

**ROYAL
PHARMACEUTICAL
SOCIETY**
England

**No health without
mental health:
How can pharmacy
support people with
mental health problems?**

June 2018



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Many people with mental health problems experience poorer care than they should, and much of this relates to getting the right treatment. Pharmacists can play a vital role in providing accessible services to support people's mental health, not only to help people get the most from their medicines, but also around looking after their general health and wellbeing.

Whether it is spotting early signs of mental health problems, managing long-term conditions, providing expert medicines advice to colleagues or signposting to other forms of support, pharmacists working across the health service are ideally-placed to ensure people get the help they need.

In the face of growing demand and continued pressure on services, it is crucial that the Government and the NHS make the most of the health and care workforce to support patient care. Mental health is no exception.

This report makes a number of recommendations where pharmacists should be better utilised as part of the multidisciplinary team to support people with mental health problems.

We know this will require an ongoing dialogue and we look forward to working with the pharmacy profession, the NHS, patient groups and professional bodies to help drive better care for mental health.



Sandra Gidley, FRPharms
Chair, English Pharmacy Board
Royal Pharmaceutical Society

How can pharmacy support people with mental health problems?

On 1 May 2018 the Royal Pharmaceutical Society hosted a roundtable to discuss the potential role that pharmacy can play in supporting patients with mental health problems. The roundtable brought together patient groups, pharmacists with experience of providing mental health services, psychiatrists, GPs and health service and professional bodies ([participants are listed in Section 8](#)). The group was asked to identify how services might be improved and developed further, any barriers to development, how these barriers might be overcome and crucially how to stimulate action.

This briefing paper summarises discussions on the day which explored in detail how pharmacy teams across the healthcare system could be better utilised to benefit patients. We invite feedback and welcome ongoing discussion on the ideas contained in this paper.

1. Summary

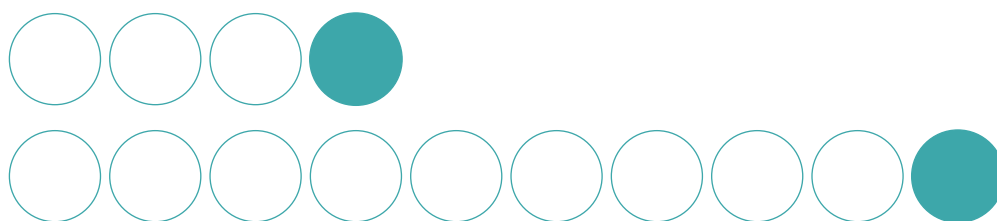
- There was excitement about the potential for pharmacists and their teams to provide interventions and services that can support people with mental health problems. In particular it was acknowledged that there was potential to develop services in primary and community care settings. Maximising the potential of community pharmacy to help with early identification of people with mental wellbeing or mental health issues, and ensuring that opportunities to optimise medicines are fully integrated into both existing and any newly commissioned services, were common themes.
- Specialist pharmacists working in mental health services already contribute to the provision of expert mental health care, and provide valued expertise and training in the use of medicines to professional colleagues. This specialist expertise needs to be made much more widely available if services are to be developed across other settings.
- We heard that many people with mental health problems are currently unaware of the potential that pharmacy services could have in helping them manage their conditions and help them to improve their physical health as well as their mental health. There is a need for the pharmacy profession to work more widely with service users, patient groups and third sector organisations to raise awareness about this role and potential services.
- There are opportunities to further help people with serious mental illness improve their physical health, through the provision of physical health checks and an environment focussed on wellbeing. Community pharmacists and their teams could play an increasing role by ensuring they are trained as mental health champions and in mental health first aid.
- We need to ensure that there is effective coordination between pharmacists in different sectors and all other agencies and professionals involved in the care of people with mental health problems. In particular, more work needs to be done to join up the pathways between specialist mental health services, general practice and community pharmacy. Community pharmacy access to medical records and the increasing numbers of practice-based GP pharmacists can both play a role in facilitating this.
- As pharmacists become more involved in the provision of mental health services and interventions, the organisations that train, regulate and support pharmacists all need to play a greater role in ensuring that pharmacists across all sectors and settings develop and maintain the competencies necessary to provide effective care.
- Raising awareness of this potential is just the start of the conversation and will require a systems approach that integrates pharmacy services with those already provided by other health professionals. Working together with other professions and commissioners (both national and local) is essential to maximise the contributions of different services and sectors.

