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Patient-Related Factors Associated with Non-Adherence to Psychotropic Medication among Patients with Mental Disorders attending Clinic Follow-Up at Mathari National Hospital, Nairobi City County, Kenya

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Abstract

Non-adherence to psychotropic medication among persons with mental disorders prevents the sick persons from getting the full advantages of medication which affects them and their families negatively besides putting unnecessary pressure on the already overstretched health care system. Recent research findings show that non-adherence is a worldwide phenomenon among mentally sick persons leading to poorer outcomes such as increased hospital admissions, suicides, and deaths. This study aimed to examine patient-related factors associated with non-adherence to psychotropic medication among patients with mental disorders. This research employed a descriptive cross-sectional design. A total of 230 respondents were identified through simple random sampling in that all patients with a history of missing drug therapy as documented in the clinic notes or observed by the referring clinician were included. The correlation analysis results revealed that economic status and family support had a significant negative association with non-adherence to psychotropic medication. Moreover, side effects, beliefs and perceptions, and comorbidity had a significant positive association with non-adherence to psychotropic medication among follow-up patients with psychiatric disorders at Mathari National Teaching and Referral Hospital. Regression results indicated that comorbidity had a significant positive effect on non-adherence; while family support had a significant negative effect on non-adherence to psychotropic medication among follow-up patients with psychiatric disorders at Mathari National Teaching and Referral Hospital. The families of patients with mental disorders should continually support them in their recovery journey and particularly encourage them to keep taking the treatment as instructed.

Keywords: *Patient-Related Factors, Non-Adherence, Psychotropic Medication, Mental Disorders*

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1. Introduction

Although there have been significant strides in the management and treatment of mental illness globally during the recent past, non-adherence remains a disturbing issue in the clinical area and enhanced costs in health care. There exist many determinants related to medication non-adherence in patients with mental disorders. Adherence to a medical regimen is one sure way of effective management of any disease. According to Ghosh *et al.* (2022), drug adherence is defined as following clinician's recommendation on treatment in regard to dose, frequency, and timing. On the other hand, non-adherence refers to failure to follow clinician's recommendation on treatment. Psychotropic medication is a key component among treatment modalities for the management of mental illness. Non-adherence to psychotropic therapy and its management as a whole has a great impact on the disease progression, relapse, imminent recovery, health care cost, and patient outcomes. However, mental patients, given their psycho-social challenges end up knowingly or unknowingly not adhering to the treatment regimen prescribed by a doctor. Non-adherence to medications is a challenge among all patients whether children or adults. However, in chronic illness, for example, psychiatric disorders, the rate is higher than among acute illnesses, and this results in treatment failure (Ghosh *et al.*, 2022).

According to Semahegn *et al.* (2020), non-adherence to psychotropic medication amongst mentally ill persons prevents the sick persons from getting the full advantages of medication which affects them and their families negatively besides putting unnecessary pressure on the already overstretched healthcare system. This is a major contributor to challenges facing the delivery of quality healthcare for patients with psychiatric disorders. Appreciating the challenge posed by non-adherence to psychotropic medication therefore becomes a key solution to the many challenges impacting the healthcare systems in the world Semahegn *et al.*, (2020). Ajibade *et al.,* (2016) say that mental disorder is a public concern affecting so many people globally and the need to care for them has become a very critical issue in the overall management of the patients.WHO estimates that at least half of patients given antipsychotic treatment therapy in developed countries do not adhere to treatment (WHO Europe, 2019).

Research conducted in India by Ghosh *et al.*, (2022) showed poor drug compliance at 0.4% with the majority of patients stopping their medication a year after commencement. In this study, he further explains that non-adherence to psychotropic drugs could be due to drug adverse effects, expensive drugs, lack of education of the patient, or comorbidity. Further studies have revealed that optimizing medical regimens reduces significantly non-adherence albeit the many factors that lead to the patient not adhering to the drug regimen (M *et al.*, 2020). Unique interventions based on modern technologies by psychiatrists can enable patients to improve their drug intake habits thereby addressing the challenge of non-adherence.

