

## Royal Commission into Victoria's Mental Health System

*Submission from the Pharmaceutical Society of Australia*

JUL  
2019

### Scope of this submission

The Pharmaceutical Society of Australia (PSA) is pleased to make this submission to the Commission. Noting the broad and complex scope of this inquiry, PSA has focused its comments on issues relating to the scope of professional practice of pharmacists.

### About PSA

PSA is the only Australian Government-recognised peak national professional pharmacy organisation representing all of Australia's 31,000 pharmacists working in all sectors and across all locations.

PSA is committed to supporting pharmacists in helping Australians to access quality, safe, equitable, efficient and effective health care. PSA believes the expertise of pharmacists can be better utilised to address the health care needs of all Australians.

PSA works to identify, unlock and advance opportunities for pharmacists to realise their full potential, to be appropriately recognised and fairly remunerated.

PSA has a strong and engaged membership base that provides high-quality health care and are the custodians for safe and effective medicine use for the Australian community.

PSA leads and supports innovative and evidence-based healthcare service delivery by pharmacists. PSA provides high-quality practitioner development and practice support to pharmacists and is the custodian of the professional practice standards and guidelines to ensure quality and integrity in the practice of pharmacy.

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## Pharmacists as partners in mental health care

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 as specialised mental health pharmacists within integrated multidisciplinary teams. However the contribution of Pharmacists to mental health care in the primary care setting is not well understood, and roles have generally been more limited. Pharmacists have a well established primary health care role and due to their accessibility are often the first health professional contacted by a consumer with a health concern.

While pharmacists recognise that medicines are not necessarily the primary or sole treatment option for mental illnesses, figures<sup>1</sup> (see summary at right) indicate they are a significant modality of treatment.

As experts in medication safety and quality use of all medicines, pharmacists should be recognised and embedded in healthcare teams in all settings. This should be facilitated

where planning or review of medication use is a core element of the individual's healthcare needs

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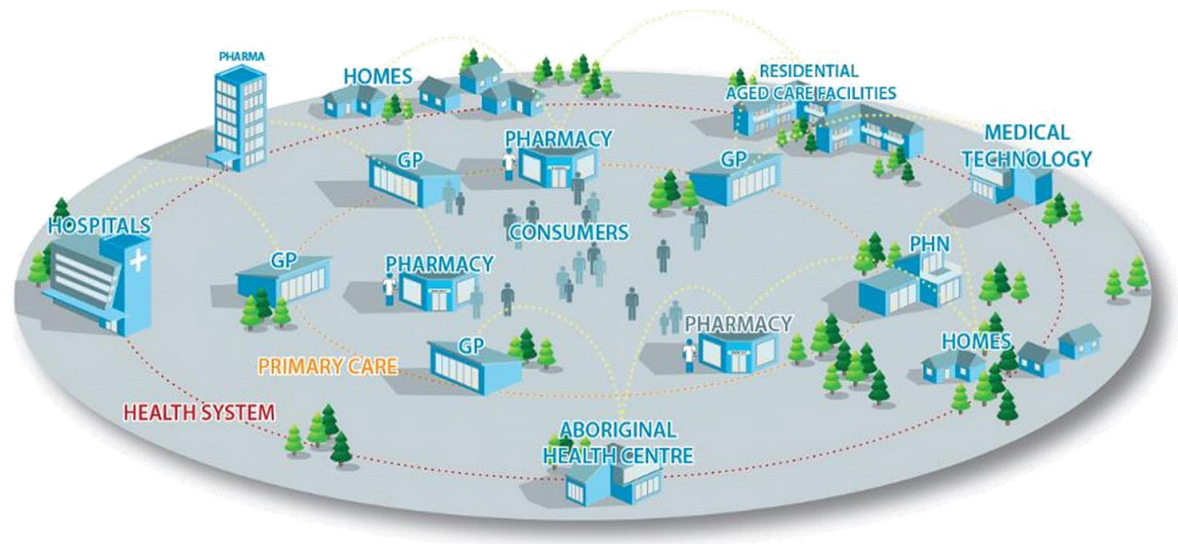
### Mental health-related prescriptions in 2017-18<sup>1</sup>

- 37.7 million prescriptions were provided; 64.0% of these were subsidised by the PBS/RPBS
  - 4.2 million Australians (16.8% of the population) received an average of 9.1 prescriptions per patient
  - 86.8% of prescriptions were prescribed by GPs, 7.8% by psychiatrists and 4.4% by non-psychiatrist specialists
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<sup>1</sup> Australian Institute of Health and Welfare. Mental health-related prescriptions. 2019;May. At: <https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/mental-health-related-prescriptions>

## Role of pharmacists



PSA has continually advocated for the role of pharmacists to be considered more broadly in the health care sector, not just in association with the dispensing of medicines.