2. Context

People with mental health problems are more likely to die prematurely. The life expectancy of someone with bipolar disorder or schizophrenia is 15–20 years less than the general population.¹ This is often because their physical health suffers due to the fact that they are unable to cope and deal with their long term condition in a regular coherent way. Risks in terms of premature death include diabetes, obesity and hypertension, lack of exercise and smoking.² Suicide is also a significant risk. Over a quarter of suicides (28%) are people who have been in contact with mental health services in the 12 months before their deaths; this amounts to almost 14,000 people in the ten years from 2003–2013.³

Many of the medicines used to treat mental health problems are associated with health risks. As the experts in medicines and their use, pharmacists can ensure people get the best outcomes from their medicines, reduce adverse events, minimise avoidable harm and un-planned admissions to hospital, while ensuring resources are used more efficiently to deliver the standard and level of care that people with mental health conditions deserve.

The purpose of this roundtable was to explore how pharmacy teams can provide integrated services that help people with mental health problems to live longer, healthier lives. The discussions will help inform future work by the Royal Pharmaceutical Society as it calls for pharmacists to be used to a much greater extent to improve the care for people with mental health problems and to support their physical health needs.



**One in four adults
and one in 10 children
experience mental
illness, and many more
of us know and care for
people who do.⁴**

3. Views and current experiences of pharmacy services

To stimulate initial discussion about pharmacy services and identify potential themes to be explored, the group was asked

“ What phrases or words come to mind when you think about pharmacy services for people with mental health problems? ”

Some perceptions are highlighted below and contributed to discussions about the potential to develop services, barriers to be overcome and actions going forward.

“ Expertise ”
Providing advice and expert knowledge about medicines, not just those for mental health.

“ Safety ”
Pharmacists are obsessive about safety; safety in prescribing, in dispensing and in storage of medicines.

“ Information and training ”
In mental health trusts pharmacists are an invaluable source of training and information for the multi-disciplinary team around mental health medicines.

“ Variable ”
Pharmacists can have variable knowledge and expertise about mental health, current service provision is variable, as is patient experience of services.

“ Disconnected ”
Inconsistent integration of pharmacy services across the system.

“ Approachable ”
In the community, pharmacists are patient facing, approachable and holistic, providing signposting.

“ Hard pressed ”
Pharmacists are spread thinly and will need both time and in some case upskilling in order to manage greater demand for services or complexity.

4. Where can pharmacy have a greater role?

Roundtable discussions identified potential across the healthcare system to improve the care of people with mental health problems through better use of pharmacists and their teams. Because of their accessibility and expertise in medicines, pharmacists have the potential to act as advocates for all people with mental health problems.

Primary and community-based care was felt to offer the greatest untapped potential for using the skills of pharmacists and their teams in supporting people with their mental health.

4.1 Make mental health care a core part of existing and new services

Any services offered by pharmacy should routinely take into account mental health, it is crucial that in a generalist setting mental health is not separated out and treated as something different to other care.

Community pharmacists should consider mental health problems when talking to patients newly diagnosed with a long-term condition.* Similarly if a GP practice pharmacist sees a patient, or a care home pharmacist reviews a resident's medicines, the pharmacist should know when and how to initiate conversations about mental health. When patients are discharged from acute trusts and referred to community pharmacy for follow up mental health needs should be routinely considered.

