**Non-compliance or lack of accessibility? A social perspective for treatment non-adherence in mental health care**

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Abstract

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**Background:** Treatment non-adherence in mental health care has a significant medical, economical, and social impact and has been at the center of professional and public discourse in recent years. In view of the dimensions of the phenomenon and its grave implications for people coping with mental illnesses, their families, and care systems, the question arises: Who is chiefly responsible for treatment non-adherence? The prevalent perspective in health care is that responsibility for treatment non-compliance, similarly to other fields of medicine, lies primarily with the individual with mental illness and his or her family.

**Aims:** To present an alternative perspective that highlights the societal-systemic responsibility for treatment non-adherence and the need to improve the accessibility of information and services to people coping with mental illnesses in their natural settings.

**Main findings:** The proposed social perspective is based on the unique characteristics of treatment non-adherence in mental health care and on accumulated empirical evidence that treatment non-adherence is found mainly in disadvantaged societal groups that suffer both from high rates of mental illness and from higher barriers to treatment.

**Conclusions and implication for practice and policy:** The use of outreach interventions/programs/services can improve accessibility and treatment adherence in mental health care, but in Israel today, this care is provided chiefly by costly private services. This contributes to increasing health inequalities between advantaged and disadvantaged groups in society. The article presents recommendations for changing the existing policy and incorporating outreach interventions in public mental health care/services.

**Key words:** treatment non-adherence, mental health, mental illness, accessibility, outreach, inequalities