



Mental health care project

A framework for pharmacists as partners in mental health care

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Mental health care project

This mental health care framework for pharmacists has been developed as part of the Pharmaceutical Society of Australia's Mental Health Care Project. This is a PSA-supported initiative with no external funding.

The Framework project was led by the PSA in partnership with mental health consumers and carers, care coordinators, mental health policy and practice experts and nominees of the following organisations: Australian College of Mental Health Nurses, Australian General Practice Network, Australian Psychological Society, Mental Health Council of Australia, Pharmaceutical Society of Australia, Pharmacy Board of Australia, Royal Australian and New Zealand College of Psychiatrists, The Society of Hospital Pharmacists of Australia, and The Pharmacy Guild of Australia.

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Executive summary

In response to opportunities arising from the Australian Government's mental health reform agenda, the Pharmaceutical Society of Australia (PSA) has developed *A framework for pharmacists as partners in mental health care* (the 'Framework') in partnership with mental health consumers and carers, care coordinators, mental health policy and practice experts, pharmacists, general practitioners, psychiatrists, psychologists and mental health nurses.

This Framework:

- articulates the expertise of pharmacists and the roles they do and can fulfil as partners in mental health care; and
- is intended to be used as the basis for exploring future pharmacist roles as partners in mental health care to enhance mental health care service delivery to Australian consumers and carers.

This Framework will be used to engage with a variety of audiences including consumers, carers, mental health care organisations and health care practitioners to promote the role of the pharmacist as a partner in the delivery of mental health care.

While pharmacists recognise that medicines are not necessarily the primary or sole treatment option for mental illnesses, the 31.1 million mental health-related prescriptions in Australia in 2010-11 reflect that they are a significant modality of treatment. Of these, 86% of medicines were prescribed by general practitioners. These figures emphasise the need and opportunity for pharmacist involvement in mental health care. It is in this context that the Framework focuses on

how pharmacists' skills and experience within their scope of safe and appropriate use of medicines can be applied to improve quality use of medicines for consumers with a mental illness.

Pharmacists have a strong primary health care role and, due to their accessibility, are often the first health professional contacted by a consumer with a health concern. Pharmacists are frequently consulted for advice on psychotropic medications and their accessibility and frequent contact with mental health consumers and carers means they are ideally placed to play a greater role in the management of mental illness or conditions.¹⁻³ Psychotropic medicines are frequently implicated as a cause of adverse drug events or drug-related problems and there is evidence of the benefits of pharmacists performing medication reviews within community mental health teams.⁴

Pharmacists deliver mental health care services from a range of health care settings. In the acute care setting, clinical pharmacists or 'specialised' mental health care pharmacists work closely with

“THIS FRAMEWORK AIMS TO PROVIDE EXAMPLES OF HOW PHARMACISTS’ SKILLS AND EXPERTISE CAN BE UTILISED WITHIN THE CONTINUUM OF MENTAL HEALTH CARE”

other members of multidisciplinary teams. In the primary health care setting, many pharmacists perform a variety of roles related to mental health care although these tend not to be well defined or recognised. In the Framework pharmacists’ roles have been divided into:

- **direct** services (e.g. medication adherence support, crisis intervention or medication review) which are grouped under or aligned broadly with four aims in mental health care service delivery by pharmacists:
 - health promotion
 - supporting early detection and intervention
 - minimising illness
 - maximising recovery; and
- **indirect** services (e.g. education, academic detailing or policy development).

Pharmacists may undertake a number of activities to support consumers and carers in the monitoring and treatment of mental illness. These roles may be to minimise the impact of mental illness or to maximise recovery in an episode of mental illness. This may involve providing advice and support to encourage medication adherence, medication supply services, reviewing medications, providing medicine information, supporting the management of physical co-morbidities or providing lifestyle support and advice.

This Framework aims to provide examples of how pharmacists’ skills and expertise can be utilised within the continuum of mental health care irrespective of where the pharmacist is practising (e.g. primary health care, hospital or other settings). Further, the role of the pharmacist as a partner in mental health care is an evolving one and hence the roles described in the Framework represent both current and future roles within the entire continuum of mental illness.

In addition to articulating the contribution pharmacists make to the delivery of mental health care this Framework also identifies a number of barriers and enablers for pharmacists to perform these roles in an effective manner. Barriers have been grouped into two broad categories, pharmacists’ attitudinal barriers and skills, and system-related barriers. The most fundamental barrier in the community pharmacy setting that has been identified is concern about privacy and confidentiality. Pharmacists and their staff need to be cognisant of the potential stigma that mental health consumers may experience and ensure the privacy of consumers and carers is respected at all times. The enablers are grouped into education and training (with the components of knowledge, skills, and attitudes and understanding) and those which improve integration into the mental health care team (covering practice models and approaches to care).

A framework for pharmacists as partners in mental health care

The Pharmaceutical Society of Australia (PSA) is the peak national professional pharmacy organisation representing Australia's pharmacists working in all sectors and locations. There are approximately 26,700 registered pharmacists (based on Pharmacy Board of Australia data released in September 2012).

PSA's core functions include: providing high quality continuing professional development, education and practice support to pharmacists; developing and advocating standards and guidelines to inform and enhance pharmacists' practice; and representing pharmacists' role as frontline health professionals.

Introduction

Pharmacists provide mental health care services from a range of health care settings. These may include (but are not limited to) community pharmacy, hospital pharmacy, within general practice clinics, and working through or within specialised community mental health care teams. The role of pharmacists in the acute care sector providing mental health care has, to date, generally been well recognised as clinical pharmacists or 'specialised' mental health pharmacists routinely deliver services through multidisciplinary teams.^a However, the contribution of pharmacists to mental health care in the primary health care setting is not well understood by governments, consumers and other health practitioners and therefore roles have generally been more limited.

Responding to the opportunities currently available within the context of mental health and broader health reform in Australia, PSA has commissioned the development of *A framework for pharmacists as partners in mental health care* (the 'Framework'). This Framework has been developed in consultation with an Expert Steering Committee comprising representatives from pharmacy and mental health organisations, the medical, nursing, psychology and psychiatry professions, and consumer and carer representatives.

Scope

This Framework:

- articulates the expertise of pharmacists and the roles they do and can fulfil as partners in mental health care; and
- is intended to be used as the basis for exploring future pharmacist roles as partners in mental health care to enhance mental health care service delivery to Australian consumers and carers.^b

Each of the roles described in the Framework are not all necessarily expected to be performed by all pharmacists, however it can be used as a guiding document for pharmacists who are interested in further developing their role in mental health care.

The Framework sets out what is expected of pharmacists as partners in mental health care, irrespective of practice setting, current practice models or roles that pharmacists may not currently be performing but may do so in future. The focus of the Framework is on the role of the pharmacist as a medication expert and how they can contribute to the delivery of team based mental health care to improve health outcomes for mental health consumers.

The Framework aims to articulate how pharmacists can collaborate to help improve the delivery of mental health care services in a more timely manner. With this Framework we hope to

a. For example, see Standards of Practice for Mental Health Pharmacy produced by the Society of Hospital Pharmacists of Australia (SHPA) Committee of Specialty Practice in Mental Health Pharmacy (J Pharm Pract Res 2012; 42(2): 142–5).

b. In this document the terms 'consumer' and 'carer' are used. PSA recognises that other terminology may be used or preferred, for example, 'person', 'individual', 'people with a lived experience', 'people accessing mental health services', 'people with lived experience and their significant others' and 'people with a lived experience of mental health difficulties, their families and support people' (some of these terms are referred in the National Mental Health Commission's Paid Participation Policy (July 2012), available at: www.mentalhealthcommission.gov.au/media/23505/nmhc_paid_participation_policy.pdf)

raise the profile of the contribution pharmacists can make as part of the team in delivering mental health care by promoting synergies and efficiencies in the system and filling gaps utilising their expertise in medication management.

Capability statements for pharmacists

The Australian Pharmacy Council in 2009 developed a set of statements of professional capabilities detailing what is expected of pharmacists in the provision of mental health care. The capability statements are used to guide the mental health content of pharmacy programs at universities around Australia and New Zealand, and are used during the accreditation process of university courses and intern training programs.⁵ The capability statements can also be used as a guide for pharmacists planning their continuing professional development in the area of mental health care.

The capability statements were based on the *Competency Standards for Pharmacists in Australia 2003*⁶, and the publication is the first of its kind to comprehensively detail the expected capabilities of pharmacists in a specific disease state. PSA will be

reviewing and revising the capability statements as part of its broader mental health care project. The revised capability statements will provide detail on the knowledge, skills and competencies required by pharmacists to perform the roles described in this Framework. Revision of the capability statements will be an important step to support the implementation of this Framework into everyday pharmacy practice.