Researchers have stated that developing tailor-made interventions can address the perpetual and practical hindrances to adherence problems. Overall, 49% of severely mentally ill patients were reported not to adhere to psychotropic medication with schizophrenia, major depressive illnesses, and bipolar taking 0.56, 0.50, and 0.44 corresponding Semahegn *et al.*, (2018). He continued to state that non-adherence is multifactorial and requires a comprehensive approach

targeting the major non-adherence factors. He therefore calls for a subsequent study to be conducted to come up with concrete evidence on non-adherence and related aspects to come up with suitable solutions for healthier treatment outcomes. There is therefore a need to study this area further and come up with evidence-based study on psychotropic drug non-adherence. This will assist the institution in coming up with better interventions in determining the contributing factors by examining the patient's factors, the health system factors, and the health care factors with a view of achieving expected treatment goals in Mathari Hospital.

1.1 Problem Statement

Non- adherence to psychotropic drugs poses a serious bearing on the management of mental diseases, their relapse, unnecessary change of prescriptions, rate and future recovery process, health care costs, and patients' outcomes (Ghosh *et al.,* 2022). Overall disease burden due to noncompliance contributes to 14% while non-fatal disease burden contributes to 30% of the non-adherence (Semahegn *et al*., 2020). According to Ajibade *et al*, (2016), a mental disorder is a public concern that affects around 450 million worldwide. Patients with mental illness are prone to non-adherence to treatment regimens due to the kind of illness. Non-adherence to the therapy is likely to worsen these disorders by reducing the effectiveness of psychotropic drugs. As a result, the patient will end up with several hospitalizations due to relapsed symptoms, loss of job due to absenteeism reduced patient quality of life, and healthcare resource wastage (Semahegn *et al*., 2020).

Health information to both the client and family members is a key component that promotes adherence to psychotropic drugs WHO Europe, (2019). Studies among the Mathari Hospital records reveal a large number of patients who relapse and return to the hospital for treatment multiple times. For instance, in 2006, the number of re-admissions was 946 (Gathaiya, 2011). According to Gathaiya *et al.* (2018), relapse was observed among 50% to 90% of the patients. For patients with 1-year prevalence of schizophrenia, the relapse rate is 28%, 43% for 1 to 1.5, and 54% for 3 years and above. In 2022, the relapse was at 40% according to Wangari (2022). This high number of re-attendants could be an indication of poor outcomes of mental health care and a negative impact on the patient in terms of hospitalization and cost of mental health care. Although Kenya has acknowledged the existence of the problem, the focus on addressing the problem has put more emphasis on communicable and other medical illnesses compared to mental illness in terms of resource allocation. There is a need therefore to appreciate the prevailing determinants of non-adherence to psychotropic medication by examining the patient factors, and how they determine psychotropic non-adherence among these patients. This study, therefore, sought to identify patient-related factors associated with non-adherence to psychotropic medication among patients with mental disorders attending clinic follow-up at MNTRH.

2. Literature Review

2.1 Theoretical Review

This study is derived from Health Belief Model a theoretical model developed in the 1950s by Abraham and Sheeran (2014) and later supported by studies of Semahegn *et al.,* (2020). The model deals with guidance in health promotion and prevention programs, explains and predicts changes in health behaviours among individual patients Rosenstock, *et al* (1988). This cognitive approach views humans as rational beings with various ways to lessen apparent

threats such as disease symptoms and heighten apparent benefits such as treatment adherence. HBM comprises various components and when these components are brought together, they will affect treatment adherence for diseases like mental illness (Semahegn *et al.,* 2020). If either of the components is interpreted negatively, it will have adverse effects on treatment adherence.