The Framework explains how the role of pharmacists can be categorised into:

- **indirect** services, including education, academic detailing, and policy development; and
- **direct** services, such as medication adherence support, crisis intervention or medication review, which are aligned broadly with four main aims for mental health care service delivery:
  - health promotion;
  - supporting early detection and intervention;
  - minimising illness; and
  - maximising recovery.

During Pharmacists in 2023 consultation, consumers showed strong support for services that which were directly linked to Pharmacists medicines expertise such as enhancing health literacy, medicines safety and health professional support<sup>2</sup>

For example, since July 2015 individuals who are on clozapine are able to have this medicine dispensed at the community pharmacy of their choice. This change in community access

<sup>2</sup> Pharmaceutical Society of Australia. Pharmacists in 2023: For patients, for our profession, for Australia's health system. Canberra: PSA; 2019. At: <https://www.psa.org.au/wp-content/uploads/2019/02/Pharmacists-In-2023-digital.pdf>

arrangements means an enhanced role for community pharmacies and pharmacists have greater contact with mental health consumers and their carers.<sup>3</sup> Access from the local community pharmacy rather than a hospital increases accessibility, provides a normalisation of care, reduces travel costs (especially in regional and rural areas), while maintaining regular contact with a health professional.

## 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 or supporting mental health days/weeks, 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.

Some pharmacists already participate in health promotion in their community by delivering presentations to audiences such as school groups, community groups, carers and consumers, or parents groups. Mental health-related topics might include: medicines used for depression or anxiety disorders, smoking cessation, illicit drug use.

As primary health care professionals, 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 build trust and to have regular conversations with consumers. Mental health consumers may seek advice in the early stages of a mental illness and pharmacists will be able to encourage or refer them to see relevant health care services.

Carers of consumers with mental illness who also play an important role in prevention and early intervention of mental illness may themselves be vulnerable as they face significant emotional, social and economic burden. Carers are known to be at an increased risk of developing depression, anxiety and other mental health problems. As the health professional who has regular contact with carers, pharmacists have a role to support carers' health information and health care needs.

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<sup>3</sup> Department of Health. Frequently Asked Questions New Arrangements from 1 July 2015: Pharmaceutical Benefits Scheme (PBS) – New Options for Clozapine Maintenance Supply. Australian Government.

## 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.

## Harm Minimisation

There is a high prevalence of co-occurring mental illness and problematic drug use. With a significant body of evidence demonstrating that people who experience problematic drug use have far higher rates of mental health problems than the general community.

Pharmacists have undertaken harm minimisation work as a matter of 'normal' practice with routine involvement in activities such as smoking cessation, provision of naloxone, needle and syringe programs (NSP), and opioid replacement therapy (ORT).

There is overwhelming evidence that the use of illicit drugs and misuse of pharmaceutical medicines are a major community concern with significant impact on the Victorian Health System. Member feedback has indicated that the current referral pathway to support and manage addiction is stretched, with medication assisted treatment for opioid dependence (MATOD) services across all Pharmacotherapy based networks (PABNs) under enormous pressure.

There are many benefits for delivering MATOD in community pharmacies, increasing accessibility of treatment, removing stigma around opioid use disorders and normalising treatment as a long term maintenance therapy for a chronic condition.<sup>4</sup> There are a number of barriers to access that have been identified, including but not limited to

- Access to prescribers
- Out of pockets costs for these services, with no safety net
- Distance to treatment, particularly in rural and regional areas
- Stigma and Discrimination

The barriers to access are likely to be amplified over the next 12 month period with the transition to mandatory implementation of Safescript by April 2019, with the potential for more individuals to enter MATOD services. The Pharmaceutical Society of Australia has been addressing this with a broad range of Victorian Stakeholders. From these discussions, we have determined that there is scope for pharmacists to support a more sustainable collaborative workforce model<sup>5</sup>