Aims

The aims of this Framework are to:

- Develop an understanding of the pharmacists' role in mental health care within the pharmacy profession and the broader health system, focussing on pharmacists' core expertise in medication management.
- Articulate the roles (current and future) for pharmacists as partners in mental health care.
- Develop a common understanding of the ideal models of collaboration in mental health care delivery.

AUDIENCES

This Framework will be used to engage with a variety of audiences including consumers, carers, mental health care organisations and health care practitioners to promote the role of the pharmacist as a partner in the delivery of mental health care.

The purpose of engagement can be tailored to the audience, for example:

- advocating a greater role for pharmacists with policy makers;
- working with other health care professionals and organisations to develop multidisciplinary models of mental health care including pharmacists; or
- promoting to consumers, carers and the public about the role of pharmacists in the delivery of mental health care services.

Framework audience

The potential audiences of this Framework include but are not limited to:

Individuals

- Pharmacists, intern pharmacists, pharmacy students and pharmacy assistants
- Other health care professionals (including GPs and mental health nurses)
- Peer workers and community support workers
- Aboriginal health workers
- Mental health consumers and carers
- The general public

Organisations

- Government (particularly mental health directorates and commissions, alcohol and other drug areas and justice departments)
- Medicare Locals and Local Hospital Networks
- Public and private hospitals and mental health services
- Health care professional organisations
- Practitioner registration authorities and health professional accreditation councils
- Education providers
- Non-government organisations
- Multicultural sector organisations
- Community health centres
- Consumer and carer organisations



Background

“PHARMACISTS HAVE A STRONG PRIMARY HEALTH CARE ROLE AND, DUE TO THEIR ACCESSIBILITY, ARE OFTEN THE FIRST HEALTH PROFESSIONAL CONTACTED BY A CONSUMER WITH A HEALTH CONCERN”

Government mental health policy

Good mental health is recognised as a crucial aspect to good general health and hence the Australian Government has recognised mental health as a priority area for all levels of government since 1996. Mental health care in Australia is guided by the National Mental Health Strategy which was endorsed in 1992 as a framework to guide mental health reform. The strategy is a whole of government approach which aims to promote the mental health of Australians, prevent or reduce the impact of mental disorders and to assure the rights of people with a mental illness. The strategy is an overarching approach that includes the National Mental Health Policy (2008), the Fourth National Mental Health Plan (2009-2014) and the Council of Australian Governments National Action Plan on Mental Health (2006-2011).⁷⁻⁹

In December 2012 the Council of Australian Governments released *The Roadmap for National Mental Health Reform 2012-2022* which provides a pathway towards achieving the vision of an Australian society that values good mental health and wellbeing.

To date the skills and expertise of pharmacists in the area of mental health care have not been recognised in these policies and plans^c highlighting a need to raise the profile of the potential contributions of pharmacists in providing care for mental health consumers and carers.

Pharmacists' role in primary health care

Pharmacists have a strong primary health care role and, due to their accessibility, are often the first health professional contacted by a consumer with a health concern. In this setting, available health information is often limited so that pharmacists are regularly required to elicit relevant clinical information before exercising careful professional judgement. The pharmacist will identify suitable management options and determine the most appropriate course of action. Commonly these interactions will result in a direct referral to a medical practitioner but may also involve the provision of information or treatments (including non-medicinal options) to manage the consumer's condition.

c. Relevant Australian Government documents are listed in the 'Resources' section (see p. 22).

“86% OF THESE WERE PRESCRIBED BY GPs RATHER THAN PSYCHIATRISTS, DEMONSTRATING THE KEY PRIMARY CARE ROLE REQUIRED IN THE MANAGEMENT OF MENTAL ILLNESS AND THE FREQUENT CONTACT CONSUMERS WITH A MENTAL ILLNESS AND THEIR CARERS HAVE WITH THEIR COMMUNITY PHARMACIST”

Mental health consumers and primary health care

General practitioners (GPs) are frequently the first point of contact for people with mental health concerns with more than 10% of GP encounters primarily being mental health related.¹⁰ Medications are a significant modality of treatment for most mental illnesses and in 2010-11 there were 31.1 million mental health-related prescriptions in Australia, comprising 11% of all medicines subsidised under the Pharmaceutical Benefits Scheme.¹¹ Furthermore, 86% of these were prescribed by GPs rather than psychiatrists, demonstrating the key primary care role required in the management of mental illness and the frequent contact consumers with a mental illness and their carers have with their community pharmacist.¹¹ In addition to the primary care role of GPs and pharmacists, in 2010-11, 5.6 million Medicare Benefits Scheme-subsidised services were provided by psychiatrists, psychologists and other allied mental health professionals.¹¹

Pharmacists are frequently consulted for advice on psychotropic medications and their accessibility and frequent contact with mental health consumers and carers means they are ideally placed to play a greater role in the management of mental illness or conditions.¹⁻³ Medication counselling provided by pharmacists improves adherence to antidepressant medications^{12,13}, and medication reviews conducted by pharmacists as part of the multidisciplinary mental health team may help identify and resolve psychotropic medication-related problems.⁴

While pharmacists are more likely to provide services to mental health consumers for high prevalent mental illnesses such as depression or anxiety disorders, pharmacists also play an important role in supporting consumers with less prevalent mental illnesses such as schizophrenia.

Community pharmacy practice research

There has been significant investment in research investigating the benefits of including pharmacists as partners in the mental health care team. As part of the Fourth Community Pharmacy Agreement Research and Development (R&D) program a project was commissioned to explore the scope for

community pharmacies to provide increased levels of support for consumers with mild to moderate mental illnesses.¹⁴ This project identified the need for in-depth training of pharmacy assistants and pharmacists in mental health, with a particular focus on mental health first aid skills and cognitive behaviour and the impact this has on pharmacists' interactions with consumers and carers.

The research findings concluded there was scope to increase the level of support provided to mental health consumers and carers through community pharmacy and a further project, *The Mental Health and Community Pharmacy Project*, has been commissioned as part of the Fifth Community Pharmacy Agreement (5CPA) R&D program to investigate this.¹⁵

A recent systematic review of the international literature on “Community pharmacy services to optimise the use of medications for mental illness” found that pharmacists can play an important role in the management of mental illness.¹⁶ This review highlighted the range of services (and potential services) which can be provided by pharmacists across a number of different sectors including community pharmacy, medical centres and health maintenance organisations, community mental health centres, outpatient clinics and residential aged care facilities.

Fifth Community Pharmacy Agreement

As part of the Pharmacy Practice Incentives (PPI) program under the 5CPA, a series of primary health services have been grouped into a PPI priority area called Primary Health Care. There are five elements under this priority area: diabetes, respiratory disease, cardiovascular disease, mental health conditions and health promotion. While research has demonstrated the effectiveness of pharmacy screening and risk assessment and/or disease state management services in three of the disease state areas, more data and information on pharmacists performing these roles in the mental health field is needed. This 5CPA PPI program presents a significant opportunity for the community pharmacy sector to demonstrate its capability in providing services for consumers with a mental illness.



Pharmacist roles as partners in mental health care

Pharmacists deliver mental health care services from a range of health care settings. In the acute care setting, clinical pharmacists or ‘specialised’ mental health care pharmacists work closely with other members of multidisciplinary teams. In the primary health care setting, many pharmacists perform a variety of roles related to mental health care although these tend not to be well defined or recognised. Some of these are services that are provided on a daily basis currently while others may be roles pharmacists can potentially play in the future as partners in the mental health care team.

Pharmacists recognise that medicines are not necessarily the primary or sole treatment option for mental illnesses. However, the focus of this Framework is on how pharmacists’ skills and experience within their scope of safe and appropriate use of medicines can be applied to improve quality use of medicines for consumers with a mental illness.

It is also important to note that pharmacists’ skills in quality use of medicines will provide the most benefit when performed in a collaborative team based environment. This partnership requires active engagement with other members of the mental health care team, rather than pharmacists practising in isolation.

In Figure 1 (p. 12), pharmacists’ roles have been divided into:

- **direct** services (e.g. medication adherence support, crisis intervention or medication review) which are grouped under or aligned broadly with four aims in mental health care service delivery by pharmacists:
 - health promotion
 - supporting early detection and intervention
 - minimising illness
 - maximising recovery; and
- **indirect** services (e.g. education, academic detailing^d or policy development).

