



Community Pharmacy Roadmap Program Development Template

Program/Service	Mental Health Services
Quadrant	C – In-pharmacy Health Services and Programs
1. Program/Service Description	
a) Background	<p>Mental illness is widespread in Australia, as it is in other developed countries, and has substantial impact at the personal, social and economic levels. Results from the <i>2007 National Survey of Mental Health and Wellbeing</i>, conducted by the Australian Bureau of Statistics (ABS), indicate that one in five people aged 16 to 85 years experience one of the common forms of mental illness (anxiety, affective or mood disorders, and substance use disorders) in any one year. Prevalence rates vary across the lifespan and are highest in the early adult years, the period during which people are usually establishing families and independent working lives. Earlier surveys of children and adolescents aged 4–17, conducted in 1998, found 14% to have a mental illness. Anxiety related and affective disorders are the most common, affecting approximately 14% and 6%, respectively, of adults each year, with about a quarter having more than one disorder. Collectively referred to as ‘high prevalence’ illnesses, these disorders include diverse conditions (e.g. post traumatic stress disorder, obsessive compulsive disorder, depression, bipolar disorder) that have different treatment requirements and outcomes.¹</p> <p>Mental illness also includes ‘low prevalence’ conditions such as schizophrenia and other psychoses that affect another 1 to 2% of the adult population that were not included in the ABS 2007 survey of adults. Although relatively uncommon, people affected by these illnesses often need many services, over a long period, and account for about 80% of Australia’s spending on mental health care. Mental illness impacts on people’s lives at different levels of severity.</p> <p>Depending on definitions, an estimated 3% of Australian adults have severe disorders, judged according to the type of illness (diagnosis), intensity of symptoms, duration of illness (chronicity) and the degree of disability caused. This group represents approximately half a million Australians. About 50% have a psychotic illness, primarily schizophrenia or bipolar affective disorder. The remainder mainly comprise individuals with severe depression or severe anxiety disorders.</p> <p>Many mental illnesses affect the individual’s functioning in social, family, educational and vocational roles, and the early age of onset can have long term implications. People who live with a mental illness are also more at risk of experiencing a range of adverse social, economic and health outcomes. For those affected by severe illnesses, particularly those with psychotic disorders, average life expectancy is shorter and is second only to Indigenous Australians, due mainly to high levels of untreated co-morbid physical illness.</p> <p>With over 5000 locations Australia-wide, community pharmacy, as part of its extensive primary health care role, is well placed to be involved in the early invention, support, referral and continuity of care of people with mental illness. Pharmacists are already active in this area, for example through medication adherence and staged supply services. Since the implementation of the medication compliance service known as <i>MedsIndex</i> into Community Pharmacy, data has been collected on compliance scores in certain chronic diseases. Of concern is the fact that the <i>MedsIndex</i> scores for the Selective Serotonin Reuptake Inhibitors (SSRIs) averages 64 per cent. This means that patients taking SSRIs are poorly compliant missing over three in ten doses. <i>MedsIndex</i> provides is an effective tool in identifying patients</p>

¹ Australian Government. 2009. Fourth National Mental Health Plan: an agenda for collaborative government action in mental health 2009-2014

	<p>who may benefit from more formalised medication compliance support programs and Staged Supply services which increase patient contact with the pharmacist and opportunity for effective early intervention and better mental health outcomes.</p> <p>Research to further develop community pharmacy's role in mental health was commissioned as part of the Fourth Community Pharmacy Research and Development program (4CPA R&D). The project conducted research around ways to increase the level of support that community pharmacists provide to people with a mental illness testing three interventions: mental illness awareness raising of pharmacists and pharmacy staff; supporting medication adherence; and enhanced continuity of support for people previously engaged with Area Mental Health Services. The research findings concluded that there was scope to increase the level of support that community pharmacists provide to people with a mental illness and that approaches could be introduced to support people with a mild to moderate mental illness in the community with enhanced medication adherence.²</p>
b) Brief Description	<p>Building on services currently delivered, a community pharmacy mental health program would have knowledge, skills and awareness raising components for pharmacists and pharmacy assistants, a practical medication adherence component, and a component to encourage and enhance continuity of support for persons with mental illness. The program would utilise a number of existing programs including <i>MedsIndex</i>, Home Medicines Reviews, Patient Medication Profiles and Dose Administration Aids.</p> <p>In addition, community pharmacy is well placed to raise community awareness of mental health issues particularly lifestyle and preventative strategies as well as the impact that drug misuse has on mental health.</p>
c) Alignment with Government Policy	<p>A community pharmacy mental health service would address the four key areas of the 4th National Mental Health Plan: wellbeing and recovery of patients with mental illness; prevention and early intervention; access to services; and quality and innovation.</p> <p>In addition, it is also aligned with the Government's Primary Health Care Strategy particularly in relation to access, support, coordination and the provision of quality care through an efficient operational health care model.</p>
d) Expected Outcomes for Government and Community Pharmacy	<p>Engaging community pharmacy in the provision of mental health services would provide the government with a cost-effective, highly accessible and qualified resource to further address the significant health burden of mental illness. This is of particular importance considering the following:</p> <ul style="list-style-type: none"> • Outlays by governments and health insurers to provide mental health services in 2006–07 totalled \$4.7 billion, representing 7.3% of all government health spending. • In addition to outlays by government, mental illness impacts on the broader economy by reducing workforce participation and impairing the productivity of those who are in employment. Estimates of the annual costs of the productivity losses attributable to mental illness range from \$10 to \$15 billion. <p>As well as broadening pharmacy business models, and thus business viability, mental health programs would further integrate pharmacies with their local community, consolidating their role as much more than a provider of medicines, and more an integral hub of the local community. These elements are particularly rewarding for pharmacy staff, both professionally and socially.</p>
e) Consumer Benefits	<p>Community pharmacists' high standing in the community, their nationwide accessibility and high profile, particularly in rural communities where they act as a focal point for advice and referrals to other health professionals, provides immense benefits and support to people seeking advice, referral and treatment of mental illness.</p>

