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Executive Summary: Clinical Practice Guideline Improving Medication Adherence for Adult Patients With Mental Illness

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Walden University

College of Nursing

This is to certify that the doctoral study by

Regina Bryant Norville

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee

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Walden University
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Executive Summary: Clinical Practice Guideline
Improving Medication Adherence for Adult Patients With Mental Illness

by

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MS, Walden University, 2020

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Summary

The doctoral project involved the development of a clinical practice guideline (CPG) addressing medication nonadherence among adults with mental illness receiving outpatient behavioral health care. Medication nonadherence represents a critical practice problem associated with psychiatric relapses, emergency department utilization, preventable hospitalizations, increased healthcare costs, and diminished quality of life (Aremu et al., 2022; Religioni et al., 2025).

The practice-focused question guiding the project addressed whether *the development of a standardized clinical practice guideline to support medication adherence in adults with mental illness receiving outpatient care, would be approved for use by the expert panel*. The project's purpose centered on addressing variability in adherence support practices through the development of an evidence-based guideline and the evaluation of expert panel approval as an immediate outcome, indicating feasibility and clarity for future implementation (Dang et al., 2021).

Evidence was obtained through literature searches in CINAHL, PubMed, and ScienceDirect and synthesized from peer-reviewed studies on medication adherence determinants, nurse-led interventions, family involvement, and guideline use. Evidence strength ranged from moderate to high. Expert panel review using the Appraisal of Guidelines for Research and Evaluation II (AGREE II) demonstrated 99.4% approval of the clinical practice guideline with recommendations for implementation. Once implemented, the guideline has the potential to positively impact social change, diversity, equity, and inclusion (Aremu et al., 2022; AGREE Next Steps Consortium, 2017; Religioni et al., 2025).

Background

Medication nonadherence among adults with mental illness remains a persistent gap in outpatient behavioral health care. Research consistently associates nonadherence with symptom exacerbation, psychiatric relapse, emergency department utilization, preventable hospitalizations, increased healthcare expenditures, and reduced quality of life (Aremu et al., 2022; Religioni et al., 2025). Individuals diagnosed with schizophrenia, bipolar disorder, and major depressive disorder experience elevated rates of medication discontinuation influenced by adverse effects, limited insight, psychosocial barriers, and inconsistent therapeutic engagement (Cahaya et al., 2022; Deng et al., 2022; Issac et al., 2025). Variability in adherence support across providers contributes to inconsistent outcomes, underscoring the need for standardized guidance (Bekker et al., 2022).

The project question emphasized the development of a CPG and expert panel approval with the recommendation for implementation as an immediate outcome. The development of the clinical practice guideline addressed practice variation by providing nurses and interdisciplinary providers with structured, evidence-based recommendations. Evidence supporting the practice gap includes systematic reviews and empirical studies demonstrating improved adherence and clinical outcomes following nurse-led interventions, family psychoeducation, and multidisciplinary collaboration (Berardinelli et al., 2024; Iuso et al., 2023). Research examining the use of guidelines in medication-taking behavior supports the standardization of guidelines as a mechanism for improving consistency across clinical settings (Bekker et al., 2022). Validated adherence measurement tools further support evaluation strategies associated with guideline

development and future implementation (Chan et al., 2020). Collectively, the evidence supports the development of clinical practice guidelines as a necessary quality improvement strategy in outpatient psychiatric nursing practice (Dang et al., 2021).