This Figure aims to provide examples of how pharmacists’ skills and expertise can be utilised within the continuum of mental health care irrespective of where the pharmacist is practising (e.g. primary health care, hospital or other settings).

d. A non-commercial educational strategy where a trained person meets one-on-one with a health professional in their practice setting to provide evidence-based information with the intent of changing their practice to support and enhance judicious and cost-effective decision-making. (National Competency Standards Framework for Pharmacists in Australia 2010)

“PHARMACISTS’ SKILLS AND EXPERIENCE WITHIN THEIR SCOPE OF SAFE AND APPROPRIATE USE OF MEDICINES CAN BE APPLIED TO IMPROVE QUALITY USE OF MEDICINES FOR CONSUMERS WITH A MENTAL ILLNESS.”

Further, the role of the pharmacist as a partner in mental health care is an evolving one and hence the roles described in the Framework represent both current and future roles within the entire continuum of mental illness.

Health promotion

Pharmacists are regularly involved in the practice of health promotion in a variety of settings. Pharmacists also play an important role in educating and supporting pharmacy staff to deliver health promotion activities in the pharmacy.

Health promotion activities in the pharmacy may involve conducting a depression awareness campaign, supporting R U OK?Day^e or mental health days/weeks,^f or generally raising awareness about mental health issues in the community. Health promotion messages about mental health conditions may also be given at opportune times when a pharmacist notices initial signs or symptoms of mental illness, or simply have the opportunity to have a discussion about mental health, rather than it always being a planned and structured process.

Another avenue available to pharmacists participating in health promotion in their community is to deliver presentations to audiences such as school groups, community groups, carers and consumers, or parents groups about a variety of mental health-related topics that might include medicines used for depression, anxiety disorders, psychotic disorders, smoking cessation or illicit drug use.

In their role as a primary health care professional, pharmacists also have a unique opportunity to support consumers’ potential by advocating and promoting a wellness approach to care during the recovery journey in any episode of mental illness.

Supporting early detection and intervention

While diagnosing is not part of a pharmacists’ scope of practice, they can play an important role in identifying possible signs and symptoms of a mental illness. Due to their unique position in the primary health care setting of a community pharmacy, pharmacists have the opportunity to recognise potential psychological distress and there is a good opportunity for the pharmacist to have a conversation and discuss what they have noticed. Pharmacists who notice early signs that a person may be at risk of developing or exacerbating a mental illness can refer or encourage people to seek further assessment from their GP or other available mental health services.

Pharmacists may recognise early signs of depression or an anxiety disorder in a number of ways including verbal or non-verbal cues, direct product requests for analgesics, herbal sleeping aids or through changes in a person’s social or medical history. The opportunity to intervene may be a formal part of a pharmacy’s screening program^g or it could be via an opportunistic observation. Pharmacies can provide a friendly non-confrontational environment that may facilitate and encourage people to seek help about their mental health symptoms.

Carers of consumers with mental illness also play an important role in prevention and early intervention of mental illness. Yet being a carer for someone with mental illness can also result in significant emotional, social and economic burden. Carers themselves are known to be at an increased risk of developing depression, anxiety and other mental health problems. Pharmacists should recognise carers’ own health needs and be alert for early signs of mental illness and intervene and support when necessary. Pharmacists should refer a carer to their GP if they recognise any possible signs or symptoms of a mental illness. Carers may also benefit from contacting local peer support programs, carer respite services or other organisations which support families, carers and friends with mental health issues, and pharmacists can assist with this process.

e. More information at: www.ruokday.com

f. See, for example, web sites for World Mental Health Day (<http://1010.org.au/>) or World Federation for Mental Health (www.wfmh.org).

g. The relevant professional standard that applies is Standard 16 Screening and risk assessment in PSA’s Professional Practice Standards (version 4, 2010). Available at: www.psa.org.au/supporting-practice/professional-practice-standards/version-4. Note that the purpose of these services is to identify consumers who may be at risk of disease or illness and to refer them for further investigations. These services are not used to make a diagnosis or to alter therapy prescribed by other health care providers.

Figure 1. Pharmacist roles as partners in mental health care

(* These terms are further explained in the body of the document in subsequent sections.)

	HEALTH PROMOTION	SUPPORTING EARLY DETECTION AND INTERVENTION	MINIMISING ILLNESS	MAXIMISING RECOVERY
DIRECT SERVICES	<ul style="list-style-type: none"> Conducting in-pharmacy health promotions, participating in health awareness campaigns (e.g. depression awareness campaign) or supporting R U OK? Day or World Mental Health Day Having opportunistic discussions with consumers and carers in the pharmacy about their mental health Promoting health literacy in partnership with consumers and carers 	<ul style="list-style-type: none"> Recognising potential early signs or symptoms of depression, anxiety or other mental health disorders in the community pharmacy setting Encouraging people at risk to seek help and referring to a GP or appropriate local mental health services Providing support and encouraging referral for carers (particularly people who may be at risk of mental illness) 	<ul style="list-style-type: none"> Providing lifestyle advice and support when commencing or changing medicines for a mental illness Educating and informing consumers and carers about their medicines Screening for and managing adverse drug reactions and allergies Supporting consumers to minimise the impact of side effects to psychotropic medicines Reviewing for potential drug interactions and alerting the prescriber Medication reconciliation Assessing consumer's risk associated with medicine use (e.g. falls risk) 	<ul style="list-style-type: none"> Working in partnership with the consumer and carer to encourage self-medication management and developing appropriate strategies when needed Monitoring for early signs of relapse of a mental illness Providing support to maintain adherence to treatments Supporting consumers and carers with the implementation of care plans Admission and discharge planning for acute mental health episodes
	<ul style="list-style-type: none"> Liaising closely with GPs and other mental health professionals regarding medicine management issues Providing medicine information to consumers and carers, and support workers Ensuring consumers have a continuing and appropriate supply of medicines Providing staged supply services in collaboration with the consumer's GP Monitoring therapeutic drug levels Identifying and offering suggestions to manage medicine-related problems Supporting and managing physical co-morbidities such as diabetes and hypertension (e.g. smoking cessation, weight management) Assessing adherence to medications, providing education around medication adherence and providing other support (e.g. DAAs*) Providing medication management services (e.g. in-pharmacy medicines use reviews (e.g. MedsCheck*), HMRs* and RMMRs*) Providing home based services (including HMRs and home delivery of medicines) Providing appropriate care to groups requiring extra consideration (e.g. homeless people, ATSI or CALD groups, people requiring end of life care or with degenerative diseases, people in the justice health system or under a community treatment order) Providing appropriate care to different age groups (e.g. children, young people and older people) Providing support to people with co-existing drug and alcohol problems Participating in multidisciplinary mental health care activities 			
INDIRECT SERVICES	<p>Medicine information services</p> <ul style="list-style-type: none"> Academic detailing on psychotropic medicines Drug information services Providing education on psychotropic medicines to other health professionals or pharmacy colleagues Delivering presentations to schools, consumers and carers, parent groups, or community clubs/groups on mental health topics and medicine information 			
	<p>Policy and advocacy roles</p> <ul style="list-style-type: none"> Performing drug utilisation reviews and medicine policy reviews Participating in drug and therapeutics committees/medication advisory committees, including formulary management Participating in mental health service planning within a community Advocating on mental health issues at a local, state or federal level Contributing to mental health policy development at a local, state or federal level 			
	<p>Research and teaching</p> <ul style="list-style-type: none"> Supervising and teaching pharmacy and other health professional students about psychotropic medicines and medication management Participating in clinical trials and outcome based research 			

Minimising illness and maximising recovery

Pharmacists may undertake a number of activities to support consumers and carers in the monitoring and treatment of mental illness. These roles may be to minimise the impact of mental illness or to maximise recovery in an episode of mental illness. This may involve providing advice and support to encourage medication adherence, medication supply services, reviewing medications, providing medicine information, supporting the management of physical co-morbidities or providing lifestyle support and advice.

Medication adherence support

Adherence to psychotropic medicines remains a significant challenge for consumers in the treatment of mental illnesses. Pharmacists play a very important role in supporting medication adherence in mental illness. For example, a recent Australian review reported that a multifaceted approach is required for interventions to improve antidepressant medication adherence to be effective.¹⁷ Improving an individual's adherence to antidepressants requires complex behaviour change and interventions need to involve various components such as consumer/carer education, follow up and monitoring, and collaboration with mental health professionals.

Pharmacists currently support consumers with medication adherence in a number of ways. Pharmacists can help the consumer build knowledge, skills and understanding to use medicines effectively and safely. It is important for pharmacists to determine and appreciate the consumer's or carer's knowledge, beliefs and attitudes towards medicine use as these factors may impact greatly on adherence and guide the type of support pharmacists provide to assist consumers to improve adherence to medicines.