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<sup>4</sup> Ryan J, Thomson N, Muhleisen P, Griffiths P. (2015). *Chronic Unfairness: Equal treatment for addiction medicines?*. Pennington Institute. <http://www.pennington.org.au/wp-content/uploads/2015/04/Chronic-Unfairness-Pennington-Institute.pdf>

<sup>5</sup> Pharmaceutical Society of Australia, Opioid Replacement Therapy Collaborative workforce model in Victoria, 2017

Pharmacists are specialists in medicines and experienced pharmacists can be credentialed to support MATOD prescribers in the ongoing management of their clients. With appropriate funding, these pharmacists would be able to practise in a collaborative team based environment in a variety of locations including but not limited to community health centres, GP practices and utilising the community pharmacy network under a shared care plan arrangement with prescribers. This model offers a high level of flexibility and mobility to enable place based solutions to reduce barriers to access. Such a model has been proposed as a potential solution to the current barriers to MATOD services experienced in the Frankston and Mornington peninsula regions. This placed based approach should be supported by the State Government to ensure equity of access and reduction of barriers to access in this region, and across Victoria.

As problematic drug use can further exacerbate mental health problems, by using evidenced based interventions such as NSPs and MATOD services and ensuring these are appropriately funded to allow for access when needed, there would be a benefit to mental health consumers in Victoria.

## **Alternative approaches to supporting and funding mental health care**

### **Access to consumers**

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 also note that with ongoing care, mental health consumers tend to have more regular contact with a pharmacist rather than their GP.

It is also relevant to note that while the estimated treatment rate for mental health disorders in Australia has increased to 46% in 2009–10, this means that there are still well over 50% of mental health consumers who remain untreated.<sup>6</sup>

Being the most accessible and accessed health care professional, PSA strongly believes pharmacists should be utilised more extensively and comprehensively to assist mental health consumers and carers, thereby proving access close to home and normalisation of interventions. Visiting a pharmacy is not difficult for most consumers with no requirement for a formal appointment in most instances and a good network of pharmacies, many with extended hours of service. As a regular contact point, pharmacists can provide mental health consumers with medication management support as well as other needs relating to chronic health conditions. It is well documented that mental health consumers have a higher mortality rate and are at higher risk of conditions such as cardiovascular disease, obesity and diabetes. Pharmacists can provide medication management support for these chronic conditions as well as other healthy lifestyle advice and information or supporting weight management or smoking cessation activities. Other activities might include screening at-risk individuals and referring to their general practitioner.

Without appropriate regular support, mental health consumers may struggle through decline and neglect in their own physical health, alcohol and drug misuse, have irregular contact with health

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<sup>6</sup> Whiteford HA, Buckingham WJ, Harris MG, Burgess PM, Pirkis JE, Barendregt JJ, Hall WD. Estimating treatment rates for mental disorders in Australia. *Aust Health Review* 2014;38:80–5.

professionals and encounter further barriers to receiving the most appropriate care. Negative events or outcomes can unfortunately be further compounded, leading to fragmented care, diminishing continuity of care and leading to relapses or hospitalisation.

The State Government supported Supercare pharmacies have provided additional accessibility with consumers accessing care through this network 24 hours a day , 7 days a week. Case reports from members working in these pharmacies have demonstrated that mental health consumers are accessing these pharmacies for ongoing support, including during escalations of illness, allowing connection to relevant health care services.

As an example of what a community pharmacy delivering mental health care services can look like, a report on Craven's Pharmacy - which won the Innovation in Professional Services title in the 2013 Pharmacy of the Year Awards – is included in Attachment 1. The pharmacy has built on its location and health needs of the community (being close to an outpatient mental health clinic), built trust and relationships with patients, case managers and prescribers and tailored the medication management services it offers (evolving from staged supply, dose administration aids and medication adherence support to a comprehensive disease state management service). Attachment 1.

## **Quality use of medicines expertise**

Mental illness requires consumer-centred care which is responsive, flexible and multi-faceted. As health professionals fully attuned to the goals of QUM,<sup>5</sup> pharmacists recognise that medicines are not necessarily the primary or sole treatment option for mental illnesses. However, the 37.7 million mental health-related prescriptions dispensed in Australia in 2017-18, reflect that they are a significant modality of treatment. Of these, over 86% of medicines were prescribed by general practitioners compared to a relatively small proportion of prescribing of subsidised medicines by psychiatrists at 7.8%. These figures strongly emphasise the need and opportunity for pharmacist involvement in mental health care.

