



**The Pharmacy
Guild of Australia**
VIC Branch

Submission

The Royal Commission into Victoria's Mental Health System

Comments by the Pharmacy Guild of Australia-Victoria to the Royal Commission into Victoria's Mental Health System

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Victoria

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INTRODUCTION

The Pharmacy Guild of Australia (the Guild) is the peak national pharmacy organisation representing community pharmacy. The Guild aims to promote, maintain and support community pharmacies as the most appropriate primary providers of health care to the community through optimum therapeutic use of medicines, medicines management and related services.

The Guild and its more than 5,700-strong community pharmacy network across Australia have a long and credible record of delivering evidenced-based programmes for Government and consumers, consistently demonstrating a capacity to deliver significant outcomes within substantial budget and time constraints in often complex and multi-organisation frameworks.

As the health system evolves, and community pharmacists seek to practise to their full scope in providing primary health care, the Guild will continue to invest its efforts in the future of community pharmacy, ensuring the profession is responsive to the community's needs.

Outlined in this submission are some of the areas in which the Guild believes community pharmacy should become involved to enhance the provision of mental health services in Australia namely prevention, health promotion, medicines management and monitoring. We believe that there are social and economic benefits that would result from engaging community pharmacy to contribute to improving the provision of mental health care services.

Community pharmacy

- There are 5,723 community pharmacies in Australia¹ (1410 in Victoria)
- In capital cities, 95 per cent of consumers are no further than 2.5 km from a pharmacy. In regional areas, 72 per cent of people are within 2.5-km of a pharmacy².
- On average, every person visits a community pharmacy 18 times each year in metropolitan, rural and remote locations³.
- Community pharmacies are the most frequently accessed and most accessible health destination, with over 449 million individual patient visits annually and the vast majority of pharmacies open after-hours, including weekends⁴.
- Pharmacists are one of the most trusted professions along with nurses and doctors. Public opinion surveys have shown that 93% of adults trust the advice they receive from pharmacists⁵.

These facts highlight the critical role that community pharmacy plays in the provision of primary health care to the Australian population.

¹ PBS Expenditure and Prescriptions Twelve Months to June 2018: Table 13

² Guild Submission to the Review of Pharmacy Remuneration and Regulation 2016

³ ABS Demographic Statistics, PBS Date of Supply

⁴ PBS Date of Supply, Guild Digest, <http://www.abs.gov.au/ausstats/abs@.nsf/mf/3101.0>

⁵ https://www.guild.org.au/about-us/community-pharmacy-2025/CP2025_OrimaResearch_FullReport_16May2018.pdf

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CONTRIBUTING COMPONENTS TO IMPROVING MENTAL HEALTH AND WELLBEING

1. The Role Community Pharmacy

Community pharmacies and pharmacists play a vital role in the health care system through the medication and information they provide and are highly trusted healthcare professionals. Pharmacies are often the first point of contact between the public and the health care system. Pharmacists provide invaluable assistance to people in managing their medication, monitoring their health and promoting healthy living.

The role of community pharmacists in the support and management of mental illness has been growing. Research shows that pharmacists can:

- identify people at risk of depression and refer appropriately for diagnosis and therapy⁶,
- manage psychotropic-medicine related problems⁷,
- provide antidepressant adherence support and work within multidisciplinary mental health teams⁸.

Given the accessibility of community pharmacy, pharmacists are ideally placed to triage consumers to other healthcare professionals and local services.

Quality Use of Medicines

Quality Use of Medicines (QUM)⁹ is one of the central objectives of Australia's National Medicines Policy:

- Selecting management options wisely;
- Choosing suitable medicines if a medicine is considered necessary; and
- Using medicines safely and effectively.

QUM applies equally to decisions about medicine use by individuals and decisions that affect the health of the population. The term 'medicine' includes prescription, non-prescription and complementary medicines.

At an individual consumer level, the application of QUM to the management of medical conditions assists in the identification and implementation of:

- Methods to select and communicate the most appropriate medicine or non-medicine option from all available prevention and treatment options, so that the individual gains optimal, cost-effective health outcomes; and
- Methods to monitor the outcome of the selected treatment option, to allow rapid modification according to response, so that optimal health outcomes are maintained over time.

Non-adherence to medication is major risk factor for relapse in people with mental illness. There is clear evidence that taking medication as prescribed significantly reduces the risk of relapse.

⁶ O'Reilly CL, Wong E, Chen TF. A feasibility study of community pharmacists performing depression screening services. *Res Soc Adm Pharm* 5// 2015;11(3):364-381.

⁷ 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 Psychiatry Psychiatr Epidemiol* 2010;45(11):1071-1079.