Pharmacists can become an advocate for the consumer to ensure that the consumer's voice is heard in relation to medicine treatment

preferences. Pharmacists can also help improve adherence to medicines by working in partnership to determine a consumer's desire and ability to self-manage their medicines and encouraging consumers to be involved in self-medication management where appropriate. Involving mental health consumers and carers in treatment-decision making, also known as a 'shared decision making' approach, recognises the role of consumers and carers as key partners in care planning and can improve engagement and involvement with the consumer's health care.

Dose administration aids (DAAs) are devices or systems designed to assist in medication management. DAAs are an important service that pharmacists provide to assist consumers to manage medicines and help prevent medication misadventure or associated hospitalisations. This is particularly relevant in the mental health field where there are additional challenges in psychotropic medication adherence. Under the 5CPA PPI program, the provision of DAA services is a priority area for eligible community pharmacies who deliver DAA services to community-based consumers to a quality standard.

Staged supply services are another way that pharmacists can support treatment and adherence for mental health consumers. This is a service where a pharmacist will dispense and supply medicines to the consumer in instalments and can be particularly useful for consumers with a mental illness or drug dependency, or homeless people. This service allows the pharmacist to have close engagement with the consumer and to provide consistent and ongoing follow up which may be of particular benefit for people requiring closer supervision and regular support with adherence. This service is also currently a priority area for community pharmacies under the 5CPA PPI program.^h

h. Additional information about staged supply services including guidelines for pharmacists can be downloaded at: www.psa.org.au/supporting-practice/professional-practice-standards/staged-supply-services

“PSYCHOTROPIC MEDICINES ARE FREQUENTLY IMPLICATED AS A CAUSE OF ADVERSE DRUG EVENTS OR DRUG-RELATED PROBLEMS AND THERE IS EVIDENCE OF THE BENEFITS OF PHARMACISTS PERFORMING MEDICATION REVIEWS WITHIN COMMUNITY MENTAL HEALTH TEAMS.”

Medication management

A core role of the pharmacist is in using their skills and expertise in medication management to ensure the safe and appropriate use of medicines. There are a suite of medication management services provided by pharmacists that draw on this core role including hospital clinical pharmacy services,^{ij} Home Medicines Reviews (HMRs),^k Residential Medication Management Reviews (RMMRs),^l Medicines Use Reviews (MedsCheck) and Diabetes Medication Management (Diabetes MedsCheck).^m Pharmacist-conducted RMMRs are now an important part of quality care provided for aged care residents. A recent meta-analysis demonstrated the benefits of medication reviews in the aged care setting by reducing prescribing of psychotropic medicines.¹⁸ The impact of pharmacist interventions in improving the quality use of psychotropic medicines has also been demonstrated by successful pharmacist-led interventions that have resulted in a significant reduction in the use of benzodiazepines and antipsychotics in the aged care setting.¹⁹⁻²⁰ Given the Australian population is ageing rapidly, pharmacists can make a significant contribution to the management of mental health conditions in the aged care setting.

Pharmacists have extensive knowledge of safe and effective use of psychotropic medicines and can assist consumers and prescribers in monitoring any side effects, drug interactions and contraindications and help to minimise the impacts of these.

Pharmacists can also provide adherence support to ensure mental health consumers achieve the best outcomes from therapy. Psychotropic medicines are frequently implicated as a cause of adverse drug events or drug-related problems and there is evidence of the benefits of pharmacists performing medication reviews within community mental health teams.⁴

Medication management activities are core activities of a hospital-based mental health pharmacist and may include medication reconciliation, assessment of current medication management, clinical review and review of clinical parameters (e.g. drug blood levels), participation in ward rounds or case conferences and ensuring adequate transition through the health system.

Enhancing continuity of care and medication safety

Mental health consumers often receive care from a number of health care providers in a range of settings. Communication about a consumer's medication management can be poor and medication information fragmented, particularly when a consumer moves in and out of hospital. Medication reconciliationⁿ has been shown to reduce medication errors and harm associated with transitions in care.^o Both community and hospital pharmacists play a key role in medication reconciliation and continuity of care. The role of the pharmacist in routinely compiling and maintaining an accurate current medication list is crucial to ensuring safe transition between settings and safe ongoing management of medicines. When consumers are admitted to hospital, community pharmacists can support medication reconciliation by communicating a consumer's medication information to hospital clinicians to enable treatment decisions to be based on an up-to-date medication history. When a consumer moves from acute care back into the community, hospital pharmacists play an important role in ensuring medication continuity by providing a discharge medication record for the consumer and primary health care providers. Pharmacists have a role in ensuring both continuation of medicine supply and the transfer of accurate information about the consumer's medicines to the next health care team as the risk of medication misadventure at transition points across the continuum of care is considerable.

i. 'Clinical pharmacy practice' is defined as the practice of pharmacy as part of a multidisciplinary health care team directed at achieving quality use of medicines. In hospitals, specific clinical activities may include obtaining an accurate medication history, provision of medicines information to health professionals and to patients, monitoring the therapeutic outcomes of medicines, and adverse drug reaction management. More information is available at: www.shpa.org.au/lib/pdf/practice_standards/clinical_pharm_ro.pdf

j. The Standards of Practice for Mental Health Pharmacy is produced by the SHPA Committee of Specialty Practice in Mental Health Pharmacy (J Pharm Pract Res 2012; 42(2): 142-5).

k. Guidelines for pharmacists can be downloaded at: www.psa.org.au/download/practice-guidelines/home-medicines-review-services.pdf

l. Guidelines for pharmacists can be downloaded at: www.psa.org.au/download/practice-guidelines/rmmr-and-qum-services.pdf

m. MedsCheck and Diabetes MedsCheck services are structured pharmacy services, which take place in the pharmacy, involving face-to-face consultations between the pharmacist and consumer. More information is available at: www.psa.org.au/supporting-practice/guidelines/medicines-use-review-and-diabetes-medication-management

n. 'Medication reconciliation' is a formal process of obtaining and verifying a complete and accurate list of each patient's current medicines (i.e. matching the medicines the patient should be prescribed to those they are actually prescribed). Where there are discrepancies, these are discussed with the prescriber and reasons for changes to therapy are documented. When care is transferred (e.g. between wards, hospitals or home), a current and accurate list of medicines, including reasons for change is transferred to the next care provider and also provided to the patient or carer. More information is available at: www.safetyandquality.gov.au/our-work/medication-safety/medication-reconciliation. Guidelines for pharmacists is available at: www.shpa.org.au/lib/pdf/practice_standards/med_reconciliation_ro.pdf

o. See for example: Duguid M. The importance of medication reconciliation for patients and practitioners. *Aust Prescr* 2012; 35: 15-9.

In the future the Personally Controlled Electronic Health Record (PCEHR) will potentially enhance the continuity of care by bringing all of a consumer's health information together in a single location, minimising the risk of medication misadventure at a crucial point in a consumer's health journey.

Providing medicine information

Consumers with a mental illness or carers of a person with a mental illness value written or verbal medicine information, especially in relation to side effects as many consumers may be taking multiple medications for mental illness or co-morbidities. Pharmacists play an important role in ensuring consumers and carers are provided with all relevant and up to date information to allow the consumer to make an informed decision about their medicines.

It is important to approach medicine use in mental illness with a shared decision making approach. This can allow the consumer or carer and the pharmacist, in collaboration with the medical practitioner, to openly discuss medicine use and discuss ways to help the consumer manage their medicines. Consumer Medicine Information (CMI) leaflets can be a useful tool to assist pharmacists in this process. CMI leaflets should be used by the pharmacist as a tool to engage consumers and carers in a conversation about the use of psychotropic medicines that is tailored to the individual's needs.

Educating consumers about medicines used for mental health conditions can be especially important when therapies are initiated in an acute inpatient setting. Hospital pharmacists play an important role in providing consumers the opportunity to discuss their medicines and improve their knowledge and potentially their adherence to medicines. However the acute care setting can be overwhelming and consumers discharged from hospital may be particularly vulnerable in the period when they are settling back in the community. It is important therefore for a community pharmacist to reinforce key messages and information about medicines at this critical time.

Management of physical co-morbidities

Consumers with a mental illness commonly have multiple mental illness co-morbidities. They also have significantly poorer physical health than the general population. Physical co-morbidities are estimated to account for up to 60% of premature deaths not related to suicide, and schizophrenia is often referred to as a 'life-shortening' illness.²¹ The 2007 National Survey of Mental Health and Wellbeing identified that over half of all Australians with a mental illness also have at least one co-morbid physical condition in any 12-month period.²²

Pharmacists may see consumers with a mental health condition more regularly than any other health professional and have a unique opportunity to provide support to consumers in managing physical co-morbidities. This may include monitoring of diabetes and helping consumers measure their blood glucose, blood pressure monitoring, weight management services and advice on smoking cessation services. Similarly pharmacists are in a position to provide advice on the management of all medicines that the consumer is taking, not just their psychotropic medicines. In addition to co-existing physical illnesses, consumers with a mental illness may have co-morbid substance use disorders that need to be managed concurrently for the consumer to get the best out of treatment.