Perceived susceptibility to disease is one of the components and it occurs when an individual is likely to contract a disease and believes are at risk of developing or worsening of a disease, he/she will be compelled to use preventive measures. To an individual with mental illness, due to their mental state, they are compelled not to use their medication to latter. This may result in relapse, rehospitalisation, and poor disease outcome. This can also be attributed to attitude, beliefs, and knowledge about the disease. In mental illness, knowledge about the disease burden and high levels of dependency can influence drug compliance. Perceived seriousness happens when the individual thinks they are less likely to get mental illness and hence they do not use preventive measures and do not engage in ways of preventing vital illness than they would in a less vital illness, a term known as the perceived threat of disease. The outcome of mental illness of not being in touch with reality, stigma, etc. becomes a threat. However, once the patient gains insight, they will be motivated to adhere to medication if they see the threat of relapse, readmission, or even loss of job hence making a health behaviour change.

Medication use behaviour among mentally ill patients can also be associated with adverse side effects of psychotropic drugs like extrapyramidal side effects. For instance, if a patient previously had developed side effects, he may develop a negative attitude toward these drugs hence non-adherence. The Patient-therapist relationship can also play a role in drug non-adherence. The healthcare worker can influence the patient's knowledge of the disease prognosis and use of medication. Inadequate information or lack of knowledge can lead to non-adherence (*M et al.*, 2020). On the other hand, patient involvement in their care and good interpersonal relationship with the therapist influences positive behaviour on medication use.

The perception outlined above affects treatment adherence on diseases like mental illness Semahegn *et al.,* (2020) and if either of them is interpreted negatively, it will have adverse effects on treatment adherence. This is how the theoretical framework connects with the conceptual framework in this study. They are both linked to psychotropic non-compliance among these clients. This theory explains the effect of patient factors on patients nonadherence. The patient factors as explained by this theory include attitude, beliefs, and knowledge. Religious beliefs, knowledge about the drugs' side effects, and attitudes about relatives' support can affect the patient's nonadherence. Hence, the perceived susceptibility explains the patient factors.

2.2 Patients' Factors

One of the main determinants of non-adherence to psychotropic drugs among psychiatric patients is the patient factors. These include the patient's level of education, economic status; the patient's fear of side effects of medication, and the patient's mental status. Other factors are beliefs and perceptions of the patient, the role of caretakers in attending to the patient's needs as well as comorbidity. According to studies by the World Health Organization, the patient's level of education is critical as patients who have some level of education are easier to handle than those who have no education at all (Lei Doul *et al.,* 2020). Some characteristics such as socio-economic and demographic factors of patients with psychiatric disorders have

been linked to non-adherence to medication. Although studies have shown inconsistencies, employment has been cited as the most prevalent influencing factor as it relates to the nature of job done (Semahegn *et al.,* 2020). Other factors cited are level of education and mental status, with participants of lower education levels registering advanced levels of non-adherence to psychiatric treatment than those with reasonable education levels Hibdye *et al.,(*2015) Again non-compliance to this therapy was affiliated with some parameters associated with the patient's demography for instance the patient's age and gender. The older the patient the more likely the patient was to be non-adherence to psychiatric medication. However, in another study by Eticha *et al*., (2015) young aged 34 years and below were also linked to be non-adherent to psychiatric treatment. Again in another study by Lei Doul *et al.,* (2020) the connection amongst non-adherence and gender was not explicit.

According to Eticha *et al.* (2015), a patient's level of education tends to influence the patient's behavior such as the level of acceptance to take and adhere to the treatment regimen provided. More educated patients easily understand and appreciate medications more than ill-educated ones. The fear of medications may delay- in beginning the treatment regimen as well as causing interruptions or non-adherence to medications with its attendant challenges. He continued to state that patients with opulent economic status will afford the cost of medication with ease and may even afford to visit the medical facility on time and thus institute early medication. Poor patients may delay visiting the healthcare facility and begin medication late which may have a major influence on the treatment regimen.