⁸ Bell JS, Aslani P, McLachlan AJ, Whitehead P, Chen TF. Mental health case conferences in primary care: Content and treatment decision making. *Res Social Adm Pharm* 2007;3(1):86-103.

⁹ <http://www.health.gov.au/internet/main/publishing.nsf/Content/nmp-quality.htm>

At a community level, the National Strategy for QUM provides a guide to the development of these methods by outlining evidence-based steps that:

- Facilitate the development of processes and resources that allow the identification, selection and effective implementation of both non-medicine or medicine prevention or treatment options, which best meet the individual needs and management objectives of the consumer, health care professional and community;
- Can be used to develop educational and information materials to support health care professionals and consumers in the selection and use of medicines according to appropriate individual needs and management goals; and
- Can be used to construct an evaluation framework, which allows the continued monitoring of the selected treatment option against health goals, and processes to reassess choice according to these outcomes.

There is often a lack of access to appropriate advice and support on mental health in the community, and it is difficult for people to access timely and affordable effective treatment. Community pharmacists see patients on a regular basis without the need for an appointment. As such, pharmacists are ideally placed to provide a person-centred solution to support people who are living with mental illness, including appropriate interventions to improve medication adherence as poor medication management can contribute to poor health outcomes

Mental Health in Community Pharmacy Trial Gippsland

The Mental Health in Community Pharmacy Trial is funded by the Gippsland Primary Health Network (PHN). The trial is being conducted by Outcome Health in partnership with the Pharmacy Guild. The aim of the project is to enhance the capacity of community pharmacies to support clients with mental health concerns.

As part of the trial the participating pharmacies will undergo Mental Health First Aid training and deliver the following activities:

- Identify pharmacy customers who are at risk or struggling with mental health concerns
- Provide advice to customers on where they can go for initial diagnosis and follow up
- Support customers to engage with early Intervention programs
- Work with clinicians to provide a point of ongoing monitoring of patients
- Provide a local accessible point for on-line clinical treatment
- Offer locally relevant information to customers on service options and supports

The trial commenced in July 2018 with 4 participating pharmacies and was subsequently expanded to include 12 pharmacies the Gippsland PHN catchment.

Mental Health Pharmacy Trial Program

Currently, there is a planned Mental Health Pharmacy Trial Program (PTP) under the Sixth Community Pharmacy Agreement, *Bridging the Gap between Physical and Mental Illness in Community Pharmacy*, or the PharMIbridge trial, that will directly benefit people with mental health issues¹⁰. The project will be conducted in collaboration between:

- The Pharmacy Guild of Australia
- The Pharmaceutical Society of Australia, and

¹⁰ <http://www.health.gov.au/internet/ministers/publishing.nsf/Content/health-mediarel-yr2019-hunt039.htm?OpenDocument&yr=2019&mth=03>

- Research teams from Griffith University and The University of Sydney.

The primary goal of this trial is to help people better manage their medication and improve their quality of life. Planned to start later this year, it will involve pharmacies in Western Australia, New South Wales and the ACT. Pharmacists taking part in the trial will receive training and work closely with the patients' other health professionals.

This Mental Health PTP builds on the results of the Fifth Community Pharmacy Agreement (5CPA) Mental Health Project '*Exploring the role of community pharmacy in supporting mental health consumers and carers*' in 2012. The 5CPA Project¹¹ developed and piloted a person-centred, goal-oriented medication support service for more than 400 mental health consumers living with depression and anxiety. The service was shown to improve consumers' medication adherence, as well as, their motivation and confidence to deal with their mental health problems and medication. Overall the project demonstrated that a pharmacist-led medication support service for mental health consumers delivered in the community pharmacy setting was a feasible and beneficial resource. The proposed Mental Health PTP builds on these findings and experiences.

The beneficial outcomes of mental health education and training on pharmacists' confidence in caring for, knowledge of and attitudes towards common mental illnesses such as depression and anxiety were demonstrated in the 5CPA Mental Health Project¹².

It was identified that pharmacists' mental health literacy often varies depending on the specific type of mental illness – for example, pharmacists are better at recognising symptoms of depression than schizophrenia¹³. Hence, it is vital to provide access to a training program that addresses pharmacists' current literacy and knowledge gaps, to improve attitudes towards, and confidence in, providing care for people living with severe and persistent mental illness. Furthermore, similar to people living with depression and/or anxiety, the majority of people living with more severe illness, such as schizophrenia and bipolar disorder, access healthcare from community settings.