Maximising recovery

The term 'personal recovery' has been defined as "being able to live well and to build and live the life one chooses in the presence or absence of mental ill health".^p In addition a 'recovery-oriented approach' in mental health care aims to support people with mental illness to live well and to live the life they choose. Key components as part of a recovery-oriented practice that are relevant to how pharmacists practice include: encouraging self management of medicines, being person-centred in the care a pharmacist delivers and promoting a holistic approach to care.²³

"PHARMACISTS MAY SEE CONSUMERS WITH A MENTAL HEALTH CONDITION MORE REGULARLY THAN ANY OTHER HEALTH PROFESSIONAL AND HAVE A UNIQUE OPPORTUNITY TO PROVIDE SUPPORT"

p. As defined in the National Recovery-Oriented Mental Health Practice Framework. 2nd Consultation draft, 10 July 2012. At: www.crazelateralsolutions.com/7edf5b95-a4a4-45d7-803b-561f46b3a89e.aspx

Many of the pharmacist roles described under 'minimising illness' are also very relevant in the pharmacists' role in supporting consumers to maximise recovery. This may involve supporting consumers to become more involved in the management of medicines for mental illness or the pharmacist becoming one of the health care professionals listed on a person's wellness plan.

In order to support a person's recovery journey pharmacists may assist by identifying drug interactions, helping to manage and avoid side effects of medicines, provide ongoing support to maintain medication adherence or monitor for early signs of a relapse of a consumer's mental illness. These roles may be performed more formally as part of medication management in hospital or services such as a HMR or MedsCheck or informally as part of everyday pharmacy practice, regardless of the practice setting of the pharmacist.

Indirect services

As shown in Figure 1, pharmacists perform a varied range of indirect services in mental health care that are highly valued by other health professionals as well as consumers and carers. Often these activities may be 'hidden' or may not be well understood, yet they play an important role in contributing to the quality use of psychotropic medicines.

These services have been broadly grouped into medicine information services, policy and advocacy roles and research and teaching. Pharmacists also provide medicine information to prescribers and other health care professionals, conduct medicine audits and policy reviews, contribute to decisions about whether a medicine is the best treatment option for a patient, and work with the consumer, carer and other members of the team to ensure the consumer has the knowledge and skills to use their medication safely and effectively.

Pharmacists are involved in policy and advocacy roles in mental health care in various ways across the health system. This could be by participating in service planning or policy development around medicine use at a local, state or federal level. In addition, other policy roles pharmacists are involved in may include performing drug utilisation reviews or in formulary management.

Recognition of consumers with particular needs

It is important to note that in addition to the roles described above, it is recognised that particular groups of mental health consumers may have other varied needs. These may include Aboriginal and Torres Strait Islander (ATSI) people, people from different culturally and linguistically diverse (CALD) backgrounds, consumers within the justice system or on a community treatment order or equivalent, homeless people, or people with degenerative disorders or requiring end of life care.

Feedback indicates that people within certain CALD communities may have negative attitudes to taking medication, family members may be intensely involved in the administration and monitoring of medicines and decisions to continue or not with treatment and there may be a lack of understanding of the nature and use of medications in some older people. In addition eating habits, changes in diet and religious beliefs (such as fasting) may lead to changes in intake and dosing of medications.

It is also important to address the different needs and issues of various age groups with children, young people and older people who may have specific needs.



Pharmacists working as partners in mental health care – barriers and enablers

An assessment was made of the barriers and enablers for pharmacists to work as partners in mental health care. Barriers have been grouped into two broad categories, pharmacists' attitudinal barriers and skills, and system-related barriers.

“PHARMACISTS SHOULD HAVE A PRIVATE AREA IN THE PHARMACY TO ALLOW POTENTIALLY SENSITIVE CONVERSATIONS TO OCCUR IN A SUITABLE MANNER.”

The most fundamental barrier in the community pharmacy setting that has been identified is concern about privacy and confidentiality. The enablers are grouped into education and training (with the components of knowledge, skills, and attitudes and understanding) and those which improve integration into the mental health care team (covering practice models and approaches to care). These are summarised in Figure 2 and further articulated below.

Barriers

Privacy concerns around community pharmacy practice

Due to the stigma and discrimination that can occur with mental illness, privacy remains an important concern for many consumers and their carers. This is especially important for the pharmacy profession due to the potential lack of privacy in the community pharmacy setting. This is the most fundamental barrier to better mental health care in the community pharmacy setting. Pharmacists and their staff should be conscious of the potential stigma around psychotropic medicine use and ensure the privacy of consumers and carers is

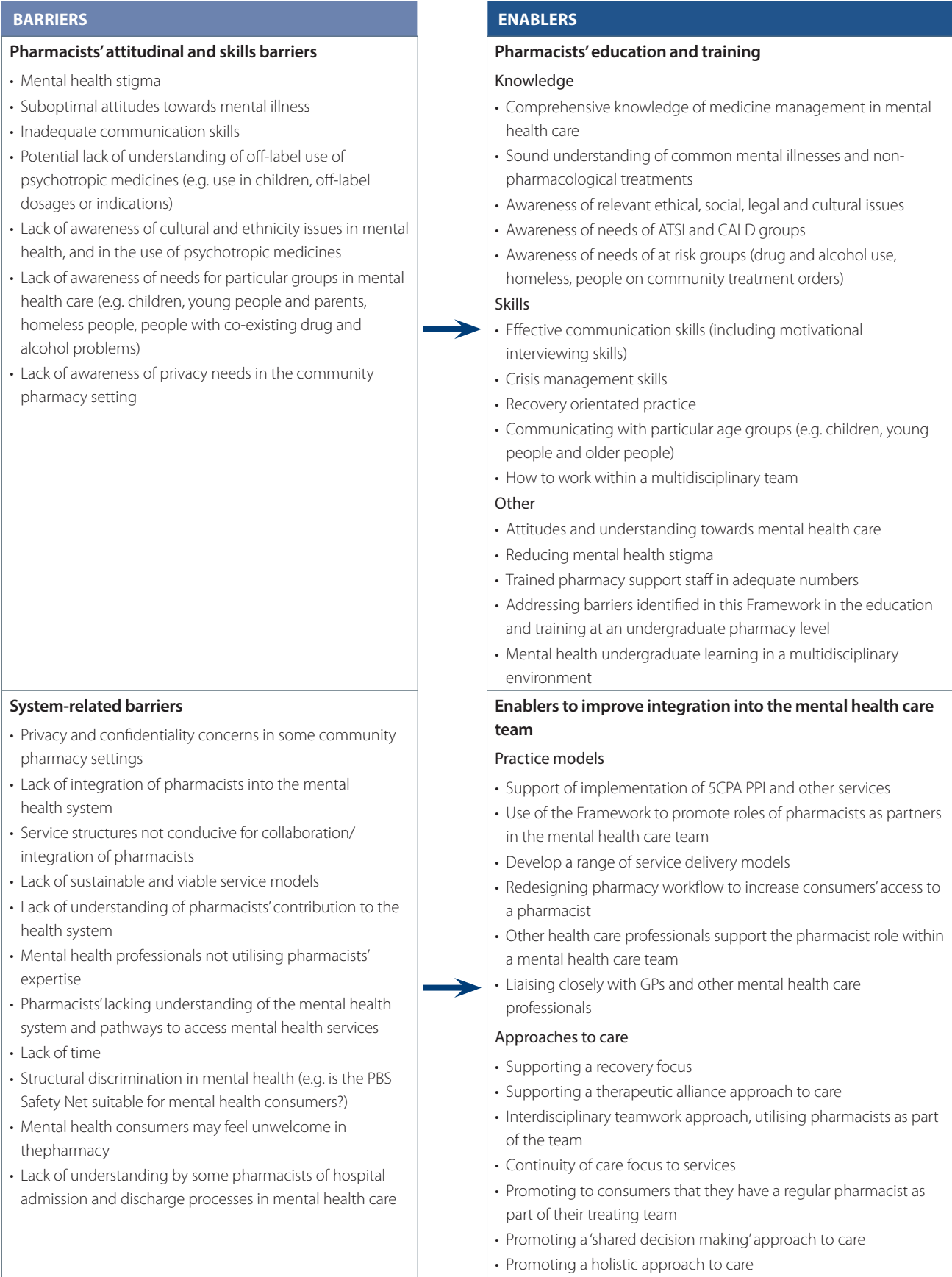
respected at all times. Pharmacists should have a private area in the pharmacy to allow these potentially sensitive conversations to occur in a suitable manner.