“Community pharmacists have the potential to reassure patients about their medicines and other treatments, and could play a much greater role in supporting adherence. This could be facilitated by the national or local commissioning of a service similar to the current Medicines Use Reviews.”

Director of NHS Services, Pharmaceutical Services Negotiating Committee

4.2 Early identification of mental health problems

Early identification of depression and anxiety is a potential role for pharmacists working in primary and community care settings, and in acute trusts. Pharmacists and their teams need to be aware of common trigger points (for example, bereavement or diagnosis of a long term condition) in order to help early identification of illness. Trigger points should prompt the question “how does this make you feel?”



More than 16 million people in England are diagnosed with a long-term physical health condition, and one in three of this group will experience a mental health problem.⁶

“25% of over 55s think that depression and anxiety are a normal part of ageing, and a third of those living with anxiety and depression think that it is an inevitable consequence of getting older.”

Health Influencing Manager, AGE UK

Any services that focus on early identification need to be integrated with local care pathways with signposting options, and referral criteria and pathways defined to ensure that a person centred and system wide approach is taken.

4.3 Integrate services for ongoing monitoring of medicines

As well as early identification of people suffering from mental health problems, pharmacists and their teams also have the potential to support ongoing treatment and monitoring of existing patients (see example of practice 1). Pharmacists in all settings can support reviews of long term medicines given regular trigger points to identify need and open communication with the multidisciplinary team.

01 Example of practice 1 Community pharmacies support medication monitoring in children and young people with attention deficit/hyperactivity disorder (ADHD)

Children and young people who are prescribed medicines for ADHD and related conditions need regular monitoring of key metrics (height, weight, blood pressure and pulse). For many families, a clinic appointment for physical screening means missing school unnecessarily and a parent missing work.

A Sussex Partnership NHS Foundation Trust led project enabled families to select a community pharmacy to provide the physical monitoring of key metrics with the results available to their clinicians via a secure website.

Community pharmacies were able to offer appointments locally at more convenient times. This meant that increased numbers of patients have engaged with medication monitoring, and received improved quality of care closer to home. It is also estimated that around 40% of the child and adolescent mental health services team resource was released for other activities.

www.health.org.uk/programmes/innovating-improvement/projects/developing-community-pharmacies-support-medication

*The New Medicine Service (NMS) was the fourth Advanced Service to be added to the NHS community pharmacy contract; it commenced in the beginning of October 2011. The service provides support for people with long-term conditions newly prescribed a medicine to help improve medicines adherence; it is initially focused on particular patient groups and conditions: asthma and COPD; type 2 diabetes; antiplatelet/anticoagulant therapy; and hypertension.

psnc.org.uk/services-commissioning/advanced-services/nms/nms-medicines-list/

Transitions of care are a particular area of risk for all patients, including those with mental health problems. The transfer of inaccurate or incomplete information about a patient's medicines can lead to patient safety being compromised.¹⁴ Pharmacy teams have the potential to liaise with patients and their carers in the capacity of a care navigator.

4.4 Support the physical health of patients with mental health problems

Improving the physical health care of patients with mental health problems and helping to close the 15–20 year mortality gap¹⁵ was thought to be an area where community pharmacy in particular could have a significant role.

“If you have a Severe Mental Illness you are likely to die 15-20 years earlier than average. We need to help people with their physical health as well as their mental health. It is about achieving parity of care for people with mental health problems.”