This is evidenced by a shift in recent years, whereby 41% of Medicare Benefits Schedule (MBS) mental health expenditure was spent on services provided by psychologists and other allied health professionals in 2010-11, compared to no expenditure on such services in 1992-3¹⁴. Given that 61.5% of Australians who experience psychosis experience multiple episodes with partial or complete remission of symptoms in-between¹⁵, it is expected that a large proportion of people taking psychotropic medicines access health care services in community settings. For example, in 2016-17, 87% of over 35 million mental health related prescriptions in Australia were prescribed by a General Practitioner (GP)¹⁶.

Great potential remains for more cost-effective use of the health care system by better using established community pharmacy networks. Community pharmacy can contribute more broadly to the primary health care sector; for example, by avoiding unnecessary hospitalisations through poor use of medication.

¹¹ <http://www.mentalhealthproject.com.au/>

¹² Wheeler AJ, Mey A, Fowler JL, Mihala G, Kelly F. 2018. A web-based mental health promotion intervention for pharmacy staff to reduce stigmatising and discriminating attitudes. *Periodical* 2018. <https://doi.org/10.1002/hpja.33>.

¹³ O'Reilly C, Bell S, Chen T. Pharmacists' beliefs about treatments and outcomes of mental disorders: a mental health literacy survey. *Aust N Z J Psychiatry* 2010;44(12):1089-1096.

¹⁴ Department of Health and Ageing. *National Mental Health Report 2013: tracking progress of mental health reform in Australia 1993 – 2011*. Canberra: Commonwealth of Australia; 2013.

¹⁵ Morgan V, Waterreus A, Jablensky A, et al. *People living with psychotic illness 2010*. Canberra: Australian Government; National Mental Health strategy; 2011.

¹⁶ AIHW. Mental health services in Australia. *Australian Institute of Health and Welfare*. Available at:

<https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/mental-health-related-prescriptions>. Accessed May 16, 2018.

2. Mental health promotion, prevention and early intervention

Community pharmacy offers a highly accessible network of primary health care delivering quality advice and service. Pharmacies exist in well spread out and accessible locations, and often operate over extended hours, seven days a week in urban, rural and remote areas. The initial interaction or engagement with a community pharmacist does not require an appointment.

Community pharmacists provide a range of services which extend well beyond the provision of prescription medicines and, as such, pharmacies are often the first contact point of the primary health care system for many people. These services include:

- provision of information about medicines and health conditions and support around medication adherence;
- provision of up-to-date and locally relevant information on other health care services and resources;
- participation in community health, preventative health and other public health services;
- distribution of public health information and educational materials;
- referral to a General Practitioner or Hospital Emergency Services; and
- referral to other appropriate health professionals where required; e.g. community health nurses, mental health services, drug and alcohol rehabilitation facilities etc.
- staged supply for people problematic use of prescription medicines
- harm minimisation strategies including needle and syringe program

Medicines are a major treatment modality for the management of many mental and physical illnesses. Pharmacists are well positioned to improve mental health care and associated co-morbidities, with the potential to reduce the associated burden on people with mental health concerns. As experts in medicines management, pharmacists can provide complementary skills and knowledge to broader multidisciplinary mental health and primary care teams.

Specifically, this may involve:

- detecting or resolving medication-related problems, helping to identify or manage side effects or adverse reactions;
- helping to ensure the safe and efficacious use of medication;
- providing comprehensive medication information to consumers and other healthcare professionals;
- promoting medication adherence; and
- reinforcing primary prevention, health promotion and lifestyle modification activities in the community.

Pharmacists provide counselling to consumers when dispensing and supplying medication; check individual medicine regimens to avoid possible drug interactions; provide advice to consumers on multiple medications; ensure a medicine is appropriate to the specific needs of the consumer and liaise with prescribers to support the best outcomes for the consumer. The pharmacists' role has become increasingly involved in areas such as testing and screening, public health and health promotion, disease management, and medicine reviews.

3. Comorbidities

Consumers with a mental illness commonly have multiple mental illness co-morbidities. They also have significantly poorer physical health than the general population. Pharmacists may see consumers with a

mental health condition more regularly than any other health professional and have a unique opportunity to support consumers in managing physical co-morbidities.

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 medications and their frequent contact with mental health consumers and carers means they are well placed to play a greater role in supporting consumers to manage their mental illness. The role pharmacists play in supporting patients to manage mental health issues is strengthened by the accessibility and availability of pharmacists. The result is that many pharmacists talk to people with mental health issues on a regular basis and are well placed to assist and refer them to other health professionals when appropriate.