A study done by Lei Doul *et al.,* (2020), associates treatment compliance with the patient's beliefs, perceptions, and mental status in accepting the taking of medications, adhering to the given diet, and or carrying out any lifestyle changes as per the healthcare provider's advice. According to Mukattash, *et al, (*2016), this agreement goes to the spirit of the patient's acceptance, existence, and consistency. By its nature, mental illness involves many years of suffering and thus calls for a rapid way to control it. He added that the treatment regimen aims at reducing the incidence, prevalence and recurrence of mental disorders. It is thus critical that the time taken with the sickness becomes crucial in addressing the disorder including the risks associated with the condition, prevention and or the delay in the recurrences of the condition. This may heighten the impact of the illness on the patient, the family and society in general (Lei Doul *et al.,* 2020).

It must be appreciated that the patient's perceived and real fear of the medication's side effects may have serious repercussions on when and how the patient adheres to the treatment regimen and thus may influence the effectiveness of the treatment. Fear is a very interesting phenomenon. It is a mental development and it easily impacts our ability to make decisions rationally. In many cases fear will impeach our ability and create an unnecessary aura around us that may hinder us from seeing things objectively. Patients with mental disorders are confronted with a double tragedy: to struggle with the symptoms and challenges that come with the disease as well as the stereotyping and prejudices that come along as a result of these misconceptions of the disorder (Ghosh *et al*., 2022). The tragedy is so serious that it manifests itself in five main ways. These manifestations may relate to fears and anxiety for the future, impact caused by psychosomatic feelings, which may add to non-adherence to the medications.

In another research conducted in Ethiopia, lack of a friendly atmosphere to deal with medication complications, permissibility, effectiveness, and health acceptance issues were serious factors that impact on medication adherence (Lei Doul *et al.*, 2020).

The feeling of loneliness among psychiatric patients is heightened by the aspects of stigma which manifest itself in several ways among them, the unfavorable public policies in terms of treatment received, limited access to funds for treatment and lack of social support and insurance, distanced association with the mentally sick persons, feelings of discriminations from several quarters- agencies that offer social services, healthcare providers, and employers, and even at social places, where they felt excluded and devalued members of society (Lei Doul *et al.*, 2020). In qualitative research by Ibrahim *et al.*,(2015) in Nigeria, sentiments were derived that people suffering from schizophrenia together with their relatives felt frequently exposed to stigma in workplaces and the provision of healthcare (Lei Doul *et al.*, 2020). Thus, at an individual level, this makes the patients begin refraining from going to public places including seeking treatment. Such feelings of stigma and hopelessness can fortify the patient's resolve not to adhere to medication. The role of the caregiver is therefore very critical in addressing the adverse effects of this situation Ibrahim *et al*.(2015). The character, attitudes and approaches by the caregiver towards the patient will reduce or increase the stigma and thus affect the level of non-adherence. Psychotropic medications induce a relatively high appetite stimulation that creates increased food demand which results in added expenses for the patient and the family Fred Kleinsinger, (2018). This increases an additional economic burden and contributes to medication non-adherence.

Another critical determinant is comorbidity. In several studies undertaken, adherence to psychotropic drugs was compromised wherever there were co-morbidities of psychiatric disorders and other physical ailments. Among the studies carried out, Chunyu *et al.*, (2020) reported that persons with other ailments together with mental illness are associated with poor adherence to psychotropic therapy. Of these, emotional indisposition, development, and self-regulatory disorders and disorders associated with abuse of alcohol were undesirably related to medication non-adherence. This was also supported by Ibrahim *et al.*, (2015). Further studies linked irritable bowel syndrome co-morbidity which to a large extent was linked to medication non-adherence. Preference for traditional or corresponding medicine among patients was another source of medication non-adherence. Generally, patient factors are critical in realizing treatment associations since they involve all aspects of medication.