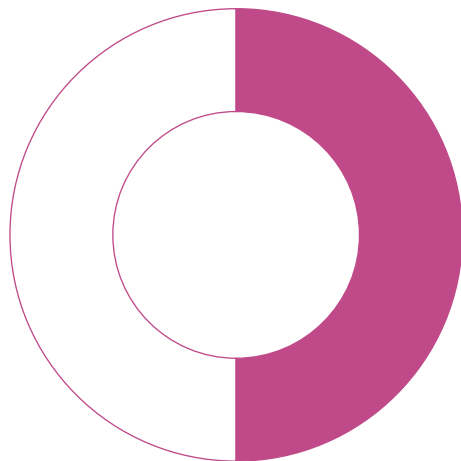
Head of Mental Health & Learning Disabilities Medicines Strategy, NHS England

With an estimated 1.6 million people visiting community pharmacies each day, community pharmacy is well-placed to help people with long-term mental health conditions to improve or maintain their physical health (see example of practice 2).¹⁶ To ensure parity of care, mental health patients need to be equally supported by existing services such as Healthy Living Pharmacies (where expert support for healthy living is provided by trained health champions) or local physical health champions.

The community pharmacy environment could also be made more mental health friendly by skilling up community pharmacy teams to deliver mental health first aid. 70,000 plus community pharmacy workers have already become Dementia Friends and over 9,400 are qualified health champions in Healthy Living Pharmacies.¹⁷

“A key role for community pharmacy should be to conduct physical health checks for patients with mental health problems. Supporting patients with physical activity, smoking cessation and diet as part as a multidisciplinary team.”

National Lead Pharmacy and Public Health, Public Health England



Adherence levels are particularly poor for patients taking medicines for mental health conditions; around 50% stop taking antidepressants prematurely.⁸

02

Example of practice 2 Physical health checks in community pharmacies

Patients with a diagnosis for psychotic illness have been receiving physical health checks in community pharmacies through a collaboration between North East London Local Pharmaceutical Committee (NEL LPC), North East London NHS FT and University College London, with support from Public Health London Borough of Barking and Dagenham and the London Mental Health Strategic Clinical Network .

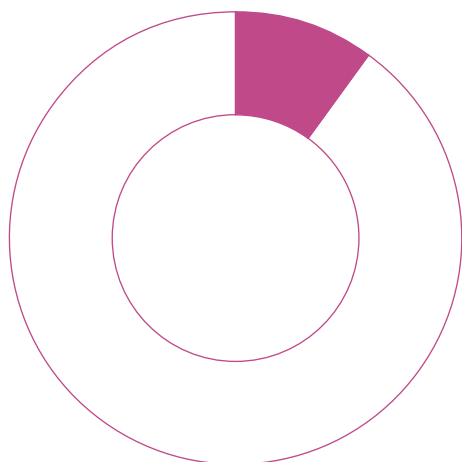
Funded by a Health Foundation Innovation Award, patients known to the Barking and Dagenham Community Recovery Team, were offered physical health checks at a local participating community pharmacy. This included ECG, blood pressure, cholesterol and glucose testing with results available on the same day. Pharmacists spent up to an hour coaching patients and empowering them to self-manage their physical health.

From September 2016 to January 2018, 180 patients were offered health checks with 140 (78%) taking up the offer. Of all attendees 70% had all five cardiometabolic risk factors monitored which is significantly better than standard care in Barking and Dagenham, where only 36% of patients had all five risk factors monitored and higher than the NHS England national averages for inpatient and community settings.

psnc.org.uk/services-commissioning/locally-commissioned-services/service-case-study-community-pharmacies-tackle-inequalities-for-patients-with-psychosis/

4.5 Support the best use of medicines for patient with mental health problems

Pharmacists see their patients on a regular basis when they come to pick up their medicines or buy over-the-counter medicines and other products in the pharmacy. Pharmacists should be better utilised to make full use of these opportunities to provide ongoing care and support as a formalised service which focuses on the goals and ambitions determined by the patient. Having a commissioned care and support planning service that uses patient activation measures and engages people about the medicines they are taking will help people to make informed choices about the medicines they take or choose not to take and has the potential to improve adherence and reduce hospital admissions in the longer term.¹⁸



The New Medicine Service in England has improved patients' medicines adherence by 10%, creating short-term savings of over £75 million in the first five years of the service and will lead to savings of £517.6 million in the longer term.¹⁰

4.6 Use new and developing pharmacy team roles

There are increasing numbers of pharmacists and pharmacy technicians being utilised across the healthcare system in newer roles based in general practice, care homes, emergency and intermediate care settings. In all of these settings pharmacists will have the opportunity to identify and support people with their mental health problems.