Clinical Practice Guideline Development

Development of the clinical practice guideline located in Appendix A focused on evidence-based strategies to support medication adherence among adults with mental illness receiving outpatient care. Evidence demonstrated the effectiveness of nurse-led interventions, structured patient education, family involvement, and collaborative care approaches in improving adherence and reducing psychiatric instability (Berardinelli et al., 2024; Cahaya et al., 2022; Iuso et al., 2023). Consideration of patient, provider, and system-level factors informed the guideline content and the proposed recommendations (Deng et al., 2022; Issac et al., 2025). The Appraisal of Guidelines for Research and Evaluation II (AGREE II) instrument guided the evaluation of the quality of the clinical practice guideline. The AGREE II instrument contains 23 items distributed across six domains. Domain 1, Scope and Purpose, comprises three items that address the guideline's objectives, clinical focus, and intended population. Domain 2, Stakeholder Involvement, comprises three items that evaluate the representation of relevant professional groups, the incorporation of patient perspectives, and the identification of intended users. Domain 3, Rigor of Development, comprises eight items that assess evidence search methods, evidence selection criteria, the strength and limitations of evidence, the formulation of recommendations, consideration of benefits and risks, the linkage between evidence and recommendations, external review, and procedures for guideline updates. Domain 4, Clarity of Presentation, comprises three items that evaluate

the specificity, clarity, and identifiability of key recommendations. Domain 5, Applicability, comprises four items that assess facilitators, barriers, implementation tools, resource implications, and monitoring criteria. Domain 6, Editorial Independence, comprises two items that assess the influence of funding sources and the management of competing interests (AGREE Next Steps Consortium, 2017).

An expert panel composed of three nurse practitioners with psychiatric experience was selected to review the guideline using the AGREE II Guideline Assessment Tool. Panel membership included organizational leadership and clinicians with direct patient care responsibilities. Selection criteria focused on advanced psychiatric expertise, familiarity with outpatient workflows, and experience with evidence-based practice initiatives. Representation from leadership and frontline clinical roles supported appraisal of feasibility, clarity, and relevance (Bekker et al., 2022). Implications support improved consistency in nursing practice and advancement of equitable psychiatric care delivery across diverse outpatient populations (Khan et al., 2024; Laranjeira et al., 2023). The completed GPG is presented in Appendix A.

Results

The expert review resulted in the approval of the clinical practice guideline for organizational use (Dang et al., 2021). Approval reflected confidence in guideline clarity, alignment with current evidence, and applicability to outpatient psychiatric nursing practice. Structured expert feedback supported readiness for subsequent implementation and outcome evaluation phases (Dang et al., 2021). Standardized guidance addressing medication adherence strengthens nursing practice consistency and promotes equitable

access to evidence-based psychiatric care for adults with mental illness (Khan et al., 2024; Laranjeira et al., 2023).

The expert panel members assessed the CPG using the AGREE II appraisal instrument instructions, which is reflected in Appendix B. The CPG assessment was collected from the Expert panelists, and the results were analyzed using a 7-point Likert scale, ranging from 1 (strongly disagree) to 7 (strongly agree). The panelists independently completed the AGREE II appraisal instrument located in Appendix C. Domain scores were calculated using standardized AGREE II methodology and converted to percentages to allow comparison across domains. (AGREE Next Steps Consortium, 2017).

Analysis of expert panel ratings demonstrated strong agreement across all six AGREE II domains. Standardized scores reached 100 percent for Scope and Purpose and Clarity of Presentation. Stakeholder Involvement, Rigor of Development, Applicability, and Editorial Independence each exceeded 97 percent. All domain scores surpassed the predetermined quality threshold, supporting strong methodological quality and implementation readiness. Each expert rated the overall guideline quality as the highest possible level and recommended its use in clinical practice (AGREE Next Steps Consortium, 2017). Item scores were aggregated within each domain and standardized according to the AGREE II methodology to generate domain-level percentages (AGREE Next Steps Consortium, 2017). Domain 1, Scope and Purpose, achieved a standardized score of 100%. Domain 2, Stakeholder Involvement, achieved a score of 99.4%. Domain 3, Rigor of Development, achieved a score of 99.3%. Domain 4, Clarity of Presentation, achieved a perfect score of 100%. Domain 5, Applicability, achieved a score of 99.1%.

Domain 6, Editorial Independence, achieved a score of 98.6%. The clinical practice guideline aimed to achieve expert panel approval of 90% or greater, a benchmark that was exceeded across all six evaluation domains. Mean overall quality ratings reflected the highest possible level of methodological quality, with unanimous recommendation for clinical use by expert reviewers (AGREE Next Steps Consortium, 2017). Domain-specific results are presented in Table 1.

