

7th International Conference of the College of Mental Health Pharmacy

Bristol, 7th – 9th October 2016

*Advancing education and research in the practice of
mental health pharmacy to benefit individual care*



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Community pharmacists' experiences of supporting patients with severe mental health problems

**CMHP Research Award 2015
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8 October 2016

Objective

Present the findings from our recent research in the UK with community pharmacists:

- **Two surveys** examining community pharmacists' mental health literacy and attitudes towards mental health.
- **A qualitative study** exploring community pharmacists' experiences of supporting patients with severe mental illness (SMI).

Survey of the mental health literacy and attitudes of community pharmacists

Two surveys were conducted in 2014.

- Questionnaires were sent by fax to a random sample of 2000 community pharmacies in the UK.
- In total 668 pharmacists responded (combining the two survey samples of 329 and 339).



The surveys examined:

- Mental health literacy (*i.e.* knowledge/beliefs about mental health conditions).
- Attitudes towards mental health.
- Attitudes towards providing support to people with mental health problems.
- Services provided to patients with mental health problems and patients with cardiovascular disease (as a comparator).
- The association between provision of pharmacy services and pharmacists' attitudes.

1. Mental health literacy

- The survey compared mental health literacy for three conditions: depression, bipolar disorder and schizophrenia.
- To measure mental health literacy we asked about:
 - Recognition of symptoms.
 - Helpfulness of interventions (medications & psychosocial).
 - Awareness of suicide risk.
 - Awareness of the higher prevalence of eight physical health conditions among people with SMI.

2. The attitudes of community pharmacists towards mental illness

To measure attitudes the survey included:

- Items from an attitude scale
(Community Attitudes Towards Mental Illness scale, CAMI)
- A social distance scale
(Willingness to associate with a person: *e.g.* as a friend, neighbour, colleague)
- A question on perceived risk of violence
- Items about level of comfort providing pharmacy services (medication counselling, support, *etc.*)

3. Pharmacy service provision

The survey asked about the pharmacy services provided to patients taking psychotropic medications and patients taking cardiovascular medications:

- Medicine information
- Checking for drug interactions
- Monitoring for side effects and compliance
- Providing support.

Survey Findings

Mental health literacy

1. Recognition of the symptoms of mental illness

- Symptom recognition was high for depression but lower for bipolar disorder and schizophrenia.

2. Awareness of suicide risk

- Most pharmacists were aware of the increased risk of suicide among people with depression.
- Also aware, but to a lesser extent, for people with bipolar disorder or schizophrenia.

3. Helpfulness of interventions

- Pharmacists favoured evidence-based interventions (for medications and psychosocial interventions).
- Pharmacists held positive views about psychosocial interventions (cognitive behavioural therapy, counselling, physical exercise) for all three conditions.

4. Prevalence of physical health conditions

- There was not a high awareness of the higher prevalence of physical illness among people with SMI (cardiovascular diseases, hypertension, diabetes, *etc.*).
- For each condition, under 45% were aware.

Attitudes towards mental health

- Community pharmacists had generally positive attitudes towards 'mental illness'.
- Social distance (*i.e.* willingness to associate with a person) was higher for both schizophrenia and bipolar disorder than for depression.
- Surprisingly, violence was considered to be more likely among a person with a mental illness, including people with depression (by 33%).

- Pharmacists were less comfortable providing pharmacy services to people with mental health problems than cardiovascular disease.
- Pharmacists were more comfortable providing pharmaceutical care to patients with depression than schizophrenia or bipolar disorder.

Provision of pharmacy services

Community pharmacists provided fewer pharmacy services to patients taking psychotropic medications than to patients taking cardiovascular medications.

This applied to all the services included in the survey:

- provision of medicine information
- checking for drug interactions
- monitoring for side effects and compliance
- providing support and listening.

Association between service provision and attitudes

Provision of pharmacy services was associated with:

- attitudes towards mental illness, and
- attitudes towards providing pharmaceutical care (how comfortable they feel).

However, there are likely to be other factors affecting the degree to which pharmacy services are provided to people with mental health problems.

The barriers to service provision were explored in interviews with community pharmacists.

Community pharmacists' experiences of supporting patients with severe mental health problems

A qualitative study supported by an award from the College of Mental health Pharmacy (CMHP Research Award 2015).



This study explored:

- The work undertaken by community pharmacists with people with SMI
 - in terms of their mental and physical health.
- The perceived impact of this work.
- The barriers to working with people with SMI.
- Recommendations for future developments to improve outcomes for people with SMI.