Practice-based GP pharmacists can support the development of services in the practice and establish close working relationships with community pharmacists to support a person-centred approach to mental health care.

“Pharmacists are doing a fantastic job supporting GP practices and play a key role in medicines reviews. When designing services we also need to think about how to include more pharmacists in discussions at CCG level.”

Mental Health Clinical Lead, Royal College of GPs

4.7 Widen access to specialist mental health pharmacists

Whilst the potential for services to be developed across primary care was a large focus of discussion it was also recognised that the skills of specialist mental health pharmacists should be used in a much more integrated way across the healthcare system ([see example of practice 3](#)).

To support the development of effective primary and community care-based mental health services the expertise of specialist mental health pharmacists needs to be more widely available and linked to GPs, practice-based pharmacists, community pharmacy, and health and justice settings.

Every mental health team should have access to a specialist mental health pharmacist whether the team is based in the community, in a mental health hospital or in an acute hospital.

03 Example of practice 3 Widening access to pharmacist expertise: pharmacists in liaison psychiatry teams

In order to overcome the divide between mental and physical health, liaison psychiatry services aim to treat people with psychiatric illness and a comorbidity/physical illness in an acute hospital*. Liaison psychiatry teams are fully integrated into acute hospitals and available within working hours and out-of-hours. A liaison psychiatry review should provide clear and concise documented plans in the acute hospital notes at the time of assessment; incorporating a management plan including medicines or therapeutic intervention.

Within Northumberland Tyne and Wear there are five Psychiatric Liaison Teams (PLTs) covering 17 sites. The Sunderland Royal Hospital Liaison Team has a pharmacist as a member of the team.

The PLT pharmacist provides a link between disciplines within healthcare settings and provides medical and pharmaceutical advice to nursing staff and patients without requiring direct consultant contact. This reduces medical involvement where possible, focuses resources appropriately and saves money. The PLT pharmacist is also an extra resource to acute trust inpatient pharmacy teams when necessary.

In 2017/18 the PLT pharmacist worked for 96 days, received 149 referrals comprising of 137 individuals, and undertook 362 patient-facing medication reviews. Medication changes were made in 94 individuals with 51 including de-prescribing advice. The psychiatric liaison team and acute trust pharmacists were asked for feedback via survey and 95% of respondents considered the service to be good or excellent.

15–20 years

People with severe and prolonged mental illness are at risk of dying on average 15 to 20 years earlier than other people.⁵

5. Potential barriers to the development of pharmacy services

5.1 Public and patients are not aware of pharmacy services

People with mental health problems (or their carers) may not be aware of the support that they can receive from a pharmacist. Typically people access pharmacies to get their medicines and don't necessarily understand the clinical expertise that pharmacists can offer. This means that, unless there is an existing relationship with a pharmacist, people will not necessarily see a role for pharmacists or pharmacy teams more widely in supporting their care.

In a community pharmacy setting people may not want to talk about mental health issues and may not be aware that there are private consultation areas that can be requested. Consequently community pharmacy consultation rooms are not being used enough for patients with mental health problems.

There are also individual patient preferences which may mean people are unwilling to access services even where they exist. This may be for example: where there remains some stigma about mental health which prevents patients from seeking help and advice or giving information; a preference for another service provider; or patients not wanting to take medicines and choosing not to access services where they perceive they will be persuaded to take them rather than receive individual support.