3. Methodology

This research employed a descriptive cross-sectional design using a quantitative approach to measure the defined factors related to the problem of study at a given point in time to establish associations within variables displayed. A cross-sectional study was used to raise the determinants of non-adherence at the follow-up clinic. A total of 230 respondents were identified through simple random sampling in that all patients with a history of missing drug therapy as documented in the clinic notes or observed by the referring clinician were included. Self-administered questionnaire tool was used to gather the information from patients. The information gathered was analysed using SPSS Version 25 and the results were presented through frequency tabulation, use of pie charts and graphical use of bar graphs.

4. Results and Discussion

4.1 Patient factors affecting non-adherence to psychotropic medication among follow-up patients with psychiatric disorders at Mathari National Teaching and Referral Hospital

The study sought to establish the patient factors causing non-adherence to psychotropic medication in patients with psychiatric disorders coming for clinic follow-up at Mathari National Teaching and Referral Hospital.

4.1.1 Respondents non-adherence due to Side Effects

This section aimed to establish whether the respondents experienced any forms of side effects that could cause them not to adhere to their medications. The results obtained (Table 4.2) indicated that 86 (37%) did not experience any side effects, 74 (32%) experienced side effects sometimes, 35 (15%) experienced side effects few times, 21 (9%) experienced side effects many times while 14 (6%) experienced side effects every time. These results imply that majority of the respondents (63%) often experienced side effects which could lead them to shun from taking their medications. Some of the side effects of the medications noted by the respondents included feeling drowsy, tired, hallucinations, sleep disturbances, loss of appetite, and dizziness.

Table 1: Non-adherence due to Side Effects

Statement	Frequency	Percentage
No time	86	37%
Few times (once)	35	15%
Sometimes (2-5)	74	32%
Many times (6-10)	21	9%
Every time (always)	14	6%
Total	**230**	**100%**

4.1.2 Non-Adherence due to Religious Beliefs

On non-adherence due to religious beliefs, 140 (61%) of the respondents disagreed, 56 (24%) indicated that religion affected drug adherence sometimes, 22 (10%) stated few times while 12 (5%) indicated many times as per Table 2. Based on these findings, majority of the respondents (61%) perceived religion not to be a barrier to taking medication.

Table 2: Non-Adherence due to Religious Beliefs

Statement	Frequency	Percentage
No time	140	61%
Few times (once)	22	10%
Sometimes (2-5)	56	24%
Many times (6-10)	12	5%
Total	**230**	**100%**

4.1.3 Respondents Drug and Substance Abuse Addiction

The study also aimed at determining whether the respondents partook in any forms of drugs and substances. The results (Table 3) revealed that majority of the respondents 140 (61%) were not habituated to either drugs or alcohol, 55 (24%) were only addicted to alcohol, 22 (10%) were both addicted to drugs and alcohol while only 13 (6%) were only addicted to drugs of addiction.

Table 3: Respondents Drug and Substance Abuse Addiction

Statement	Frequency	Percentage
Addiction to drugs and alcohol	22	10%
Only to drugs of addiction	13	6%
Only to alcohol	55	24%
Am not habituated to either drugs or alcohol	140	61%
Total	**230**	**100%**

4.1.4 Respondents Other Morbidities

On other morbidities the respondents were suffering from, (Table 4) indicated that though majority of the respondents (73%) had no morbidities, 39 (17%) had diabetes, 18 (8%) had hypertension and 5 (2%) were asthmatic.

Table 4: Other Morbidities

Statement	Frequency	Percentage
Diabetes	39	17%
Asthma	5	2%
Hypertension	18	8%
None	168	73%
Total	**230**	**100%**

4.1.5 Parent, Relatives, or Guardian Support

The study also set out to establish whether the respondents received support from their parents or guardians. Based on the results (Table 5), 72 (31%) noted that they received support sometimes, 56 (24%) argued not to receive any form of support, 44 (19%) stated to be supported a few times, 38 (17%) stated to be supported many times while 20 (9%) indicated to be supported every time. This shows that majority of the respondents received some form of support from their parents and guardians.

