Australian Government
Department of Health and Ageing

The Pharmacy Guild of Australia

Managing mental illness and promoting and sustaining recovery

Researchers: ***Healthcare Management Advisors***

EXECUTIVE SUMMARY

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AS PART OF THE FOURTH COMMUNITY PHARMACY AGREEMENT

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Five divisions of general practice assisted in the recruitment of pharmacists to participate in the project and advised on implementation issues. They were: Peninsula GP Network, South City GP Service, North East Victoria Division of General Practice, Northern Adelaide Division of General Practice, Murray Mallee Division of General Practice. Their assistance was invaluable.

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The Pharmacy Guild of Australia manages the Fourth Community Pharmacy Agreement Research & Development which supports research and development in the area of pharmacy practice. The funded projects are undertaken by independent researchers and therefore, the views, hypotheses and subsequent findings of the research are not necessarily those of the Pharmacy Guild.

Background

Enhancing the level of care to people in the community with a mental illness has been high on government priorities – both the Commonwealth and States and Territories – for more than a decade. Much of that attention has concentrated on improving the accessibility, flexibility and quality of public mental health services.

The wider community increasingly recognises there is a high prevalence of mild to moderate mental illness throughout the population. The use of expensive inpatient based services to better support people with mild to moderate mental illness is neither appropriate nor cost effective. More effective employment of the primary care health system presents a better approach.

Community pharmacies in Australia are a key element of the Australian primary care system. Since the 1990s they have been expanding beyond a traditional role around the dispensing of medicines. This transformation has seen their increased involvement in the provision of cognitive services to support the primary health care needs of the community.

This project explored the scope for community pharmacies to continue their transformation by increasing their level of support to people with a mental illness.

Potential Benefits from Expanded Community Pharmacy Role

The potential benefits from community pharmacy developing its role to support people with mental illness will accrue to both individuals and their families and carers, as well as government. They include:

- Greater awareness of mental illness and earlier referral to doctors for additional support;
- Fewer preventable adverse drug events and interactions;
- Improved client adherence;
- Fewer hospitalisations; and
- Promotion of recovery.

Project Contributes to Developmental Work

The literature has noted the need for more studies to assess the role that pharmacies can undertake in supporting people with a mental illness in the community. This project used an action research methodology to 'scope out' what could be possible.

To inform the intervention design process HMA undertook a high level literature scan to explore previous experiences in investigating the role that community pharmacy can undertake in supporting people with a mental illness. The scanning process concentrated on systematic reviews and literature reviews or studies (excluding grey literature) that described *interventions by community pharmacists focussed on improving outcomes for people with mental illness*. Based on the literature review HMA prepared a draft discussion paper outlining a proposed design for the pilot interventions. Participants at a design workshop held in August 2008 reviewed these proposals. The workshop was attended by members of the Project Advisory Panel (PAP), representatives from the participating Divisions and area mental health services, and technical experts in the field. The design workshop agreed to the following parameters for the pilot interventions:

- a brief training intervention targeting pharmacists and pharmacy assistants to increase their awareness of mental illness;
- an intervention to provide additional pharmacist support to people using a medication for a mild to moderate mental illness. It was agreed the pilot would focus on patients receiving a medication for mental illness for the first time, to reduce the overall size of the target group; and
- an intervention to provide additional support to discharged from an acute inpatient setting or receiving support from a community mental health team.

The project piloted the three interventions in five geographic areas based around Divisions of General Practice. Twenty five community pharmacies from within these Divisions were recruited to undertake the pilot.

Recommendations and future work priorities

Recommendation and refinements to *Intervention one*: raising awareness of mental illness

Based on the findings from the pilot HMA concluded there were sufficient positive findings to justify continued work on development of a training intervention for community pharmacists aimed at enhancing the level of support they provide to people with a mild to moderate mental illness.

HMA therefore recommends that:

Recommendation #1: there should be continued work on the development of a training intervention for community pharmacists to enhance the level of support they provide to people with a mild to moderate mental illness.

Pharmacists participating in the pilot suggested the training needed more 'hands-on' relevance in preparing them to recruit consumers and increase their support for people with a mental illness. The low levels of recruiting by some participating pharmacists also suggested that *Intervention one* as implemented in the pilot did not fully allay the reservations of some pharmacists about the practicalities of implementing *Interventions two* and *three*.