5.2 Specialist expertise is not easily accessible outside mental health trusts

Specialist mental health pharmacist expertise is currently located largely in mental health trusts where people with severe mental illnesses are treated. However, the vast majority of people with mental health problems are not severely ill and need to be effectively treated in primary and community care. The health professionals (pharmacists and others) in community and primary care settings therefore require more access to specialist expertise so that they are better able to support their patients (see also lack of capacity). As highlighted earlier, this lack of access to specialist expertise also extends to acute trusts.

5.3 Capacity of pharmacy teams is stretched

Access to pharmacists is variable. In primary care not all GP practices currently have a practice-based pharmacist to provide care or facilitate the development of local services that integrate with the practice. The capacity in mental health teams is already stretched and so supporting the development of services is difficult. In addition the number of specialist mental health pharmacists employed in teams across England is variable. In community pharmacies there is also a lack of time, or a perceived lack of time, for the pharmacist to engage with people about their mental health problems.

5.4 There is a lack of confidence and competency


Not all pharmacists will have the confidence to use their expertise for people with mental health problems. This includes pharmacists in community and primary care settings but also generalist pharmacists in acute hospitals. Similarly other healthcare professionals may not have confidence in or awareness about pharmacists' mental health skills.

5.5 Services are fragmented

In general, mental health services are fragmented and often delivered in silos rather than in an integrated way. This means that there is often no complete picture (or overarching clinical oversight) of the patient's care. This lack of accessibility to patients' care records can play against the development of new services. In addition, locally pharmacists are not always around the table when local services and policies are developed and so there is variable awareness at CCG level and also within individual general practices about the potential for pharmacy services to be integrated into care pathways.

5.6 Stigma associated with mental health problems

The stigma associated with mental health problems means that mental health service users are often excluded from accessing services that help to improve the care of other people. This contributes to the lack of parity of care seen in mental health services. From the pharmacy perspective, mental health conditions are not included in the funding of community pharmacy services such as Medicines Use Reviews or the New Medicine Service, which are aimed at improving the care of people with long-term conditions. Similarly in acute trusts, mental health problems are often an automatic exclusion in self-administration policies and the different way that mental health trusts are funded is often a barrier to the development of effective shared care policies.



■ People who are diagnosed with a chronic physical health problem such as diabetes are three times more likely to be diagnosed with depression than people without it.⁹

■ People with severe mental illness are three times as likely to lose all their teeth.⁷

6. How can we make change happen?

There was a real appetite around the table for pharmacists and their teams to become more integrated into patient pathways so that they are able to provide support for people with mental health problems. However it was recognised that integrating pharmacy services and enabling pharmacists to become part of the team of professionals that work with patients across settings will require concerted effort both locally and nationally. The group discussed how we might work together to make change happen.

6.1 Link to national programmes of work

Capitalise on opportunities offered by other national work both within the pharmacy sector and crucially across the wider health and social care system. Opportunities to raise awareness about the potential for pharmacy teams to support improvements in mental and physical health are currently provided through:

- Stopping over-medication of people with a learning disability, autism or both (STOMP) is a national project launched by NHS England and professional bodies in 2016.¹⁹ The pharmacy profession has a key role to play in supporting this national programme to help people to stay well and have a good quality of life.
- The Equally Well collaborative.²⁰ The collaborative aims to bring together health and care providers, commissioners, professional bodies, service user and carer organisations, charities and more, to form a collaborative in the UK to bring about equal physical health for people with a mental illness.
- The 2018 Productivity and Efficiency review of Mental Health and Community Services, which is expected to identify areas where pharmacy can support patient care.²¹
- The 2017 World Health Organisation third global patient safety challenge is the reduction of harm from medicines by 50% over three years. The definition of harm from medicines can be taken in its broadest sense and there is an opportunity to develop metrics around mental health medicines that would support harm reduction.
- The 2016 Mental Health Five Year Forward View. The forward view is half way through and we need to be starting the conversation now about how pharmacy services can feature in the next strategic vision for mental health.
- The Voluntary, Community and Social Enterprise (VCSE) Alliance have mental health services as a key priority for 2018/19.