Pharmacists should be familiar with the *Community Pharmacy Service Charter* (developed through the 5CPA) that is required to be displayed in all community pharmacies. Furthermore pharmacists should abide by the *PSA Code of Ethics for Pharmacists* which includes the Principle statement “A pharmacist pays due respect for the autonomy and rights of consumers and encourages consumers to actively participate in decision making”.

Mental health stigma

Mental health stigma continues to amplify the social exclusion and hamper the recovery of individuals with a mental illness and has often been described as the main barrier to receiving effective mental health care.²⁴⁻²⁷ Mental health stigma has been defined as a negative attitude based on prejudice and misinformation²⁸⁻³⁰ and it has been shown that stigma is not limited to the general public but also extends to health professionals.³¹⁻³³

Figure 2. Main barriers and enablers to pharmacists becoming partners in mental health care



Mental health stigma has been linked with lowered self-esteem, social withdrawal, poor self care and substance misuse.³¹ Stigma can also impact on access to health services, adherence to treatments, hinder the recovery process and act as a barrier to seeking professional help when mental health symptoms first appear.^{34,35} Independent of how well health professionals recognise mental illnesses or how knowledgeable they are about treatments and causes for mental illnesses, they may have as many negative stereotypes as the general public.³⁶⁻³⁸

While some studies have found pharmacists to have generally favourable attitudes towards people with depression and mental illness³⁹⁻⁴², pharmacists have also reported more stigmatising views towards people with schizophrenia than depression.⁴³ Furthermore, pharmacists have reported a higher level of comfort in discussing medication use in depression than schizophrenia², being uncomfortable discussing symptoms of mental disorders and felt they were less likely to follow up consumers with a mental illness than people with a cardiovascular illness.^{2,39} This is consistent with Australian and international data measuring the stigma and attitudes of pharmacy students which show suboptimal attitudes are present in this cohort towards people with schizophrenia and depression.⁴⁴⁻⁴⁸

Many barriers to providing pharmacy services to consumers with a mental illness have been identified and may include: a lack of knowledge of mental health conditions, beliefs that consumers may present with awkward or challenging behaviours, the lack of privacy in the community pharmacy environment, the belief that consumers would not understand the medication information provided, or the stigma and cultural barriers surrounding mental illness.^{47,49,50}

Lack of integration of pharmacists into the mental health system

Pharmacists practising in the community setting often do so within the four walls of a community pharmacy, limiting collaboration and integration into the health care team. This disconnect between community pharmacy and the mental health system presents a challenge that needs to be addressed to ensure consumers with a mental illness and their carers have access to the best possible health care. There can be a lack of communication between pharmacists and GPs or other mental health practitioners, or between community and hospital pharmacists that may limit effective collaboration to occur between health care settings and providers.

While hospital pharmacists often work more closely with their health professional colleagues in the acute care setting, this level of teamwork does not often occur in the community. Research has demonstrated the value of involving pharmacists as team members in the community mental health setting and closer collaboration between pharmacists and physicians has been shown to be a valuable strategy to improve care for mental health consumers.^{51,52}

Within the current context of health care reform there are significant opportunities to more effectively utilise the skills of pharmacists in mental health care. This may be through opportunities for pharmacists within Medicare Locals to help improve the transition of care between the acute and community settings to help minimise medication misadventure, particularly in the mental health setting.

Lack of time

A common barrier for the successful implementation of professional pharmacy services is the lack of time available to deliver services in the busy community pharmacy setting. This may be particularly challenging when potentially sensitive mental health situations require the pharmacist's complete focus and attention. It should be an expectation of the pharmacy profession that issues such as workflow and human resources are given due consideration so that pharmacists can maximise their ability to contribute effectively to the delivery of mental health services.

Lack of sustainable and viable service models

The current lack of sustainable and viable service models for the integration of the pharmacist as a partner in mental health care remains a barrier to successful service delivery. These sustainable and viable models require adequate training of pharmacists and pharmacy support staff, adequate staffing levels and workflow models to support service implementation. While new options for pharmacists have recently become available through the professional programs component of 5CPA, the lack of sustainable models remains a barrier to the successful implementation of pharmacy-led professional services within community pharmacy. In addition to this, opportunities for pharmacists to integrate into mental health teams outside the community pharmacy setting currently do not exist.

“AN IMPORTANT PART OF AN EFFECTIVE THERAPEUTIC ALLIANCE IS ENGAGING WITH THE CONSUMER ABOUT TREATMENT WHERE THE MULTIDISCIPLINARY TEAM IS WORKING EFFECTIVELY TOGETHER”

Enablers

The competencies that are required by pharmacists to perform these roles as partners in the mental health care team are described below in three broad areas: knowledge, skills and attitudes. Further details on these competencies are available in the *Statement of Mental Health Care Capabilities for Pharmacists 2009*. This document will be reviewed and updated by PSA following the development of this Framework.

In addition the education and training needs of pharmacists and practice models have also been identified as enablers for pharmacists to be considered partners in the mental health care team.

Knowledge

Clinical knowledge

Pharmacists are expected to have a sound understanding of common mental illnesses. These may include depression, anxiety disorders, psychotic illnesses or substance use disorders. Pharmacists are expected to be able to apply this understanding of the key symptoms, treatments and diagnostic features of common mental illnesses in the provision of care for consumers with a mental illness. Pharmacists are expected to have a comprehensive knowledge of medicine management in mental health care which involves a high level of understanding of the pharmacology, pharmaceutical and pharmacokinetic properties of psychotropic medicines and apply this understanding to their everyday practice. In addition pharmacists should have an understanding of evidence-based non-pharmacological approaches to treating mental illnesses such as psychotherapy and psychosocial interventions.

Knowledge of ethical, social, legal and cultural issues

Pharmacists should be aware of ethical, cultural, legal and social issues that may impact on the care of the mental health consumer. They need to be culturally aware and responsive to the needs of particular groups which may need particular care. This may involve barriers arising from religious, cultural or linguistic issues with consumers or carers. For example medication adherence can be a major issue for particular from some CALD backgrounds due to differing beliefs about mental illness and the use of medicines.

Skills

Communication skills

Pharmacists need to have effective communication skills that are appropriate for the context of the situation. This involves a need to be aware of the possibility of stigma surrounding mental illness and the need to respect the consumer's privacy. It is important for the pharmacist to accept the person exactly as they are and make no moral judgment about the situation.

It is also important for pharmacists to understand the different needs of various age groups with children, young people and older people all requiring different approaches. For example children and young people may have many non-verbal ways that they may express views about their health care and pharmacists may need to be up-skilled to become 'youth friendly' to better support young people with mental illness.

Crisis management skills

Pharmacists should also have an appreciation of the issues relevant to dealing with a person who may be acutely unwell or impaired as a result of potential substance misuse. Pharmacists may need to assess whether a consumer who is acutely unwell has insight into their illness and may be in need of appropriate training to develop this skill.

Due to their accessibility and availability in the community, pharmacists may also be presented with a person who is behaving aggressively or who is acutely unwell and at risk of hurting themselves or others. Mental Health First Aid (MHFA) training, Applied Suicide Intervention Skills Training (ASIST), Accidental Counsellor training or other crisis training could be useful to assist pharmacists in developing these skills.

It is important pharmacists and pharmacy staff are aware of the local mental health services (including crisis assessment and treatment services) available in their area and who they can refer mental health consumers to, at an early intervention stage or in an acute crisis situation.^q

Attitudes and understanding

Pharmacists need to be aware of their own attitudes towards mental illness and how this may impact on the care they provide to consumers with a mental illness. It is important for pharmacists to have a high level of understanding of mental health conditions and treatments, however it is also critical that they

q. Providing advice on all available mental health services is out of the scope of this Framework. Pharmacists should be aware of what is available in their local area to support their professional practice.

have a positive attitude towards mental health issues and treat mental health consumers as they would any other consumer they interact with and provide care for.