Table 1

Expert Panel AGREE II Scores

Expert	Domain 1 Scope & Purpose	Domain 2 Stakeholder Involvement	Domain 3 Rigor of Development	Domain 4 Clarity of Presentation	Domain 5 Applicability	Domain 6 Editorial Independence
Expert 1	100%	100%	100%	100%	100%	100%
Expert 2	100%	100%	100%	100%	100%	95.8%
Expert 3	100%	98.1%	97.9%	100%	97.2%	100%
Average	100%	99.4%	99.3%	100%	99.1%	98.6%

Retrieved from <http://www.agreetrust.org>.

Narrative feedback from expert reviewers aligned with quantitative findings. Scope and purpose were described as clearly articulated and clinically relevant to medication adherence management (Bekker et al., 2022). Stakeholder involvement reflected participation from experienced clinicians with practice-based expertise in mental health and chronic disease management (Dehbozorgi et al., 2025). Methodological rigor was supported through systematic evidence appraisal and synthesis of peer-reviewed literature addressing medication adherence behaviors, barriers, and facilitators across diverse populations (Aremu et al., 2022; Deng et al., 2022; Issac et al., 2025). Evidence-based development processes were consistent with established guideline

standards and best practices for clinical decision-making (Dang et al., 2021; Bekker et al., 2022).

Clarity of presentation supported usability and clinical integration. Expert reviewers identified clear recommendation structure, logical organization, and accessible language as strengths that promoted ease of application in practice. Applicability scores reflected inclusion of implementation strategies, monitoring considerations, and tools designed to support provider adherence to guideline recommendations. Emphasis on nurse-led and interdisciplinary approaches aligned with current evidence demonstrating improved adherence outcomes through structured provider engagement and patient-centered interventions (Berardinelli et al., 2024; Cahaya et al., 2022; Iuso et al., 2023).

All expert panel members rated the guideline quality as the highest level and recommended its immediate use in practice. Reviewers reported early integration of the guideline into clinical workflows and dissemination among professional colleagues. The clinical practice guideline's practical utility was highlighted by the incorporation of adherence assessment strategies and behavioral frameworks, which have displayed support for treatment engagement and sustained medication use (Chan et al., 2020; Khan et al., 2024). Alignment with family-centered and collaborative care principles further supported relevance for mental health populations and chronic illness management (Dehbozorgi et al., 2025).

Organizational Impact

Organizational impact includes improved access to a practitioner-ready clinical practice guideline designed to promote consistent, evidence-based approaches to medication adherence (Bekker et al., 2022). Adoption of structured adherence guidance

has the potential to enhance patient outcomes, reduce preventable disease complications, and lower healthcare utilization and costs (Religioni et al., 2025). Evidence consistently demonstrates associations between improved adherence and enhanced quality of life, particularly among individuals with severe and persistent mental disorders (Laranjeira et al., 2023).

Limitations

Limitations included expert participation from a limited number of clinical settings and reliance on a defined expert panel, which may have been biased, and which may affect the generalizability of the findings across diverse practice environments (Dang et al., 2021). Broader representation across primary care, behavioral health, and pharmacy settings may strengthen applicability and external validity. Future guideline evaluations may benefit from expanded interprofessional engagement and larger implementation samples to further assess clinical effectiveness, sustainability, and scalability of medication adherence interventions (Bekker et al., 2022; Berardinelli et al., 2024; Dehbozorgi et al., 2025). Although framework development relied on peer-reviewed literature and established evidence-based models, variation in clinical resources, provider training, and patient populations may limit transferability across all practice contexts (Aremu et al., 2022; Deng et al., 2022; Issac et al., 2025). Methodological quality, clinical relevance, and implementation readiness of the guideline are supported and are aligned with contemporary medication adherence evidence, which underscores the value for improving patient engagement, clinical outcomes, and system-level efficiency across healthcare settings (Aremu et al., 2022; Bekker et al., 2022; Berardinelli et al., 2024; Religioni et al., 2025).