While pharmacists recognise that medicines are not necessarily the primary or sole treatment option for mental illnesses, according to the Australian Institute of Health and Welfare (AIHW), there were 37.7 million prescriptions for mental health-related medications (subsidised and under co-payment) dispensed in Australia in 2017–18. This is equivalent to 1,523.6 mental health-related prescriptions per 1,000 population. These prescriptions were provided to 4.2 million patients, which equates to 16.8% of Australians. There was an average of 9.1 prescriptions per patient in 2017–18. Of the 37.7 million mental health related prescriptions, 24.2 million were subsidised under the PBS/RPBS and were provided to 2.4 million patients; an average of 10.1 prescriptions per patient in 2017–18. This emphasises the need and opportunity for pharmacist involvement as a member of multidisciplinary teams in mental health care and the importance of primary care in the management of mental illness

4. Health Workforce

Community pharmacy is essential for the provision of medicines to the public in a timely, convenient, affordable and equitable manner. Consequently, local community pharmacists play an essential role in public and preventative health.

A core pillar of Australia's National Medicines Policy, timely access to medicines, is achieved through Australia's network of community pharmacies, which are well-distributed throughout metropolitan, suburban, rural and remote regions. These outcomes are supported by the regulatory arrangements under a variety of Commonwealth, State and Territory laws. One of the regulatory requirements in the context of this submission is that pharmacy is not able to open for business unless a registered pharmacist is present, which means an available and sustainable pharmacist workforce is vital to the operation of community pharmacies. Currently, approximately 15% of pharmacies are in rural Victoria, of which, a substantial number are one pharmacy towns, where the patients' access to community pharmacy is most impacted on the workforce availability.

Community pharmacies are the most frequently accessed and most accessible health destination, with over 449 million individual patient visits annually and the vast majority of pharmacies open after-hours, including on weekends.

Community pharmacies in regional, rural and remote locations are finding it increasingly difficult to attract and retain pharmacists. This recruitment difficulty has also been reported by community pharmacies in several metropolitan areas.

The results of the 5CPA Mental Health Project indicated that pharmacists, in the community pharmacy often lack the confidence and skills to best support consumers suffering from mental illness. However,

evidence has shown that by providing pharmacists and pharmacy staff with the right training, their confidence and skills in supporting consumers with mental health illness improves significantly¹⁷.

Research has identified that among pharmacists, lack of mental health training and skills in communicating with mental health consumers are often cited as a barrier to providing care for this group of consumers¹⁸. Therefore, appropriate training of pharmacists to improve confidence and skills are crucial to the implementation of any new service for mental health consumers.

Similarly, research has also identified the need for educational programs to move from the traditional focus of pharmacology and therapeutics of psychotropic medication and adopt evidence-based approaches to reduce mental health stigma. This will improve pharmacists' confidence in providing mental health services. Lower levels of stigma have been associated with pharmacists' willingness to provide professional pharmacy services for people with serious and persistent mental illness¹⁹.

According to the Productivity Commission²⁰, funding arrangements have incentivised State governments to spend more on hospital-based services, rather than community-based care. This is "despite evidence that mental health services in community setting can be more effective in preventing pain and suffering and facilitating recovery".

In the *Monitoring Mental Health and Suicide Prevention Reform: National Report 2018*²¹, the National Mental Health Commission (NMHC) indicated on page 9 that:

"issues related to the mental health workforce include high staff turnover, the need for staff training in suicide prevention, the need to increase and develop roles such as peer workers, the need to improve Aboriginal and Torres Strait Islander representation in the workforce, and the challenges of working in rural and remote locations."

In the report, the NMHC said it would work closely with "the Australian College of Mental Health Nurses and other key stakeholders to develop a National Framework for Ensuring Safety in Care and Safety for Staff in Australian Mental Health Services".

In both scenarios above, the role of community pharmacy has been omitted. The Guild strongly recommends including community pharmacists in the provision of services for Australians with mental health illness. Collaboration of health care providers is essential in continuity of care for patients with mental health illness to assist in medication compliance and adherence by the patient, which is key in management of mental health illness.

Opioid Replacement Therapy (ORT)

The harm associated with illicit drug use and the misuse of pharmaceuticals is well documented. The implementation of harm reduction programs such as Opioid Replacement Therapy and Needle and Syringe Program are an effective strategy in reducing the health, social, crime and economic burden of drug misuse in the community.

¹⁷ El-Den S, Chen TF, Moles RJ, O'Reilly C. Assessing Mental Health First Aid Skills Using Simulated Patients. *American Journal of Pharmaceutical Education* 12/14/received

¹⁸ Wheeler A, Mey A, Kelly F, Hattingh L, Davey A. Education and training for community pharmacists in mental health practice: how to equip this workforce for the future *The Journal of Mental Health Training, Education and Practice* 2014;9(3).