While there is still a lot unknown about mental health stigma, there is evidence to suggest three main processes as being fundamental to anti-stigma programs: protest, education and contact.⁵³ Protest-based interventions protest inaccurate information or misinformation about mental illness as a way to challenge the stigma while educational interventions provide accurate information and disprove myths about mental illness so participants can make informed decisions. Contact-based interventions facilitate personal contact with people with a mental illness as an approach to stigma reduction.^{53,54} Evidence suggests that those interventions that incorporate an element of contact are more likely to be successful.⁵⁵⁻⁵⁷

Pharmacists' education and training

Mental health pharmacy education has traditionally focused on the pharmacology and therapeutics of psychotropic medicines, rather than focusing on how to communicate with consumers with a mental illness. Research suggests that educational programs for pharmacists in this area need to not only improve knowledge of mental health conditions, but also address suboptimal attitudes towards mental illness. Educational programs need to be multifaceted and involve contact with mental health consumers as a core element to successfully address mental health stigma and to allow pharmacists to take on a more significant role in the care of mental health consumers.⁵⁸⁻⁶¹

There is a need for education and training to commence at an undergraduate level with a multidisciplinary approach to ensure pharmacists have the knowledge and skills to perform the roles described in this Framework. However, there also needs to be a focus of lifelong learning with pharmacists needing to continue to learn and grow in their skills and understanding in mental health care.

Practice models

To overcome the challenge of integrating pharmacists into the mental health care team and for pharmacists to effectively contribute as partners in the mental health care team, new or modified practice models may need to be investigated.

This may involve the investigation of new practice settings or opportunities such as those which may become available with the establishment of Medicare Locals or within the mental health reform agenda.

In addition, clearer or more formal interprofessional work or team practices may need to be investigated covering aspects such as: communication within the health care team; agreed structure or pathway for support, monitoring, follow-up and referral; identifying elements of mental health care priorities for mental health consumers and carers; and identifying how pharmacists can support other health professionals (e.g. medication information and education, medication management strategies). Interdisciplinary teams have been recognised as an effective method of delivering integrated, comprehensive mental health services to the community⁶² and would strongly benefit from regular input from a pharmacist as part of that team.

There are some simple strategies that may help improve the integration of pharmacists into mental health care teams such as including an opportunity for consumers or carers to nominate their regular pharmacist as part of their contact details with the community mental health team.

Another enabler to better patient care and multidisciplinary team work in mental health is the promotion of the use of a therapeutic alliance. A therapeutic alliance is a patient-centred approach that has become a key component of health treatment with the goal to achieve behavioural change in consumers.⁶³ An important part of an effective therapeutic alliance is engaging with the consumer about treatment where the multidisciplinary team is working effectively together.

A critical point in the journey of a mental health consumer is the transition between acute and community settings. It is well known that people are at high risk of medicine misadventure after discharge from hospital and given medicines are the major modality for most mental illnesses and the high rates of physical co-morbidities with mental illnesses, pharmacists' input at this time is particularly critical to ensure the safe and effective use of medicines. Improvements are needed to ensure seamless transition from hospital to community care for mental health consumers to ensure ongoing access and treatment.

Resources

Pharmacy-related

- The Society of Hospital Pharmacists of Australia Committee of Specialty Practice in Mental Health Pharmacy. Standards of practice for mental health pharmacy. *J Pharm Pract Res* 2012; 42(2): 142–5.
- Pharmaceutical Society of Australia. Code of ethics for pharmacists. 2011. Available at: www.psa.org.au/membership/ethics
- Fifth Community Pharmacy Agreement. Community pharmacy service charter. Available at: www.5cpa.com.au/5CPA/Initiatives/The_Charter/The+Charter.page
- National competency standards framework for pharmacists in Australia. 2010. Available at: www.psa.org.au/download/standards/competency-standards-complete.pdf
- Pharmaceutical Society of Australia. Professional practice standards. Version 4, 2010. Available at: www.psa.org.au/supporting-practice/professional-practice-standards/version-4

- The Pharmacy Guild of Australia. The roadmap – the strategic direction for community pharmacy. 2010. Available at: www.guild.org.au/The_Guild/tab-Pharmacy_Services_and_Programs/The_Roadmap/The%20Roadmap.page
- Australian Pharmacy Council. Application of the 'Competency Standards for Pharmacists in 2003' in the provision of mental health care: statement of mental health care capabilities. 2009. Available at: [www.pharmacycouncil.org.au/PDF/Pharmacists%20Capability%20Statement%20%20June%20'09%20\(v5\).pdf](http://www.pharmacycouncil.org.au/PDF/Pharmacists%20Capability%20Statement%20%20June%20'09%20(v5).pdf)
- An Advanced Pharmacy Practice Framework for Australia. 2012. Available at: www.psa.org.au/download/standards/advanced-pharmacy-practice-framework.pdf
- Board of Pharmacy Specialties (US) – Psychiatric Pharmacy. At: www.bpsweb.org/specialties/psychiatric.cfm
- The SANE Guide for Pharmacy Staff: a guide to mental illness for staff working in pharmacies, 2011.
- The Mental Health Professionals Network (MHPN). Available at: www.mhpn.org.au

Government-related

- Council of Australian Governments. The roadmap for national mental health reform 2012–2022. Available at: www.coag.gov.au/sites/default/files/The%20Roadmap%20for%20National%20Mental%20Health%20Reform%202012-2022.pdf.pdf
- The Commonwealth of Australia 2010. National standards for mental health services 2010. Available at: www.health.gov.au/internet/main/publishing.nsf/content/mental-pubs-n-servst10
- The Commonwealth of Australia 2009. Fourth national mental health plan – An agenda for collaborative government action in mental health 2009–14. Available at: www.health.gov.au/internet/main/publishing.nsf/content/mental-pubs-f-plan09
- The Commonwealth of Australia 2009. National mental health policy 2008. Available at: www.health.gov.au/internet/main/publishing.nsf/content/mental-pubs-n-pol08
- The Commonwealth of Australia 2007. National strategic framework for Aboriginal and Torres Strait Islander Health 2003–2013: Australian Government implementation plan 2007–2013. Available at: www.health.gov.au/internet/main/publishing.nsf/Content/6CA5DC4BF04D8F6ACA25735300807403/File/nsfatsih2013.pdf
- The Commonwealth of Australia 2002. National practice standards for the mental health workforce. Available at: www.health.gov.au/internet/main/Publishing.nsf/Content/mental-pubs-n-workstds
- Mental Health Standing Committee, Australian Health Ministers' Advisory Council. Framework for reducing adverse medication events in mental health services (Feb 2009). At: www.health.gov.au/internet/mhsc/publishing.nsf/Content/F5CA1D8E154999F3CA257A5A001FF2CD/File/adverse.pdf
- Multicultural Mental Health Australia. National cultural competency tool for mental health services. 2010. Available at: www.eccq.com.au/wp-content/uploads/2012/01/National-Cultural-Competency-Tool-for-Mental-Health-Services.pdf
- The National Mental Health Commission (and links to State and Territory Mental Health Commissions). Available at: www.mentalhealthcommission.gov.au

Abbreviations

The following abbreviations have been used in this document.

5CPA	Fifth Community Pharmacy Agreement
ASIST	Applied Suicide Intervention Skills Training
ATSI	Aboriginal and Torres Strait Islander
CALD	Culturally and linguistically diverse
CMI	Consumer Medicine Information
DAA	Dose administration aid
GP	General practitioner
HMR	Home Medicines Review
PPI	Pharmacy Practice Incentives (program under 5CPA)
PSA	Pharmaceutical Society of Australia
R&D	Research and Development
RMMR	Residential Medication Management Review