Conclusions

Development and expert panel approval of the clinical practice guideline produced meaningful organizational impact by establishing standardized, evidence-based guidance to address medication nonadherence among adults with mental illness receiving outpatient care. Approval supported organizational readiness for quality improvement and strengthened consistency in nursing and interdisciplinary adherence practices (Aremu et al., 2022). Standardization promotes safer care delivery, reduces practice variability, and supports alignment with current evidence addressing medication-taking behaviors in psychiatric populations (Aremu et al., 2022; Bekker et al., 2022).

Further Recommendations

Further recommendations include phased implementation of the guideline, incorporation of adherence documentation into electronic health records, and targeted staff education to support sustained practice change (Berardinelli et al., 2024). Ongoing evaluation of adherence processes and patient outcomes may inform future guideline refinement and expansion to additional behavioral health settings. The integration of family involvement and nurse-led interventions remains a priority, given their demonstrated effectiveness in improving adherence and engagement (Berardinelli et al., 2024; Iuso et al., 2023).

Implications for Nursing Practice

Implications for nursing practice include enhanced clinical decision-making, improved patient education strategies, and strengthened nurse leadership in medication management and quality improvement initiatives. Standardized adherence guidance supports equitable care delivery by promoting consistent access to evidence-based

interventions for diverse populations affected by mental illness (Khan et al., 2024; Laranjeira et al., 2023). Broader implications for positive social change include reduced psychiatric crises, improved quality of life, and decreased healthcare disparities among vulnerable populations experiencing mental health conditions (Religioni et al., 2025) that also support diversity, equity, and inclusion.

Evaluation relied on expert panel review and approval of the clinical practice guideline as the immediate outcome measure. Structured feedback and consensus supported assessment of feasibility, clarity, and applicability within outpatient behavioral health workflows (Dehbozorgi et al., 2025). Expert approval provided validation of guideline quality and readiness for implementation, establishing a foundation for future outcome evaluation related to medication adherence and psychiatric stability (Chan et al., 2020; Deng et al., 2022).

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Appendix A: Clinical Practice Guideline

PART I – Screening / Assessment	Recommendation / Limitation	Level of Evidence / Quality	Comments	Source of Evidence
1. Assess patient-specific barriers to medication adherence (e.g., cognitive, socioeconomic, side effects)	Recommended: Strong, compelling evidence	Level V Level V Level III Level I	Identifying barriers early supports tailored interventions and improves adherence	Aremu et al., 2022; Bekker et al., 2022; Deng et al., 2022; Issac et al., 2025
2. Evaluate patient knowledge and beliefs regarding medications	Recommended: Strong, consistent evidence	Level I Level III	Correcting misconceptions improves adherence	Cahaya et al., 2022; Laranjeira et al., 2023
3. Implement collaborative care planning with patients	Recommended: Strong, robust evidence	Level III Level II	Engaging patients in decision-making enhances adherence and therapeutic alliance.	Dehbozorgi et al., 2025. Iuso et al., 2023
PART II – Treatment / Medication Management	Recommendation / Limitation	Level of Evidence / Quality	Comments	Source of Evidence
1. Provide structured psychoeducation regarding medications	Recommended: Robust evidence	Level V Level I	Educating patients about mechanisms, side effects, and adherence timelines improves compliance.	Aremu et al., 2022; Cahaya et al., 2022
2. Monitor adherence using validated tools (e.g., MARS, MMAS)	Recommended: Strong evidence	Level IV Level III	Objective monitoring allows timely interventions	Chan et al., 2020; Khan et al., 2024
3. Tailor medication regimens to individual needs	Recommended: Strong evidence	Level 1 Level III	Simplifying dosing schedules and personalizing treatment increases adherence.	Berardinelli et al., 2024; Laranjeira et al., 2023