¹⁹ O'Reilly C, Bell S, Kelly P, Chen T. Exploring the relationship between mental health stigma, knowledge and provision of pharmacy services for consumers with schizophrenia. *Res Social Adm Pharm* 5// 2015;11(3):e101-e109.

²⁰ <https://www.pc.gov.au/inquiries/current/mental-health/issues/mental-health-issues.pdf>

²¹

<http://www.mentalhealthcommission.gov.au/media/245240/Monitoring%20Mental%20Health%20and%20Suicide%20Prevention%20Reform%20National%20Report%202018.pdf>

The Pharmacy Guild of Australia is firmly committed to reducing the social and economic costs of problematic drug use in Victoria and recognises the significant public health and social benefits of treatment programs such as opioid treatment programs and their capacity to assist individuals to return to being productive members of society.

Community pharmacy has implemented a range of harm minimisation strategies including:

- Provision of drug related services such as:
 - Supply of needle, syringe and other injecting equipment;
 - Safe collection and disposal of syringes;
- Staged supply;
- Project Stop online real-time recording of the sale of pseudoephedrine-based products to prevent diversion for methamphetamine manufacture;
- Provision of information to family and friends of illicit drug users;
- Referral to appropriate treatment agencies

The broad goal of treatment for opioid dependence is to reduce the health, social and economic harms to individuals and the community arising from illicit and problematic opioid use which includes:

- health care costs (blood borne viruses, accidents, trauma, overdose);
- crime (associated with heroin); and
- family disruption, domestic violence, impact on children.

ORT is not dissimilar to the treatments of other chronic conditions, such as diabetes and cardiovascular disease. They require daily treatment and regular monitoring to reduce the risk of adverse outcomes associated with poor adherence.

The community-based service model is the preferred approach in Victoria, has been in place for decades and is widely regarded as better able to meet to health needs of patients than the specialised clinics model. However, it relies on optimal voluntary participation of general practice and community pharmacy to meet the demand.

The success of the ORT program is also reliant on a number of other factors including accessibility and attractiveness to the target group, which now includes a large proportion of people with problematic use of prescribed opioids.

It is anticipated that the implementation of the Safescript initiative will increase the demand on ORT services.

Low GP participation in ORT is a major challenge. Some local government areas have already expressed concern about large number patients congregating outside GP clinics, the potential impact on local amenity and exposure to the drug-using community.

Judicious adjustments to the current service model are required to address these challenges.

The Pharmacist Chronic Disease Management pilot has demonstrated that a shared care model is feasible. Under this model, the general practitioner assessed eligible patients and developed a care plan in relation to the management of one or more agreed chronic conditions. In accordance with the care plan, suitably trained pharmacists were able to provide regular monitoring, dose refinement, earlier intervention, and prompt referral when required.

A supplementary prescribing scheme has been in place in the UK since 2003. It allows suitably trained pharmacists to prescribe for patients in accordance with a Clinical Management Plan (CMP) following initial diagnosis by an independent medical prescriber and with the patient's agreement.

The Guild has been advocating for the establishment of a Victorian Shared Care ORT program. This could be achieved via a number of mechanisms including the extension of the existing Pharmacist Chronic Disease Management pilot to include additional services or the commencement of a new pilot using the infrastructure of the existing pilot.

Latrobe University has almost completed work on training to upskill pharmacists based on overseas experience.

RECOMMENDATIONS

As outlined above, the Pharmacy Guild of Australia recommends:

1. That the role of community pharmacists in primary care including mental health be promoted in the community and supported with appropriate funding particularly in the following areas:
 - information and resource dissemination;
 - assistance with promotion of mental health and prevention of mental health problems;
 - medication management in terms of quality use of medicines (QUM); and
 - involvement as part of the multidisciplinary mental health team supporting people living with mental health problems.

The "Save 000 for emergencies" campaign funded by the Victorian Government provides a good model for a community awareness initiative that highlights the value of community pharmacy.

Other initiatives such as community pharmacy-based mental health service models need to be supported to achieve improved responsiveness to the diversity of needs and continuity of care of mental health patients in the community setting. This model is based on the above-mentioned areas and the learnings from the Mental Health in Community Pharmacy trial in Gippsland.

2. A state-wide mental health strategy that addresses mental health workforce issues and that the strategy includes the role of community pharmacies in their contribution to the health and wellbeing of the Victorian community
3. A shared care ORT delivery model that more fully utilises the expertise of pharmacists who have undertaken additional training and leverages community pharmacy infrastructure to improve access to ORT particularly in areas of high need with limited access to prescribers