## **Psychotropic medicines**

The main psychotropic medicines used in Australia include antidepressants, anxiolytics, sedatives, antipsychotics, mood stabilisers and medicines for attention-deficit hyperactivity disorder (ADHD).

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. Unfortunately psychotropic medicines are frequently implicated as a cause of adverse drug events or drug-related problems. Side effects can be wide ranging (e.g. confusion, sedation, dizziness, weakness, blurred vision) which may then be contributory factors for adverse events such as falls or motor vehicle accidents.

Antipsychotic medicines, particularly when used long term, can seriously impact on the physical health of mental health consumers. Therefore benefits and risks should be regularly monitored and managed appropriately, for example, with<sup>7</sup>:

- routine reviews of medication regimens;
- use of non-pharmacological management;
- screening for known risk elements; and
- avoiding the use of multiple medications whenever possible.

A longitudinal study<sup>8</sup> reported there was a 58.2% increase in the dispensing of psychotropic medicines from 2000 to 2011. This trend was mostly due to increases in antidepressants, atypical antipsychotics and ADHD medications (increase of 95.3%, 217.7% and 72.9%, respectively). While some of this may be due to more people accessing care through mental health services, “it is also important to ensure that evidence-based treatment is provided to those Australians accessing these services”. The authors of the longitudinal study conclude there are some potential concerns including:

- the continuing high use of benzodiazepines, particularly alprazolam, despite their problematic effects;
- the rapid increase in serotonin noradrenaline reuptake inhibitor (SNRI) use, given their more complex side-effect profile relative to selective serotonin reuptake inhibitors (SSRIs); and
- the dramatic increase in antidepressant prescriptions despite questions about the efficacy of these drugs in mild to moderate depression.

The study also reports that “polypharmacy with psychotropics is now more prevalent in both adults and children despite little systematic evidence supporting this practice”. This type of report raises significant concerns for PSA and pharmacists. Integration of pharmacists in health care teams will provide opportunities for early intervention by pharmacists around appropriate use of medicines optimised for individuals and ensuring a focus on medicines safety.

## Preventing adverse medicines events

Pharmacists work across the whole spectrum of health from maintenance of good health to management of ill health. Pharmacists understand that a consumer’s health needs, preferences and comprehension may evolve and be different from one health episode to the next. With their unique expertise in medication management, pharmacists understand the value of timely

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<sup>7</sup> Meagher J. What about the rest of me? Physical disease within mental health.. In: Singerman D, ed. Perspectives: Mental health and wellbeing in Australia. Canberra: Mental Health Council of Australia. p. 32–3.

<sup>8</sup> Stephenson CP, Karanges E, McGregor IS. Trends in the utilisation of psychotropic medications in Australia from 2000 to 2011. Aust N Z J Psychiatry 2013;47(1):74–87. At: <http://anp.sagepub.com/content/47/1/74>



interventions in assisting optimal use of medicines and perhaps more importantly, preventing adverse medication events.

Regardless of the setting (e.g. people in the community, people discharged from hospital, or residents of aged care facilities), adverse medication events do occur. These errors result in over 250 000 hospital admissions each year, with an annual cost of \$1.4 billion.<sup>9</sup> The issue of concern to pharmacists is that a very significant percentage of these events are preventable.<sup>10</sup> Thus the role of pharmacists is important in ensuring medicines are used safely and optimally.

## Improving health literacy

The importance of health literacy on medicine use is widely known and has been a part of Australia's national health goals and targets for several decades. Health literacy is reported to impact on the level of understanding of dosing instructions and warning statements, correct medication management decisions, adherence to agreed treatment schedules, and correct use of therapeutic devices. Lower health literacy levels can impact on adverse events, health outcomes and health care costs.