PART III – Follow-Up and Maintenance	Recommendation / Limitation	Level of Evidence / Quality	Comments	Source of Evidence
1. Conduct regular follow-up visits with adherence assessment	Recommended: Strong evidence	Level V Level III	Frequent monitoring reinforces adherence behavior	Religioni et al., 2025; Issac et al., 2025
2. Incorporate family or caregiver support when appropriate	Recommended: Strong, robust evidence	Level II Level V	Family engagement improves adherence in patients with severe mental disorders.	Iuso et al., 2023; Cahaya et al., 2022
3. Use technology-supported reminders (apps, text)	Recommended: Moderate evidence	Level V Level III	Digital interventions can improve adherence, but may require training	Bekker et al., 2022; Dehbozorgi et al., 2025

Appendix B: AGREE II Appraisal Instrument Instructions

My name is Regina Norville, and I am completing my Doctor of Nursing Practice (DNP) degree at Walden University. As part of my Doctor of Nursing Practice project, I have developed a clinical practice guideline (CPG) proposing strategies to improve medication adherence in adults with mental illness receiving outpatient care. Your expertise is requested to evaluate this proposed guideline using the AGREE II Tool, which assesses the methodological quality and applicability of clinical practice guidelines. The purpose of the AGREE II Score Sheet is to provide a framework to developers who are seeking to propose a clinical practice guideline, as well as a tool to assess the quality of the proposed guideline. The AGREE Instrument was first developed in 2003. Currently, it is available in many languages, is often cited in publications, and is endorsed by numerous health care organizations. (<http://www.agreetrust.org>)

The AGREE II Scoring worksheet with scoring ranging from strongly disagree (1) to strongly agree (7), which reflects limited to no relevant information provided to strong, relevant information provided, respectively. The scoring worksheet is attached. Your expertise and feedback are critical to validating this guideline's structure, clarity, and potential clinical utility. Please review the attached CPG and return the completed AGREE II scoring review to me by December 16, 2025. If you have any questions, please contact me at Regina.Bryant@waldenu.edu. Thank you for supporting me in this academic and professional journey.

Appendix C: AGREE II Appraisal Instrument

Domain	Item	AGREE II Score Sheet						
		1 <i>Strongly Disagree</i>	2	3	4	5	6	7 <i>Strongly Agree</i>
Scope and purpose	1. The overall objective(s) of the guideline are specifically described.							
	2. The health question(s) covered by the guideline are specifically described.							
	3. The population (patients, public, etc.) to whom the guideline is meant to apply is specifically described.							
Stakeholder involvement	4. The guideline development group includes individuals from all the relevant professional groups.							
	5. The views and preferences of the target population (patients, public, etc.) have been sought.							
	6. The target users of the guideline are clearly defined.							

Rigor of development	7. Systematic methods were used to search for evidence.							
	8. The criteria for selecting the evidence are clearly described.							
	9. The strengths and limitations of the body of evidence are clearly described.							
	10. The methods for formulating the recommendations are clearly described.							
	11. The health benefits, side effects, and risks have been considered in formulating the recommendations.							
	12. There is an explicit link between the recommendations and the supporting evidence.							
	13. Experts externally reviewed the guideline prior to its publication.							
	14. A procedure for updating the guideline is provided.							
Clarity of presentation	15. The recommendations are specific and unambiguous.							

	16. The different options for management of the condition or health issue are clearly presented.							
	17. Key recommendations are easily identifiable.							
Applicability	18. The guideline describes facilitators and barriers to its application.							
	19. The guideline provides advice and/or tools on how the recommendations can be put into practice.							
	20. The potential resource implications of applying the recommendations have been considered.							
	21. The guideline presents monitoring and/ or auditing criteria.							
Editorial independence	22. The views of the funding body have not influenced the guideline's content.							
	23. Competing interests of guideline development group members have been recorded and addressed.							

Overall Guideline Assessment	1. Rate the overall quality of this guideline.	1 <i>Lowest possible quality</i>	2	3	4	5	6	7 <i>Highest possible quality</i>
Overall Guideline Assessment	2. I would recommend this guideline for use.	<i>Yes</i>	<i>Yes, with modifications</i>					<i>No</i>