6.2 Work closely with service users and patient groups

It is important to recognise that people with mental health problems are not currently aware of the full range of ways that pharmacists can support them. Raising this awareness will need to be the starting point for changing behaviour, with triggers that prompt people to consider seeking help from their pharmacist. Take time to understand how people with mental health problems view pharmacy services. Take a temperature check with service users about awareness of services and how they might view accessing them.

“The perception of community pharmacy being a ‘shop’ might be advantageous for patients who distrust or dislike a clinic setting. Pharmacists do not have the power to detain patients or remove their benefits or care and so can be less feared by patients – encouraging greater engagement.”

Senior Policy & Campaigns Officer, Mind

6.3 Partnerships and joint working

Seek to raise awareness of the potential for pharmacy services beyond healthcare in sectors like voluntary, community, social, health and justice. Wider working can help to raise awareness among people with mental health problems about the support that pharmacy teams can offer, and help to educate pharmacy teams about how they can most effectively support people with long-term conditions including ‘harder to reach’ people.

6.4 Join up pathways and develop local professional networks

Joining up pathways between community pharmacists and general practice will improve the potential to develop services that benefit people with mental health problems, for example, by sharing of patient records and explicitly including community pharmacy in care planning. This would enable coordination of support and facilitate effective multidisciplinary working with the person in the centre of care. Where they exist, GP practice pharmacists have a role in facilitating this. Similarly in acute settings and mental health trusts, the wider use of systems that support information-sharing and can tell us across organisations and sectors about prior care (which medicines worked, which did not and why) would enable a more person-centred approach.

21K

The Government has pledged 21,000 more mental health professionals working in the NHS by 2021.¹¹

70K

There are over 70,000 Dementia Friends within community pharmacies.¹²

Enabling pharmacists to refer directly to specialist services where appropriate will help ensure that people have quicker access to the service that can best meet their needs, rather than having to make further GP appointments to get a referral.

Local professional networks can be used to establish links between pharmacists and mental health teams with a view to starting conversations about how best to join up pharmacy services and mental health services across areas. In a similar way Academic Health Science Networks can be used to stimulate discussions about how to optimise the use of medicines in mental health.

6.5 Ensure pharmacists and their teams have and maintain skills in mental health

All pharmacists working in a generalist role need to have competencies in managing mental health conditions such as depression and dementia. Pharmacists need support to up-skill (where necessary) and opportunities to develop and maintain their competencies in general mental health. Schools of Pharmacy, the General Pharmaceutical Council, the Royal Pharmaceutical Society, Health Education England, the Centre for Pharmacy Postgraduate Education and the College of Mental Health Pharmacy all have a role in enabling pharmacists to develop and maintain these skills. Equally important is mental health training for the wider pharmacy team, as is the provision of opportunities for local joined-up learning to build relationships across sectors and champion a 'working together culture'.

“We need to ensure that mental health training is a core component of undergraduate training and a requirement of initial registration and subsequent revalidation for pharmacists and all other health professionals.”

Chair of the English Pharmacy Board, Royal Pharmaceutical Society

6.6 Increase the numbers and capacity of specialist mental health pharmacists

The skills of specialist mental health pharmacists will be required more widely to provide support to healthcare professionals working outside of mental health trusts. The vast majority of patients are in primary and community care and so not easy to reach from mental health services. Specialist mental health pharmacists have a key role in the delivery of care directly to patients and in supporting the multidisciplinary team with their highly specialist medicines knowledge. This expertise also needs to be linked with community and GPs/ GP practice pharmacists, if services are to be developed in primary and community care.

6.7 Commission integrated services

Sustainability and Transformation Partnerships (STPs) and Integrated Care Systems (ICS) provide an opportunity to commission services for patients with mental health problems so that they can be supported with both their mental and physical health needs and to get the most from their medicines across care settings. Mental Health Chief Pharmacists have a role in providing the systems leadership necessary to coordinate service development and ensure parity of care.