Table 5: Parent/Guardian Support/Relatives

Statement	Frequency	Percentage
No time	56	24%
Few times (once)	44	19%
Sometimes (2-5)	72	31%
Many times (6-10)	38	17%
Every time (always)	20	9%
Total	**230**	**100%**

4.2 Non-adherence to psychotropic medication among follow-up patients with psychiatric disorders at Mathari National Teaching and Referral Hospital

The study further sought to establish the level of non-adherence to psychotropic medication in patients with psychiatric disorders coming for clinical follow-up at Mathari National Teaching and Referral Hospital.

4.2.1 Frequency of reminders to medication

This section aimed at establishing the frequency to which the respondents were reminded to take medication. The results (Table 6) indicate that only 25 (11%) indicated required no reminder at all whereas, 78 (34%) required reminders many times, 55 (24%) required to be reminded every time, 38 (17%) were reminded few times while 34 (15%) required reminders sometimes. Based on these responses, majority of the respondents could not remember to take medication on their own which would greatly lead to non-adherence.

Table 6: Frequency of reminders of medication

Statement	Frequency	Percentage
No time	25	11%
Few times (once)	38	17%
Sometimes (2-5)	34	15%
Many times (6-10)	78	34%
Every time (always)	55	24%
Total	230	100%

4.2.2 Doses missed

This section set out to inquire about the doses missed by the participants of the study in the past two weeks as a measure of non-adherence. As shown (Table 7) 83 (36%) had missed three doses, 71 (31%) had missed four doses, 48 (21%) had missed two doses, 17 (7%) had missed one dose while 11 (5%) had missed their doses more than five times. This reveals that all the respondents (100%) had missed at least a dose in two weeks which indicates a very high level of non-adherence to drugs.

Table 7: Doses missed

Statement	Frequency	Percentage
One dose	17	7%
Two doses	48	21%
Three doses	83	36%
Four doses	71	31%
More than five doses	11	5%
Total	**230**	**100%**

4.2.3 Frequency of Changing Medication by Self

On whether the respondents changed medications by themselves, 161 (70%) negated, 45 (20%) agreed to change the prescribed medication a few times and 24 (10%) stated sometimes as per Table 8. This implies that most of the respondents did not change the prescribed medications by themselves.

Table 8: Frequency of Changing Medication by Self

Statement	Frequency	Percentage
No time	161	70%
Few times (once)	45	20%
Sometimes (2-5)	24	10%
Total	**230**	**100%**

4.2.4 Reason for Non-Adherence to Medication

On the reasons for non-adherence to medication, as shown by Table 9, 98 (43%) argued to stop medication when they felt better, 61 (27%) noted stopping the medication when they felt sluggish and tired, 50 (22%) when the medications made them sick while 21 (9%) complained medications to be boring.

Table 9: Reason for Non-Adherence to Medication

Statement	Frequency	Percentage
Medications are boring	21	9%
When I feel better	98	43%
Medications make me sick	50	22%
When I feel sluggish and tired	61	27%
Total	**230**	**100%**

4.3 Correlation Analysis

Pearson correlation was used in determination of the association between the research variables. Table 10 shows the results obtained. From the Pearson Coefficient, patient factors including economic status (r=-.341) and family support (r=-.320) have a significant negative association ($p<0.05$) with non-adherence to psychotropic medication. Further, side effects (r=.069), belief and perceptions (r=.224), and comorbidity (r=.112) have a significant positive association ($p<0.05$) with the non-adherence to psychotropic medication among follow-up patients with psychiatric disorders at Mathari National Teaching and Referral Hospital.

