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Medication adherence education for a patient with severe depression and psychotic symptoms: A case study

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Abstract

Background: Medication nonadherence remains a problem among patients with mental disorders. According to 2023 data from the Ministry of Health, the rate of medication nonadherence reached 37.2%.

Purpose: To describe changes in medication knowledge and adherence following a seven-day educational intervention in a patient with a mental disorder.

Method: A qualitative descriptive approach using a case study design involving one patient diagnosed with nonadherence at Wisma Srikandi, Grhasia Mental Hospital in Yogyakarta. The nursing diagnosis was based on the Indonesian Nursing Diagnosis Standards (INDS). The intervention consisted of education on the benefits of medication, the "5 Rights of Medication" principles, and the consequences of non-adherence, delivered over 7 days for 15–25 minutes per day through lectures, discussions, and informational leaflets. Data were collected through observation, interviews, and pre- and post-tests.

Results: After the intervention, patient adherence improved, as indicated by an increase in adherence scores from level 1 to level 5, as well as improved knowledge regarding the benefits of medication, the "5 Rights" of medication adherence, and the consequences of non-adherence. The signs and symptoms of the illness remained unchanged.

Conclusion: Education is effective in improving knowledge and medication adherence among patients with mental disorders, thereby supporting the success of therapy and reducing the risk of relapse.

Keywords: Adherence Level; Education; Medication.

INTRODUCTION

Non-adherence to medication remains one of the major challenges in the management of patients with mental disorders. According to the Indonesian Ministry of Health, the prevalence of medication non-adherence among patients with mental disorders reached 37.2% (Ministry of Health of the Republic of Indonesia, 2023). Poor medication adherence increases the risk of relapse and reduces the effectiveness of long-term treatment. Previous studies have shown that medication non-adherence is associated with multiple factors, including concurrent substance use, limited family support, poor insight into illness, low health literacy, financial constraints, and lack of trust in treatment (Zwide, Dewet, & Sokudela, 2025). In addition, the most frequently reported

reasons for discontinuing medication include concerns about medication side effects, financial difficulties, and the belief that prescribed medications provide little or no benefit (Ramamurthy, Jayasree, Solomon, Rudravaram, Menon, & Thilakan, 2023). These findings indicate that medication non-adherence is a multifactorial problem that requires comprehensive interventions, as persistent non-adherence substantially increases the likelihood of relapse and poor clinical outcomes. In Indonesia, the importance of comprehensive mental healthcare is emphasized in Law No. 18 of 2014 on Mental Health, which guarantees every individual the right to integrated, comprehensive, and continuous mental health services through promotive, preventive,

curative, and rehabilitative approaches to improve quality of life.

More than 1 billion people live with mental health disorders, with conditions such as anxiety and depression causing great losses to people and the economy. Data in Indonesia shows that as many as 6.1% of Indonesians aged 15 years and above have mental health disorders (World Health Organization, 2025). In the Special Region of Yogyakarta in 2024, 3,239 people were found with mental disorders (prevalence of 0.78% and 1,285 of them were Severe. One of the causes of mental disorders is non-adherence to taking medication and is an important focus in the treatment process (Cotama, 2025).

Some research has been carried out such as research from the results of this study show that there is an increase in patient adherence to taking medication during treatment in the inpatient room after being given medication practice every time before the patient takes medication for 3 days (Mekuriaw, Abera, Tessema, Agenagnew, Dawud, & Abdisa, 2016). Medication adherence to ODGJ is categorized as compliant if the family support obtained is good (du Plessis, Temane, & Poggenpoel, 2024). Narrative-based psychoeducational interventions can lead to greater improvements in medication adherence and clinical symptoms (Katende-Kyenda, 2025). The difference between this study and the previous study is that this study only had one respondent, and this study focused on patients with adherence by providing interventions with educational therapy: the benefits of drugs, the 5 true principles of medicine, the impact of non-medication adherence (Liu, Zhu, Zhang, Liu, Yang, Chang, & Cai, 2025). This research was carried out for seven days and every day one meeting was held. Previous research was conducted on a larger number of respondents (Chukwujekwu & Adesokun, 2017).