Based on these findings HMA suggests the following priorities for work development:

Development work priorities #1: any future training for community pharmacists around expanding their role in the support of consumers with mental health issues should provide:

. greater emphasis on cognitive behaviour and the impact this has on pharmacist's actual interaction with consumers. This may be better achieved through case studies and experiential training; and

. further address participant pharmacist anxieties about increasing their support to consumers with mental health by providing mental health first aid training.

Longer periods of training would be required to address these additional topics. The willingness of participating pharmacists to undertake this additional investment of time in training would need to be carefully assessed.

Recommendations and refinements to *Intervention two*: supporting medication adherence

Based on the findings from the pilot HMA concluded there were sufficient positive findings to justify continued work on development of techniques for community pharmacists to provide additional face-to-face contact and follow-up phone calls to promote medication adherence by people being dispensed a new medication for the first time.

HMA therefore recommends that:

Recommendation #2: there should be continued work on development of techniques by community pharmacists involving extra face-to-face contact and follow-up phone calls to people being dispensed a new medication for the first time, to promote improved medication adherence.

Participating pharmacists made a number of suggestions for refining the design elements of *Intervention two*. These involved:

- data collection processes eg data collection form to be redesigned to become a record of the pharmacists contact with consumers;
- redesign the support materials and start-up process eg increase promotion of the intervention to consumers;
- vary the scope of consumers recruited eg recruit consumers at any time after the second repeat if the consumer is experiencing difficulties with adherence (ie not just first time users of new medication);
- model design eg allow flexibility in the frequency, contact type and length of intervention based on consumers' individual clinical needs; and
- infrastructure support eg amend dispensing software to identify potential client recruits during the dispensing process for a first time medication.

The MMI pilot found that extra support was also needed for pharmacies that experienced difficulties in recruiting patients

Based on these findings HMA suggests the following priorities for work development:

Development work priorities #2: there be support for broader trialling of medication adherence support for people with a mental illness with the following additional processes:

. undertake more formalised monitoring of recruitment pharmacy activities to identify slow adopters;

. provide additional face-to-face support to pharmacies identified as slow adopters; and

. provide additional training (see proposed refinements for Intervention one),

The scope of additional medication adherence support should be refined, allowing more flexibility around the type and frequency of consumer contact compared to the MMI pilot.

Dispensing software should be modified to provide prompts that remind pharmacist to recruit and provide support for additional medication adherence.

The impacts of these refinements should be assessed in a 'natural trial':

. two Divisions would be invited to apply to become trial sites but would commit to 'signing up' a large proportion of the community pharmacies in their area; and

. one Division would provide all active sites, whilst the other would provide all controls.

This approach, combined with the other refinements recommended, should ensure greater consumer recruitment and enable a comprehensive assessment of the intervention impacts.

Recommendation and refinements to *Intervention three*: continuity of medication support for people associated with a public mental health service

Intervention three addressed an issue which, despite the poor referral response from public mental health services in the pilot, continues to be relevant to effective operation of the overall health system. The intervention as formulated in the pilot underestimated the degree of structural change required to facilitate integration of public mental health services with general health services. There was some evidence of active resistance by staff to the making of referrals. The program required changed approaches to work processes and the provision of care that was more extensive than the introduction of referral procedures. If a change initiative such as *Intervention three* is to succeed, it requires a more substantial change management approach linked to the broader goal of systems integration and engaging front line staff.

The intervention also requires some refocusing:

- there is an argument that the target group should be patients with a chronic serious mental illness rather than post acute patients;
- the referral process should more centrally involve GPs;
- the intervention should recognise a requirement to change on the part of patients as well as health care professionals. Patients need to be comfortable that issues of confidentiality are being adequately addressed;
- a longer lead time is required to implement the intervention; and
- referrals and follow up were seen by staff as an additional load on top of demanding work schedules. Incentives in the form of partial funding of a staffing position are needed.

There is no doubt that further developmental work in this area is a priority for development of the health system overall. However, it is questionable whether responsibility for this sits neatly with the community pharmacy sector. Priority for this work sits more clearly with public mental health services operated by the states and territories.

Based on these findings it is recommended that:

Recommendation #3: the findings from the pilot reaffirmed the around the difficulties of promoting continuity of medication support for people associated with public mental health services. Rectifying these problems will require extensive change management programs that are best addressed by state and territory public mental health programs.