment is not without risks as well, the safety record of psychotropic medications is generally favorable and the risks of adverse outcomes with proper use are relatively low or clinically manageable. Although these medications are generally well-tolerated, they may have significant uncomfortable or problematic adverse effects. Therefore, prescribers should utilize all available research, knowledge, and clinical expertise in prescribing such medications. They should weigh each prescription carefully on the basis of expected benefit versus risk (i.e., risks or side effects of the medication versus the risk incurred by not using the contemplated medication).

Moreover, DSH facilities are expected to systematically monitor the use of psychotropic medications to assure reasonable adherence to prescribing policies. For example, drug utilization evaluations (DUEs) shall be performed at a minimum of two per year on a randomly chosen relevant sample of at least 20 cases. If fewer than 20 individuals are taking a chosen medication, then all should be included in the drug utilization evaluation. If 21 to 99 individuals are taking the medication of interest, then the sample should be comprised of as many of the patients as practical with a minimum sample size of 20 patients. If more than 100 individuals are in the population to be sampled, then the sample should be comprised of approximately 20% of the population but should not exceed 100 cases. The purpose of these parameters is to assure that an adequate sample is taken to permit valid statistical analysis. When the population being studied is distributed across treatment units or programs, then the randomly selected sample should be stratified across those same units or programs. DSH facilities also may meet DUE requirements by participating in DSH-wide drug utilization evaluations conducted via the department's Clinical Operations Division.

A DUE report must include an analysis of the data collected, conclusions based on said analysis, and recommendations or plans of correction relevant to the said conclusions. See appendix chapter 45 for further elaboration.

Further, DSH facilities shall use a system of clinical triggers to prompt systematic review of adverse clinical events. Note that clinical triggers and drug utilization evaluations are

separate tools. A DUE is a random-sample survey intended to screen for systematic departures from psychotropic medication prescribing operational procedures, while clinical triggers are an event-driven series of responses which may call for varying levels of evaluation ranging from review by the individual treating clinician to review and consultation by the Therapeutic or Medication Review Committee. [See Chapter 6.] Depending on the nature of the triggering event and its outcome, review by administrative or additional Medical Staff committees or by elements of the Department's Clinical Operations Division may be appropriate. Referral to additional committees, review panels, or consultative services will generally be at the discretion of the treating physician, Facility Medical Director, Chief of Staff, and/or the DSH Medical Director.

For patients with mental disorder(s) housed in DSH facilities, psychopharmacological intervention and support is always part of an overall integrated treatment plan under the direction of a duly privileged attending physician. In addition to medication and other somatic treatment modalities, this plan may include individual and or group psychotherapies, positive support of behavioral change, cognitive rehabilitation and psycho-educational activities, sex offender treatment, and substance use disorder treatment. Therapeutic modalities such as physical and vocational rehabilitation, education, or industrial therapies also are commonly used. Individual progress in these programs, however, is most often dependent upon appropriate medication and supporting improvements in the patient's disturbed perceptions, thinking, emotional processes, judgment, and behavior, as well as fostering their participation and benefit from other treatments. People with a serious mental illness often respond to medications differently than the healthy adult population. Several factors such as variations in age, sex, body weight, ethnicity, and metabolism of drugs, as well as the severity and type of mental disorder, must be considered when individualized treatment plans are designed.

Documentation of the clinical justification for use of psychotropic medication(s) and an ongoing systematic evaluation of effectiveness are imperative. Moreover, the routine use of sign and symptom rating scales in conjunction with an evidence-supported algorithmic approach to treatment is encouraged.

State licensing regulations mandate medication shall never be used with patients who have mental disorder(s) as punishment, for the convenience of staff, to control behavior that is not a symptom of a diagnosable disorder, or as the sole treatment modality. As noted above, medication shall be used in conjunction with a treatment plan developed by the treatment team. Once a patient has been stabilized, every effort should be made to establish the lowest effective doses of psychotropic medications and the fewest number of medications that will maintain the patient's stability.

References:

Rodriguez del Aguila, M. & Gonzalez-Ramirez, A. 2014. Sample size calculation. *Allergol Immunopathol (Madr),* 42**,** 485-92.

The Lancet, P. 2017. The great curve: statistics and psychiatry. *Lancet Psychiatry,* 4**,** 347.