RESEARCH METHOD

A qualitative descriptive approach using a single-patient nursing case study design. The case study was conducted at Wisma Srikandi, Grhasia Mental Hospital, Yogyakarta, Indonesia, from 18 to 29 November 2025. One patient was selected through purposive sampling based on predefined eligibility criteria. The inclusion criteria were a patient diagnosed with a severe depressive episode with

psychotic symptoms who demonstrated medication non-adherence, was clinically stable, able to communicate verbally, capable of participating in educational sessions, and had decision-making capacity as determined by the attending psychiatrist. Patients with severe cognitive impairment, acute psychomotor agitation, hearing impairment that interfered with communication, or those who discontinued treatment during the observation period were excluded from the study. The nursing diagnosis was established using the Indonesian Nursing Diagnosis Standards (INDS). Nursing outcomes were evaluated according to the Indonesian Nursing Outcomes Standards (INOS), while nursing interventions were implemented based on the Indonesian Nursing Intervention Standards (INIS), specifically the Medication Adherence Support intervention (Code: I.12361). Medication adherence was assessed using the SLKI outcome indicators, which consist of five achievement levels ranging from 1 (severely impaired) to 5 (consistently achieved). Outcome scores were determined through direct observation and structured clinical assessments conducted collaboratively by the researcher and the assigned psychiatric nurse throughout the intervention period.

The patient continued to receive routine psychiatric care prescribed by the attending psychiatrist, including pharmacological treatment and standard inpatient psychiatric nursing care. The educational intervention was implemented as an adjunct to routine treatment and was not intended to replace pharmacological management. Individualized medication education was provided once daily for seven consecutive days, with each session lasting approximately 15–25 minutes. The educational content included the benefits of medication adherence, the five principles of correct medication administration, the consequences of medication non-adherence, and practical strategies to improve adherence. Education was delivered through face-to-face discussions supported by illustrated educational leaflets, enabling the patient to review the information independently between sessions. Repeated educational sessions were intended to reinforce knowledge, improve information retention, and facilitate continuous monitoring of medication adherence behaviours during hospitalization. Data

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were collected through comprehensive psychiatric nursing assessments, structured interviews, direct observation, and daily documentation of nursing outcomes. Baseline medication adherence status and patient knowledge were assessed before the educational intervention, followed by daily clinical observations throughout the seven-day intervention period and a final evaluation on the seventh day. Changes in medication adherence, knowledge, and adherence-related behaviours were analysed descriptively by comparing baseline findings with the final evaluation and documenting the patient's clinical progress over time.

This study received ethical approval from the Health Research Ethics Committee of Universitas Aisyiyah Yogyakarta (Approval No. 18/EC-KEPKRSJG/II/2026). Written informed consent was obtained after the attending psychiatrist confirmed that the patient's mental condition permitted meaningful participation and decision-making. If the patient's decision-making capacity was considered limited, additional written informed consent was obtained from the patient's legal guardian. Throughout the study, participant confidentiality, anonymity, and privacy were strictly maintained in accordance with internationally accepted ethical principles for human research.

RESEARCH RESULTS

Table 1. Patient Characteristics

Variable	Description
Participant	Patient A*
Age	50 years
Gender	Female
Occupation	Entrepreneur
Education	Senior High School
Medical diagnosis	Severe depressive episode with psychotic symptoms
Nursing diagnosis	Medication non-adherence

*Patient identity was anonymized to protect confidentiality.

Table 2. Clinical Progress During the Seven-Day Medication Education

Observation	Baseline (Day 1)	Final Evaluation (Day 7)
Expressed willingness to follow the treatment program	No	Yes
Expressed willingness to follow medication recommendations	No	Yes
Demonstrated medication-taking behavior according to recommendations	No	Yes
Demonstrated adherence to the treatment program	No	Yes
Risk of complications related to medication non-adherence	Present	Reduced*
Depressive symptoms (sleep disturbance)	Present	Present

Table 2 summarizes the patient's clinical progress during the seven-day medication education program. At baseline, the patient did not express willingness to follow the prescribed treatment plan, did not verbalize understanding of medication recommendations, and had not demonstrated medication-taking behaviors consistent with the treatment program. The nursing assessment also identified a risk of complications associated with previous medication non-adherence. Following seven consecutive days of education, the patient demonstrated improved

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willingness to participate in treatment, verbalized understanding of medication recommendations, and consistently exhibited medication adherence behaviors during hospitalization. However, depressive symptoms, particularly sleep disturbance, remained unchanged throughout the observation period.

Table 3. Changes in Medication Adherence Knowledge

Knowledge Indicator	Baseline (Day 1)	Final Evaluation (Day 7)
Explains the benefits of medication adherence	Unable	Able independently
Explains the five principles of correct medication administration	Unable	Able independently
Explains the consequences of medication non-adherence	Unable	Able independently

As shown in Table 3, the patient demonstrated limited knowledge regarding medication adherence at baseline. The patient was initially unable to explain the benefits of medication adherence, the five principles of correct medication administration, or the consequences of medication non-adherence. By the final evaluation on Day 7, the patient was able to explain all three topics independently following repeated educational sessions and reinforcement using leaflet-based learning materials.