References

- Pohjanoka-Mäntylä M, et al. Is the Internet replacing health professionals? A population survey on sources of medicines information among people with mental disorders. *Soc Psychiatry Psychiatr Epidemiol*. 2011;46:373-9.
- Maslen CL, et al. Role of the community pharmacist in the care of patients with chronic schizophrenia in the community. *Int J Pharm Pract*. 1996;4(12):187-95.
- Happell B, et al. Wanting to be heard: mental health consumers' experiences of information about medication. *Int J Ment Health Nurs*. 2004;13(4):242-8.
- Gisev N, et al. An expert panel assessment of comprehensive medication reviews for clients of community mental health teams. *Soc Psychiatry Psychiatr Epidemiol*. 2010;45:1071-9.
- Australian Pharmacy Council. Application of the 'Competency Standards for Pharmacists in 2003' in the provision of Mental Health Care: Statement of Mental Health Care Capabilities. 2009.
- Competency Standards for Pharmacists in Australia. Canberra: Pharmaceutical Society of Australia. 2003.
- Commonwealth of Australia. Fourth National Mental Health Plan. Canberra 2009.
- Council of Australian Governments. National Action Plan on Mental Health. 2006-2011. 2006.
- Commonwealth of Australia. National Mental Health Policy 2008. Canberra 2009.
- Britt H MG, Charles J, Henderson J, Bayram C, Pan Y, Valenti L, Harrison C, Fahridin S, et al. General practice activity in Australia, 2008-09. Canberra 2009.
- Australian Institute of Health and Welfare. Mental health services - in brief. HSE 125. Canberra: AIHW 2012.
- Finley PR, et al. Impact of a collaborative pharmacy practice model on the treatment of depression in primary care. *Am J Health Syst Pharm*. 2002;59(16):1518-26.
- Finley PR, et al. Impact of a collaborative care model on depression in a primary care setting: a randomized controlled trial. *Pharmacotherapy*. 2003;23(9):1175-85.
- Health Care Management Advisors. Managing mental illness and promoting and sustaining recovery: the role of community pharmacy. The Research and Development Program, Fourth Community Pharmacy Agreement, Department of Health and Ageing, Australian Government. 2010.
- Wheeler A. RFT2010/11-02 Mental Health: Griffith University. The Research and Development Program, Fifth Community Pharmacy Agreement, Department of Health and Ageing, Australian Government. 2012.
- Bell S, et al. Community pharmacy services to optimise the use of medications for mental illness: a systematic review. *Aust New Zealand Health Policy*. 2005;2:29.
- Chong WW, et al. Effectiveness of interventions to improve antidepressant medication adherence: a systematic review. *Int J Clin Pract*. 2011;65(9):954-75.
- Nishtala PS, et al. Psychotropic prescribing in long-term care facilities: impact of medication reviews and educational interventions. *Am J Geriatr Psychiatry*. 2008;16(8):621-32.
- Westbury J, et al. An effective approach to decrease antipsychotic and benzodiazepine use in nursing homes: the RedUse project. *Int Psychogeriatr*. 2010;22(1):26-36.
- Westbury J, et al. A 12-month follow-up study of "RedUse": a trial aimed at reducing antipsychotic and benzodiazepine use in nursing homes. *Int Psychogeriatr*. 2011;23(8):1260-9.
- Lambert TJ, et al. Medical comorbidity in schizophrenia. *Med J Aust*. 2003;178 Suppl:S67-70.
- Slade T, Johnston, A, Teesson, M, Whiteford, H, Burgess, P, Pirkis, J, Saw, S. The Mental Health of Australians 2. Report on the 2007 National Survey of Mental Health and Wellbeing. Canberra 2009.
- Craze Lateral Solutions. National Recovery-Oriented Mental Health Practice Framework. 2nd Consultation draft, 10 July 2012. 2012.
- Thornicroft G, et al. Global pattern of experienced and anticipated discrimination against people with schizophrenia: a cross-sectional survey. *Lancet*. 2009;373(9661):408-15.
- Corrigan P. How Stigma Interferes With Mental Health Care. *Am Psychol*. 2004;59(7):614-25.
- Link BG, et al. Stigma as a barrier to recovery: The consequences of stigma for the self-esteem of people with mental illnesses. *Psychiatr Serv*. 2001;52(12):1621-6.
- Wahl OF. Mental health consumers' experience of stigma. *Schizophr Bull*. 1999;25(3):467-78.
- Ucok A. Other people stigmatize...But, what about us? Attitudes of mental health professionals towards patients with schizophrenia. *Noropsikiyatri Arsi*. 2007;44(3):108-16.
- Ross CA, et al. Stigma, negative attitudes and discrimination towards mental illness within the nursing profession: a review of the literature. *J Psychiatr Ment Health Nurs*. 2009;16(6):558-67.
- Roth D, et al. Attitudes toward mental illness in medical students: does personal and professional experience with mental illness make a difference? *Med Educ*. 2000;34(3):234-6.
- Sartorius N. Stigma and mental health. *Lancet*. 2007;370(9590):810-1.
- Stier A, et al. Explicit and implicit stigma against individuals with mental illness. *Aust Psychol*. 2007;42(2):106-17.
- The World Health Organization. Mental Health Gap Action Programme: scaling up care for mental, neurological and substance use disorders. Geneva, Switzerland 2008.
- Barney LJ, et al. Stigma about depression and its impact on help-seeking intentions. *Aust N Z J Psychiatry* 2006;40(1):51-4.
- Thornicroft G, et al. Global pattern of experienced and anticipated discrimination against people with schizophrenia: a cross-sectional survey. *The Lancet*. 2009;373(9661):408-15.
- Nordt C, et al. Attitudes of mental health professionals toward people with schizophrenia and major depression. *Schizophr Bull*. 2006;32(4):709-14.
- Lauber C, et al. Do mental health professionals stigmatize their patients? *Acta Psychiatr Scand*. 2006;113:51-9.
- O'Reilly CL, et al. Pharmacists' beliefs about treatments and outcomes of mental disorders: a mental health literacy survey. *Aust N Z J Psychiatry*. 2010;44(12):1089-96.
- Phokeo V, et al. Community pharmacists' attitudes toward and professional interactions with users of psychiatric medication. *Psychiatr Serv* 2004;55(12):1434-6.
- Cates ME, et al. Attitudes of pharmacists toward mental illness and providing pharmaceutical care to the mentally ill. *Ann Pharmacother*. 2005;39(9):1450-5.
- Scheerder G, et al. Pharmacists' role in depression care: A survey of attitudes, current practices, and barriers. *Psychiatr Serv*. 2008;59(10):1155-60.
- Scheerder G, et al. Community pharmacists' attitude toward depression: A pilot study. *Res Social Adm Pharm*. 2009;5(3):242-52.
- Rickles N, et al. Relationship between attitudes toward mental illness and provision of pharmacy services. *J Am Pharm Assoc*. 2010;50(6):704-13.
- Bell JS, et al. Pharmacy students' and graduates' attitudes towards people with schizophrenia and severe depression. *Am J Pharm Educ*. 2006;70(4):Article 77.
- Bell JS, et al. Determinants of Mental Health Stigma Among Pharmacy Students in Australia, Belgium, Estonia, Finland, India and Latvia. *Int J Soc Psychiatry*. 2010;56(1):3-14.
- Bell JS, et al. Attitudes of pharmacy students toward people with mental disorders, a six country study. *Pharm World Sci*. 2008;30(5):595-9.
- Aaltonen SE, et al. Barriers to medication counselling for people with mental disorders: a six country study. *Pharm Pract*. 2010;8:122-31.
- Volmer D, et al. Pharmacy students' attitudes toward and professional interactions with people with mental disorders. *Int J Soc Psychiatry*. 2008;54(5):402-13.
- Eisenberg D, et al. Stigma and Help Seeking for Mental Health Among College Students. *Medical Care Research and Review*. 2009;66(5):522-41.
- Corrigan PWP, et al. Understanding and Influencing the Stigma of Mental Illness. *J Psychosoc Nurs Ment Health Serv*. 2008;46(1):42-8.
- Bell J, et al. Developing the role of pharmacists as members of community mental health teams: Perspectives of pharmacists and mental health professionals. *Res Social Adm Pharm*. 2007 Dec;3(4):392-409.
- Bell JS, et al. Mental health case conferences in primary care: Content and treatment decision making. *Res Social Adm Pharm*. 2007;3(1):86-103.
- Corrigan PW, et al. Disease and discrimination: Two paradigms that describe severe mental illness. *J Ment Health*. 1997;6(4):355-66.
- Mann CE, et al. Putting the person back into psychopathology: an intervention to reduce mental illness stigma in the classroom. *Soc Psychiatry Psychiatr Epidemiol*. 2008;43:545-51.
- Couture SM, et al. Interpersonal contact and the stigma of mental illness: A review of the literature. *J Ment Health*. 2003;12(3):291-305.
- Stuart H. Fighting the stigma caused by mental disorders: past perspectives, present activities, and future directions. *World Psychiatry*. 2008;7(3):185-8.
- Heijnders M, et al. The fight against stigma: an overview of stigma-reduction strategies and interventions. *Psychol Health Med*. 2006;11(3):353-63.
- O'Reilly CL, et al. Consumer-led mental health education for pharmacy students: Impact on stigma and attitudes towards provision of pharmaceutical services *Am J Pharm Educ*. 2010;74(9):Article 167.
- Nguyen E, et al. Evaluating the impact of direct and indirect contact on the mental health stigma of pharmacy students. *Soc Psychiatry Psychiatr Epidemiol*. 2012;47:1087-98.
- O'Reilly C, et al. Mental health consumers and caregivers as instructors for health professional students: a qualitative study. *Soc Psychiatry Psychiatr Epidemiol*. 2012;47:607-13.
- O'Reilly CL, et al. Impact of mental health first aid training on pharmacy students' knowledge, attitudes and self-reported behaviour: a controlled trial. *Aust N Z J Psychiatry*. 2011;45(7):549-57.
- Rosen A, et al. Interdisciplinary teamwork and leadership: issues for psychiatrists. *Australasian Psychiatry*. 2005;13(3):234-40.
- Castonguay LG, et al. The working alliance: Where are we and where should we go? *Psychother: Theor Res Pract Train*. 2006;43(3):271-9.

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