Commissioning can be used to develop mental health services strategically through national programmes such as Commissioning for Quality and Innovation (CQUIN) and locally with STPs providing the leadership necessary for CCGs to develop and commission integrated services.

7. Next steps

This report demonstrates that there is a clear opportunity for the pharmacy profession to engage more widely in mental health and a real possibility to make a difference to peoples' lives. The Royal Pharmaceutical Society is committed to exploring the themes identified in this paper and to taking forward actions to enable pharmacists to become more involved in the care of people with mental health problems.

We would welcome further discussions about how we can work together to ensure people with mental health problems receive the support they deserve. In the meantime, we intend to:

- Work with other professional bodies to find ways in which we can expand access to specialist pharmacist mental health expertise;
- Identify how pharmacists in community settings can be enabled to better support people with mental health problems with their medicines, such as through the inclusion of antidepressants in the New Medicine Service;
- Engage with Public Health England on the role of community pharmacy to support people with mental health problems, including through the provision of physical health checks and as health champions;
- Run local professional development events for Royal Pharmaceutical Society members, in collaboration with partners such as Centre for Pharmacy Postgraduate Education, on how pharmacists can support people with mental health problems;²²
- Explore the provision of mental health training within pharmacy education; and
- Develop a better understanding of perceptions and experiences of pharmacy among people with mental health problems by working with patient groups and third sector organisations.

In addition we will continue to engage with partners and across the health professions, including through initiatives such as the Equally Well collaborative, Stopping over-medication of people with a learning disability, autism or both (STOMP) and the World Health Organisation safety challenge.

8. Roundtable participants

Prof David Baldwin	Chair of Psychopharmacology Committee, Royal College of Psychiatrists
David Branford	Independent Pharmacy Advisor
Alastair Buxton	Director of NHS Services, Pharmaceutical Services Negotiating Committee
Hannah Chalmers	Policy and Public Affairs, National Voices
Andy Cooke	Interim Head of Policy and Practice (England), Royal Pharmaceutical Society
Dr Irene Cormac	Honorary Consultant Forensic Psychiatrist, Nottinghamshire Healthcare NHS Foundation Trust
Tim Donaldson	Chief Pharmacist, Northumberland Tyne and Wear NHS Foundation Trust
Naveen Dosanjh	Clinical Fellow, Centre for Pharmacy Postgraduate Education
Matthew Elswood	Chief Pharmacist, Nottinghamshire Healthcare NHS Foundation Trust
Dr Elizabeth England	Mental Health Clinical Lead, Royal College of General Practitioners
Sandra Gidley	Chair, English Pharmacy Board, Royal Pharmaceutical Society
Malcolm Harrison	Chief Executive, Company Chemists' Association
Nadia Kalam	Health Influencing Manager, Age UK
John Lunny	Public Affairs Manager (England), Royal Pharmaceutical Society
Helga Mangion	Policy Manager, National Pharmacy Association
Caroline Parker	Consultant Pharmacist Mental Health, Central and North West London NHS Foundation Trust
Catherine Picton	Policy and Healthcare Consultant, author of the briefing paper
Peter Pratt	Head of Mental Health & Learning Disabilities Medicines Strategy, NHS England
Gul Root	National Lead Pharmacy and Public Health, Public Health England
Dan Sumners	Senior Policy Adviser, Royal College of Physicians
Robbie Turner	Director for England, Royal Pharmaceutical Society
Emily Waller	Senior Policy & Campaigns Officer, Mind
Bruce Warner	Deputy Chief Pharmaceutical Officer, NHS England
Rob Wilson	Head of Science and Public Health Policy, British Medical Association

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ROYAL PHARMACEUTICAL SOCIETY

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Published by
Royal Pharmaceutical Society

66-68 East Smithfield
London E1W 1AW
0845 257 2570

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