

ROYAL PHARMACEUTICAL SOCIETY

England

Utilising pharmacists to improve the care for people with mental health problems

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The expertise and clinical knowledge of pharmacists must be fully utilised to support people with mental health problems and ensure they live longer and healthier lives.

This policy document focuses on the need to enhance the role of the pharmacist as part of a multidisciplinary approach in tackling the challenges facing the NHS in identifying, treating and supporting people with mental health conditions. This includes ensuring parity of esteem between mental and physical health and helping people with mental health conditions to manage their physical health. The recommendations in this policy are aimed at key stakeholders who have collective responsibility for ensuring the best care for people with mental health conditions.

Key Recommendations

1. Pharmacists are commissioned to deliver physical health monitoring and management of people with mental health conditions. In order to achieve this, all pharmacists directly involved in patient care must have access to IT systems that are interoperable with other primary care IT systems.
2. 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 a service like the New Medicine Service.
3. Every mental health team should have access to a specialist mental health pharmacist as a member of the multidisciplinary team, whether based in community teams, mental health hospital wards or acute hospitals.

Executive Summary

In the UK, one in four adults experience mental health problems in their lifetime, with one in six experiencing a diagnosable mental health problem in any one year.¹ People with mental health problems may die prematurely, the life expectancy of someone with bipolar disorder or schizophrenia is 15-20 years less than the general population.² 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. The main risks specific to people with mental health conditions in terms of premature death are diabetes, obesity and hypertension, lack of exercise and smoking. It is estimated that one in three of the 100,000 people who die avoidably each year in England has a mental illness.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.

This policy takes into account the main objectives of the NHS England Five Year Forward View for Mental Health. The optimal use of pharmacists in supporting patients with mental health conditions can:

- Improve health by maximising the pharmacist's role in health and wellbeing;
- Transform safety and care by utilising the pharmacist's skills, expertise and knowledge in medicines and their use, and the pharmacist's holistic approach to patient care;
- Help to control costs by reducing medicines waste and unplanned admissions to hospital by better use of medicines.

All of these are key areas outlined in the NHS Business plan 2016/17.⁴

"Bringing together physical and mental health"⁵ argued that mental health care should not only be 'as good as' services for physical health, but that mental health care is delivered 'as part of' an integrated approach to health. The Royal Pharmaceutical Society believes that pharmacists have a critical role in making this happen.

This policy takes a principle based approach to supporting people with mental health conditions. It is not condition or sector specific, but rather takes a holistic and overarching view of the potential contribution of the pharmacy profession to support all patients with mental health conditions. Pharmacists can work with healthcare colleagues to support people with mental health conditions to live longer and healthier lives.

Context for change

On average, men with mental health problems die 20 years earlier, and women die 15 years earlier, than the general population. 66% of people with a serious mental illness (SMI) will die prematurely due to treatable cardiovascular, pulmonary and infectious diseases compared to a 33% death rate from suicide and injury.⁷

In February 2016 NHS England published the Five year Forward View for Mental Health⁸ (FYFV for mental health) followed shortly after by an implementation plan⁹ in July of the same year. The FYFV for mental health laid out an ambition to see an additional one million people being treated by mental health services by 2021. The FYFV for mental health one year on¹⁰ report highlights the progress made in the first year of the programme, and takes a look at the achievements that need to be built on to deliver the vision set out in the original document.

The FYFV for mental health is supported by a 2017 Health Education England (HEE) document which lays out the mental health workforce plan for England.¹¹ This document highlights the staff required to deliver the transformation set out in the NHS England's vision.

The Future of the Mental Health Workforce¹² document published in September 2017 by the Centre for Mental Health recognises that pharmacy is sometimes regarded as a peripheral service in mental health but that during their consultation pharmacy was acknowledged to be an untapped resource and that both pharmacists and pharmacy technicians had much to offer.

Building on the educational material produced by the Centre for Postgraduate Pharmacy Education (CPPE),¹³ the Royal Pharmaceutical Society believes that pharmacists can undertake a much wider role in supporting people with mental health conditions.

Early recognition of signs and symptoms

Following on from our long term conditions (LTC) campaign¹⁴ in 2017 we are aware that 30% of people with a long term physical condition also have a mental health problem,¹⁵ most commonly anxiety or depression. If the signs and symptoms of anxiety and depression are recognised early then this can lead to early intervention and result in improvements in health as well as financial savings for the NHS. The King's Fund and the Centre for Mental Health found that between 12-18% of all NHS expenditure on LTCs was linked to poor mental health and wellbeing. Pharmacists often see patients who have one or more LTCs on a regular, monthly basis and are well placed to recognise early signs and symptoms of deterioration in mental as well as physical health.

Older people who may be suffering from dementia or depression are often not diagnosed in the early stages due to the fact that memory problems could be dismissed as an inevitable consequence of aging or as an untreatable feature of dementia. Pharmacists can pick up on the early signs and symptoms and sign post people for review and diagnosis. 70,000 plus community pharmacy workers have become Dementia Friends.¹⁶

Physical health monitoring

Physical health monitoring has two components, general physical health monitoring in line with the general population, and physical health monitoring associated with psychotropic or other medicines used in the treatment of mental health problems.