² Managing mental illness and promoting and sustaining recovery: the role of community pharmacy
http://www.guild.org.au/research/4cpa_project_display.asp?id=1872

	<p>With the vast majority of people with mental health problems living independently and with most accessing services through primary health care, community pharmacists are well placed to be responsive to the needs of these people. Therefore more advanced and tailored pharmacy services would benefit such people enormously.</p> <p>Of equal importance, as medication often plays a central role in the treatment of mental illness, pharmacists, as the health professionals most knowledgeable about medicines, will continue to provide consumers with free, instantly accessible advice on medication-related issues.</p>
f) Who Performs the Service	<ul style="list-style-type: none"> • Pharmacists • Pharmacy assistants • Other health professionals – for example allied health practitioners working within the pharmacy
g) Collaboration with Other Health Care Professionals	<p><i>Is the service likely to require any formal collaboration with other health care professionals?</i> Yes. In delivering mental health services, pharmacists would work closely with GPs, mental health nurses and mental health care teams.</p>
2. Implementation and Enablers	
a) Stakeholder Consultation	<p><i>Representative bodies from the following areas will need to be consulted in order to fully develop and implement the program:</i></p> <ul style="list-style-type: none"> • Consumer/advocacy/support organisations relating to mental health • Pharmacy organisations • GP organisations • Trainers • Government bodies • Funders • Product sponsors • National Pharmacy Board • Pharmacy software vendors • Professional insurer • Other allied health professional bodies
b) IT Requirements	<p><i>Is pharmacy software required to deliver this Program?</i> IT solutions will assist in the delivery of mental health services. Program software ideally should be integrated with pharmacy software, streamlined for ease of use and consistent with pharmacy workflow. Existing medication adherence programs, such as Mirixa Australia, would be utilised.</p>
c) Infrastructure and Staffing	<p><i>Is a private consultation area required to deliver this Program?</i> Yes - Private consultation will take place within a private area of the pharmacy.</p> <p><i>Is the Program within the pharmacist's/pharmacy assistant's normal scope of practice?</i> Yes.</p> <p><i>Is an additional pharmacist likely to be needed?</i> In developing professional services that require extended pharmacist consultations, consideration needs to be given to staffing resources. An additional pharmacist could be required to ensure other professional services remain appropriately resourced.</p>

d) Training	<p><i>What additional formal training is likely?</i> Pharmacy graduates should be trained to a level where they can confidently provide support services upon registration. For more specialised services, training should include on-line training where possible to maximise pharmacist participation. Refresher training should also be available for registered pharmacists to ensure services remain aligned with current clinical guidelines.</p> <p><i>Does any suitable training exist?</i> Yes. Mental Health First Aid training courses are currently available in addition to training used in the 4CPA R&D Program</p>
e) Supporting Standards, Procedures and Templates / Checklists	<p><i>Will a QCPP standard be required?</i> Yes</p> <p><i>Will professional guidelines and/or standards for pharmacists be required?</i> Yes. Of relevance is the ‘Statement of Mental Health Care Capabilities for Pharmacists 2009: Application of the <i>Competency Standards for Pharmacists in Australia 2003</i> in the provision of Mental Health Care, Australian Pharmacy Council, June 2009’.³</p> <p><i>Are there any other national guidelines which need to be taken into account in developing the program to ensure consistency with best practice?</i> Yes. Therapeutic Guidelines – Psychotropic version 6, 2008 should be considered.</p>
f) Legislation / Regulation Implications	It will be necessary to ensure all elements are aligned with relevant legislation.
3. Funding	
Funding Options	<p>Possible funding options include:</p> <ul style="list-style-type: none"> • Community Pharmacy Agreement • Alternative Commonwealth Program through National Health Priority initiatives <p><i>Has any funding for this program been secured?</i> No.</p>
4. Timelines	
Timelines	<p><input checked="" type="checkbox"/> Established community pharmacy practice</p> <p><input checked="" type="checkbox"/> Immediate to short-term implementation (< 30 June 2015)</p> <p><input type="checkbox"/> Medium-term implementation(1 July 2015 to 30 June 2020)</p> <p><input type="checkbox"/> Longer-term implementation (> 1 July 2020)</p>

³ [http://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)