Table 10: Correlation Analysis Results for Patient-Related Factors

		Non-Adherence	Economic status	Side effect	Belief and perceptions	Comorbidity	Family support
Non-Adherence	Pearson Correlation	1					
	Sig. (2tailed)						
Economic status	Pearson Correlation	-.341**	1				
	Sig. (2tailed)	.000					
Side effect	Pearson Correlation	.069**	.015	1			
	Sig. (2tailed)	.005	.816				
Belief and perceptions	Pearson Correlation	.224**	1.000**	.015	1		
	Sig. (2tailed)	.000	0.000	.816			
Comorbidity	Pearson Correlation	.112**	.015	1.000**	.015	1	
	Sig. (2tailed)	.000	.816	0.000	.816		
Family support	Pearson Correlation	-.320**	1.000**	.015	1.000**	.015	1
	Sig. (2tailed)	.000	0.000	.816	0.000	.816	
	N	230	230	230	230	230	230

**. Correlation is significant at the 0.05 level (2-tailed).*

***. Correlation is significant at the 0.01 level (2-tailed).*

4.4 Regression Analysis

Regression analysis was used in determination of the relationship between the dependent and independent variables of the study. All the variables had a p-value of less than 5% ($P < 0.05$) meaning that these variables are significant in explaining the variations in adherence to psychotropic medication among follow-up patients with psychiatric disorders at Mathari National Teaching and Referral Hospital.

Table 11: Regression Analysis Results

	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std. Error	Beta		
(Constant)	2.07	0.614		3.374	0.001
Comorbidity	0.141	0.073	0.179	1.922	0.006
Family support	-0.239	0.069	-0.279	-3.488	0.001

4.5 Discussion

The objective of the study was to determine the factors related to patients associated with non-adherence to psychotropic treatment among patients with mental disorders attending clinic follow-up at MNTRH. The study found out that majority of the respondents reported often experiencing side effects that could lead them to shun taking their medications; majority of the respondents perceived religion not to be a barrier towards taking medication; majority of the respondents did not have any form of drug addiction; majority of the respondents had no morbidities and some noted that they received support sometimes from their family and friends.

In addition, the results of the correlation analysis revealed that economic status and family support had a significant negative association with non-adherence to psychotropic medication. Moreover, side effects, beliefs and perceptions, and comorbidity had a significant positive association with the non-adherence to psychotropic medication among follow-up patients with psychiatric disorders at Mathari National Teaching and Referral Hospital.

Regression results indicated that comorbidity had a significant positive effect on non-adherence; while family support had a significant negative effect on non-adherence to psychotropic medication among follow-up patients with psychiatric disorders at Mathari National Teaching and Referral Hospital. The results imply that patients' factors such as family support play a significant role in reducing non-adherence to psychotropic medication.

These results agree with a study by Ghosh et al. (2022) conducted in Nigeria revealed that non-adherence to psychiatric drugs could be caused by drug side effects, pricey drugs, a patient's lack of education, or comorbidity. According to a study by Lei Doui et al. (2020), the patient's views, perceptions, and mental health are related to whether they accept taking their prescriptions, follow the recommended diet, or make any lifestyle adjustments as directed by their healthcare professional. Level of education and mental health have also been linked to patient compliance, with participants with lower education levels reporting higher levels of non-adherence to psychiatric treatment than those with adequate education levels (Hibdye et al., 2015; Eticha et al., 2015). Another study done in Ethiopia found that key barriers to medication adherence included concerns with permissibility, effectiveness, and health acceptance as well as a lack of a supportive environment to deal with pharmaceutical complications. Lei Doul et al. (2020). Additionally, Prah et al. (2017) also observed that people

with mental illness and other medical conditions have lower compliance with psychotropic therapy.

5. Conclusion

The objective of the study was to determine the factors related to patients associated with non-adherence to psychotropic treatment among patients with mental disorders attending clinic follow-up at MNTRH. The study concluded that patient factors, particularly, family support play a significant role in reducing non-adherence to psychotropic medication among patients with mental disorders. This points to the importance of family support in ensuring patients' adherence to the treatment.

6. Recommendations

The families of patients with mental disorders should continually support them in their recovery journey and particularly encourage them to keep taking the treatment as instructed. The MNTRH management should organize workshops and seminars to create awareness among family members and friends on the importance of providing support to patients with mental disorders.

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