Pharmacists working in all settings can support people with mental health conditions by promoting basic physical and oral health through encouraging exercise and providing services such as smoking cessation services.

People with mental health conditions want to be able to access services that are accessible at the right time. Community pharmacists in particular are based centrally in a local community and have an opportunity to make every contact count by engaging people in conversations regarding physical health and wellbeing at every opportunity.

The Royal Pharmaceutical Society believes that, with patient consent, all pharmacists directly involved in patient care should have full read and write access to the patient health record in the interest of high quality, safe and effective patient care. Information is key to delivering more effective pharmaceutical care to patients, improving medicines adherence and reducing the medicine related errors which contribute to unplanned admissions to hospital.

Access to the patient health record, including laboratory test results, will allow pharmacists to make more informed clinical decisions, in partnership with patients and other health and social care professionals, about the pharmaceutical care that patients receive. It will support improvement in the treatment of individual patients and help the NHS to maximise the value of the significant investment it makes in medicines.

All pharmacists directly involved in patient care must have access to IT systems that are interoperable with other primary care IT systems, in order to optimise use of medicines and deliver better integrated patient care through access to one shared patient record.

Prescribing and monitoring of antidepressants

In the FYFV for mental health it says that services should be expanded to support people who have mental health conditions.

Care for each person needs to be equalised and individualised. It may take one to two weeks for some patients to experience benefits from an antidepressant. During this time they often experience the side effects from the medicine, some of which are quite unpleasant. Additional support from a healthcare professional during this time can be beneficial and support people to get the most from their treatment. In some cases the antidepressant may not be the best treatment for the patient or the dose of the medicine may need to be changed. This can be discussed as part of the service offered by the pharmacist, and recommendations communicated to the prescriber.

Studies show that the New Medicines Service provided by community pharmacists under the national pharmacy contract in England, increases adherence to medicines.¹⁷ Enabling this service to be delivered to patients prescribed an antidepressant for the first time is likely to improve adherence for these people.

The provision of this service via the local community pharmacy will also help to destigmatise mental health and give people 'permission' to speak and ask questions about their mental health condition.

Specialist mental health pharmacists as members of all Mental Health Teams

Providing leadership in and assuring the best use of medicines in mental health are the core roles of the specialist mental health pharmacist. Every mental health team should have access to a specialist mental health pharmacist as a member of the multidisciplinary team, whether based in community teams, mental health hospital wards or acute hospitals. A core priority of the NHS mental health programme is to support community services for adults of all ages to deliver high quality, evidence-based interventions which improve outcomes, enable recovery, manage demand and integrate with other local services. Having a specialist mental health pharmacist as part of the core community mental health team will facilitate this.

Many people with MH conditions are taking medicines, both for their mental health conditions but also often for other long term conditions they may also have. Pharmacists, as experts in medicines and their use can take a holistic approach to all the medicines a person may be prescribed, improving the quality of their care by ensuring that they are getting the most from the medicines they are taking. The specialist mental health pharmacists would use their skills and expertise to individualise treatments to get the best outcomes for patients.

The mental health workforce plan for England, published in July 2017, states the need for an additional 10,000 professionally qualified staff within the mental health workforce to enable the NHS to provide a robust service to people with MH conditions. A parliamentary briefing in July 2017 raised this commitment to 21,000 new posts.¹⁸ The training and recruitment of specialist mental health pharmacists should be a core group to target within the 21,000.

Competency

Pharmacists are highly skilled healthcare professionals with in-depth knowledge on medicines and their use. They undertake a 5 year examined programme which comprises of a taught Masters level degree at University accompanied by an additional one year of supervised training during which they are required to meet performance standards and must pass the registration assessment before becoming registered by the General Pharmaceutical Council.

Pharmacists can demonstrate their competency to manage and support people with mental health conditions through engagement with RPS Affiliated Partners National Training Programmes¹⁹ and associated RPS assessments. These programmes align to the RPS Roadmap²⁰ which supports development and recognises practitioners for their stage of practice post-registration.

Pharmacists need to work closely with, and collaborate with colleagues in primary care to ensure that patient care is joined up.

Next Steps

This policy has been developed to instigate action at national and local levels to ensure people with mental health conditions can benefit from greater access to the expertise of pharmacists. The implementation of these recommendations will help to drive quality improvements in the delivery of care by the multidisciplinary team and will contribute to the changes needed to reduce demands on our health and social care services, including emergency care in England.

Action will be required across NHS England to review current plans for mental health conditions and to address the role that the pharmacy profession can play in the development of effective models of care. This should be a key element of STPs and Accountable Care Systems.

The Royal Pharmaceutical Society in England is committed to working with the NHS and its other partners to drive this important agenda forward and to evaluate its effectiveness in improving patient care.

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