A study in 2006 showed that 59% of Australian adults (15–74 years) had health literacy skill levels which were lower than 'adequate' (Level 3). The people with lower level health literacy skills had difficulty with tasks such as locating information on a bottle of medicine about the maximum number of days the medicine could be taken.<sup>11</sup>

Pharmacists appreciate the diversity in consumers' health literacy levels as well as an individual's preferences and needs at any particular time. Pharmacists have a key role in assisting mental health consumers and carers with their health information needs and in improving health literacy levels of the broader community.

## Medication management reviews

The aims of medication management review services (e.g. Home Medicines Reviews (HMRs) or Residential Medication Management Reviews (RMMRs)) are to improve the appropriate use of medicines, reduce the incidence of medication misadventure and assist in improving consumer health outcomes.

Based on evidence of benefits of HMRs and RMMRs on quality use of medicines by consumers in the community and residents in residential aged care facilities, these medication management services have been funded through Community Pharmacy Agreements (CPAs) between the Australian Government and the Pharmacy Guild of Australia.

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<sup>9</sup> Pharmaceutical Society of Australia. Medicine safety: Take care. Canberra: PSA, 2019. At: <https://www.psa.org.au/wp-content/uploads/2019/01/PSA-Medicine-Safety-Report.pdf>

<sup>10</sup> Easton K, Morgan T, Williamson M. Medication safety in the community: a review of the literature. Sydney: National Prescribing Service; 2009. At: [www.nps.org.au/\\_\\_data/assets/pdf\\_file/0008/71675/09060902\\_Meds\\_safety\\_June\\_2009.pdf](http://www.nps.org.au/__data/assets/pdf_file/0008/71675/09060902_Meds_safety_June_2009.pdf)

<sup>11</sup> Australian Bureau of Statistics. Australian social trends. Health literacy. Canberra: ABS; 2009.

On 1 March 2014 however, changes were introduced by the Australian Government and program administrator which in effect limit the availability of these services. PSA has received feedback from member pharmacists who are concerned that consumers are missing out on a much needed service as they are unable to conduct some reviews despite receiving referrals and requests from medical practitioners. There is no data to ascertain how many mental health consumers may be affected.

However we believe that funding sources of any health service for mental health consumers must be designed well and managed appropriately so that access to quality evidence-based services is not compromised. Such scenarios would be discouraging and confusing for any consumer but may be further compounded for vulnerable mental health consumers and carers.

## **Collaborative partnerships**

Pharmacists' skills in QUM can provide benefits and synergies in a collaborative team environment. This is observed where pharmacists have strong professional partnerships and active engagement with other health professionals. The partnership approach also supports pharmacists liaising closely with general practitioners and referring in a timely and sensitive manner.

Pharmacists currently work in partnership with other health professionals in various settings including hospital wards or clinics, residential aged care facilities and in the community. Community pharmacists have strong professional links with other health practitioners within the local primary health care team. In particular, collaborative partnerships between community pharmacists and local general practitioners are fundamental to the provision of timely and seamless primary health care.

Pharmacists have also been working in general practices with great success. This arrangement creates additional benefits in that pharmacists can provide information and education on medicines and medication management to prescribers and practice nurses.

However, formal recognition and funding of the contribution of pharmacists to such team arrangements are sadly lacking in Australia. Hence, PSA has been advocating for formal recognition of collaborative arrangements where we believe pharmacists' expertise would be used most effectively and could help create synergies in health care service delivery to the consumer. PSA's support for better integration of pharmacists in the health care team has been strongly advocated through many different practice areas but particularly in relation to mental health care.

## **Community mental health care services.**

Figures for 2016-2017 indicate that 420,000 patients had over 8.9 million contacts through state and territory community mental health care services and this number has continued to increase. However, there is disparity in funding between states and territories leading to "wide variation in the level of mental health services available to their populations".<sup>12</sup>

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<sup>12</sup> Australian Institute of Health and Welfare Mental health Services in Brief 2018 , May 2019  
<https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia>

The funding arrangements for these services at present do not formally enable pharmacists to contribute their expertise. Once again, the opportunity to consider the patient's medication holistically in the context of all aspects of their health care needs is generally not available. Some pharmacists familiar with these services have noted that caseloads can be large and the ability to provide targeted care can be variable between services. Despite the significant use of mental health-related medicines in the community, with no formal opportunity for pharmacist input through these teams, patients who may desperately need advice with their medication management are often not supported in a timely manner. We believe that case managers should have access to medication management expertise that pharmacists can offer if and when their patients require support particularly around medication adherence and health literacy.