DISCUSSION

The results of signs and symptoms showed that on the first and second days the patients had not shown verbalization of willingness to follow the treatment or treatment program, verbalization of following the recommendations, the behavior of following the treatment/treatment program, and the behavior of carrying out the recommendations. In addition, patients still have a risk of complications or recurrence due to a history of drug withdrawal that has been experienced. This condition shows that the patient is not aware of the importance of carrying out treatment regularly. These findings are supported by results before education was given that showed low patient medication adherence rates. The verbalization of willingness to fulfill the treatment or treatment program and the verbalization of following the recommendations are on a scale of 1 (decreasing), while the behavior of following the treatment/treatment program and the behavior of carrying out the recommendations are on a scale of 1 (deteriorating). These results show that patients do not have enough motivation and awareness to carry out therapy as recommended (Barnett, Kusunzi, Magola, Borba, Udedi,

Kulisewa, & Hosseinipour, 2020).

In terms of the ability to increase knowledge, it shows that on the first and second days patients have not been able to explain the benefits of medication adherence, have not been able to mention the principle of 5 true medications, and have not been able to explain the impact of non-adherence to taking medication. This low knowledge is one of the factors that cause patients to stop treatment when they feel that their condition is improving. Lack of understanding of the benefits of therapy and the risk of discontinuation can affect patients' behavior in carrying out long-term treatment (Al Maqbali, Almashrafi, Alrisi, Albreiki, Asiri, & Aljaradi, 2022).

Non-medication adherence is influenced by various factors, one of which is the lack of knowledge about treatment (Peh, Kwan, Goh, Ramchandani, Phang, Lim, & Thumboo, 2021). Depressed patients who feel they have recovered tend to be more at risk of stopping treatment than patients who understand the importance of ongoing therapy (Halkjaer-Lassen, Gonçalves, Gherman, Coutinho, Nardi, Peres, & Appolinario, 2025). After being educated about the benefits of medicine, the 5 principles of true medicine, and the impact of non-medication adherence for seven days, there was an increase in the patient's knowledge and adherence to the treatment program. Based on the results of signs and symptoms, starting from the third day, patients show a willingness to follow a treatment program, follow the recommendations of health professionals, and carry out behaviors that support medication adherence. The risk of complications or recurrences previously found on the first and

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second days also no longer appears from the third to the seventh day. This shows that patients are beginning to understand the importance of taking medication regularly.

The increase in medication adherence was also seen in the results after being educated, all medication adherence indicators increased to a scale of 5, both in the verbalization of willingness to follow the treatment or treatment program, the verbalization of following the recommendations, the behavior of following the treatment/treatment program, and the behavior of carrying out the recommendations. These results show that the education provided is able to increase patient awareness to carry out therapy as recommended by health professionals and prevent recurrence due to drug withdrawal. Improvements are also seen in the patient knowledge aspect. On the third day, the patient begins to be able to explain the benefits of adherence to taking medication. Furthermore, on the fourth to seventh day, the patient was able to explain the benefits of medication adherence, mention the 5 correct principles of medication, and explain the impact of non-medication adherence with taking medication independently. These results suggest that education provided on a regular basis can help patients understand treatment goals and the importance of maintaining medication adherence (Niyokwizera, Nitunga, Muhumuza, Niyubahwe, Abamara, & Kirabira, 2024).

Despite the increase in knowledge and medication adherence, the signs and symptoms of the disease have not shown any change. The patient still experienced sleep disturbances from the first day to the seventh day. This can also be seen in Table 3, where the indicators of signs and symptoms of the disease remain on a scale of 2 (quite worse) in both the pre-test and post-test. Education provided gradually can improve patients' understanding of treatment so that it has an impact on improving adherence (Shoji, Maeda, Watanabe, Tanuma, Fujiwara, Iwanaga, & Onda, 2023). Interventions that focus on improving treatment fulfillment in depressed patients are able to improve adherence to therapy (Gonzalez de Leon, del Pino-Sedeno, Serrano-Perez, Rodriguez Alvarez, Bejarano-Quisoboni, & Trujillo-Martin, 2022). Education about treatment, including

therapeutic and side effect management, can help patients maintain adherence to antidepressants (Niarchou, Roberts, & Naughton, 2024). Education and counseling provided by health workers contribute significantly to improving treatment fulfillment in depressive patients (Khanal, Selvamani, & Sapkota, 2025).

CONCLUSION

Before being educated, patients showed non-medication adherence which was characterized by low willingness to follow treatment, not carrying out recommendations, and the risk of recurrence due to drug withdrawal. After being given 7 days of education, there was an increase in patient medication adherence and knowledge with an increase in medication adherence scores from a scale of 1 to 5. However, the signs and symptoms of the disease have not changed because the patient still has sleep disorders. Medication education has been shown to be effective in improving patient adherence and understanding of treatment.

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