The benefits of having a pharmacist as a member of a community mental health team has been reported,<sup>13</sup> particularly in the context of conducting medication management reviews in a timely manner and providing other forms of medication management support. Pharmacists' findings and recommendations to optimise drug therapy were judged to be appropriate and likely to result in improved clinical outcomes.

There is limited funding for HMRs to be delivered by accredited pharmacists in consultation with GPs and mental health consumers in the community may be eligible for this service through a referral from the GP. However for individuals under the direct care of a state or territory community mental health team, the inclusion of a pharmacist within the team is likely to provide improved opportunities for more timely and effective care.

### **Dose Administration Aid (DAA) to improve medication compliance and adherence**

Taking into consideration that mental health consumers often use a complex mix of medications for a range of health conditions, DAA services would be beneficial in helping to alleviate confusion, avoid missed doses and medication misadventure, and would serve to engage mental health consumers with their pharmacists.

In other jurisdictions in Australia, we have seen State mental health services commission the provision of medications and packing and supply of DAA services through community pharmacies to ensure that patients have access to essential and necessary medication close to home.

## **Mental health research, workforce development and training**

### **Pharmacy sector research.**

There have been several mental health-related research projects funded through Community Pharmacy Agreements including the study referenced earlier in this submission around the positive contribution of pharmacists in community mental health teams.

With many more mental health consumers and carers living in the community, it is important that the primary health care sector is appropriately equipped to meet their mental health care needs.

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<sup>13</sup> Gisev N, Bell JS, O'Reilly CL, Rosen A, Chen TF. An expert panel assessment of comprehensive medication reviews for clients of community mental health teams. *Soc Psychiat Epidemiol* 2009. DOI: 10.1007/s00127-009-0148-8.

Several studies<sup>14,15</sup> have been published recently around the development of mental health education for community pharmacy staff. With community pharmacies being highly accessible and regularly accessed health care locations, we welcome the development of education and training materials which are informed by the experience of mental health consumers and carers and will help enable community pharmacy staff to provide appropriate support.

### **Mental health first aid training.**

PSA provides education and training to pharmacists for continuing professional development as well as a national intern training program. We regularly deliver mental health first aid (MHFA) training to pharmacists who are looking to maintain their competencies or to upskill in this area. While there has been consistent uptake of this training by pharmacists, PSA believes there is merit in fully integrating MHFA training into the curricula of pharmacy schools and/or intern training programs. We understand that some pharmacy schools have implemented this already. If this could be achieved pharmacy profession-wide, it would certainly boost the capacity of pharmacists as frontline health professionals in assisting mental health consumers and carers. It is acknowledged that this is particularly pertinent in regional and rural areas.

### **Multidisciplinary learning.**

While multidisciplinary professional education events are increasingly becoming available, PSA is aware that the opportunity to be engaged in multidisciplinary learning or combined education sessions are greatly valued by pharmacy (and other) students. We believe the education of tertiary students in mental health care would be an ideal time to invest in multidisciplinary learning opportunities.

## **Conclusion**

It is clear that pharmacists play an important role in mental health care. In addition to the provision of medications and advice, there are clear benefits for pharmacists to enhance their involvement in providing health care services to mental health consumers. Taking into consideration the accessibility, credibility, knowledge and skills of pharmacists and the perception of the public towards these health professionals, further engagement of pharmacists as part of the mental health care team will provide mental health consumers with improved continuity of care.

The PSA recommends further consideration and utilisation of pharmacists' skills in providing health care services to mental health consumers, backed up with service delivery agreements and robust funding.

Please do not hesitate to contact us if you require clarification on any of the aforementioned or if further assistance is required in relation to this submission.

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<sup>14</sup> Mey A, Knox K, Kelly F, Davey AK, Fowler J, Hattingh L, Fejzic J, McConnell D, Wheeler AJ. Trust and safe spaces: mental health consumers' and carers' relationships with community pharmacy staff. *Patient* 2013;6:281–9.

<sup>15</sup> Mey A, Fowler JL, Knox K, Shum DHK, Fejzic J, Hattingh L, McConnell D, Wheeler AJ. Review of community pharmacy staff educational needs for supporting mental health consumers and carers. *Community Ment Health J* 2014;50:59–67.

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