What we did

The study involved telephone interviews with 19 community pharmacists from across Yorkshire and the Humber.

The sample includes pharmacists currently working in supermarket, multiple and independent community pharmacies.

None had a mental health qualification or had previously held a specialist mental health position.

The sample

- Six of the 19 pharmacists expressed a particular professional interest in mental health.
 - (The others, however, did not.)
- This was an exploratory study and may not represent the views of all community pharmacists.
- However, there were diverse experiences, levels of confidence and attitudes.

Findings

This section covers:

- The work undertaken by community pharmacists with people with SMI.
- The impact of community pharmacy services on people with SMI.
- Barriers to working with patients with SMI.
- Future possibilities and potential.

The mental health work undertaken by community pharmacists

Contact with patients with SMI

- The amount of contact varied between different pharmacies – from several people a day to two or three each month.
- All pharmacists had regular contact with patients with SMI.
 - So there is opportunity for community pharmacists to provide support to these patients.

Services and support provided to patients with SMI

Community pharmacists provide a range of services and support to patients with SMI.

- Information and advice
- Medication counselling and monitoring
- Monitoring and screening for mental health
- Signposting and referral
- Informal support
- Crisis management
- Physical health advice

1. Information and advice

- All the pharmacists provided information to patients with SMI about their medications and/or mental health conditions.
- Information about medicines is mainly verbal.
- Pharmacists provide written information about mental health (from information available online).
- Leaflets about mental health are not widely made available.

2. Medication counselling and monitoring

For example:

- Educating patients on medicine use
- Advising on drug interactions and side effects
- Responding to patients' questions and concerns about medicines
- Monitoring medication use
- Sometimes quite intensive monitoring to support adherence

3. Supporting adherence with psychotropic medications

Participants were aware of the need to encourage patients with SMI to adhere to psychotropic medication.

They supported adherence by:

- Providing information and support
- Monitoring medicine use and liaising with GPs
- Listening to the patient's concerns
- Helping patients manage their medicines better
- Medicines Use Reviews (MUR)

4. Medicines Use Reviews (MUR)

All participants had completed MURs with people with SMI.

These were considered beneficial to patients with SMI:

- Useful for detecting and discussing medication side effects and adverse reactions and supporting compliance.
- Helped patients better understand and manage their medications.
- Led to discussions around physical health and healthy living.

5. Monitoring and screening for mental health problems

Screening:

Some had detected symptoms of mental health problems in a person not already diagnosed with a mental health condition.

Monitoring:

Some monitored regular patients' mental health over time:

- picked up on signs that mental health is worsening
- or when medications are not working.

6. Signposting to mental health services

Frequent liaison with GPs when:

- signs of worsening mental health
- side effects are detected

Signposting to mental health services:

- Provide information about services
- Direct referral when needed

7. Informal support and counselling

- Informal support to patients with SMI: a 'listening ear'.
- Support during acute phase of illness (*e.g.* a psychotic episode).
- Considered an important aspect of their role.
- Occasional advice about psychosocial interventions such as counselling, relaxation and exercise.

8. Crisis management

One half of the participants had experience of managing a crisis in mental health.

- Occasionally - a patient experiencing a psychotic episode, sometimes having stopped taking their medication.
- Very occasionally – a patient presenting with agitated or aggressive behaviour - sometimes when other services are closed.
- More common - a patient with very low mood and/or expressing thoughts of suicide or self-harm.

When crises occurred, action taken by pharmacists included:

- counselling the patient
- contacting the crisis team, the patient's GP or CPN
- calling the police or an ambulance.

9. Promoting the physical health of people with SMI

The degree to which pharmacists asked about a patient's physical health varied.

- Some asked routinely.
- Others asked only when there was a diagnosed physical health condition.

Discussions around physical health take place mainly in the MUR.

- Physical health is a part of this service.

The impact of community pharmacy services on people with SMI

According to pharmacists the impact of their work included:

1. Safer and more effective medicines use by:

- providing advice and support
- managing adverse side effects or changes in medication

2. Maintained mental health by:

- improved adherence to psychotropic medications
- referral to other services
- provision of information and advice

3. Earlier intervention by:

- Spotting signs that ‘something may be wrong’
- Liaison, signposting and referral

4. Improved access to mental health support by:

- signposting, referral and liaison with GPs and (sometimes) mental health professionals

5. Prevention of mental health crises by:

- early intervention and support

6. Improved access to physical health care by:

- provision of advice
- liaison with GPs

The main aspects of community pharmacy considered particularly beneficial to people with SMI were:

- **Their accessibility:**
 - Appointment-free system
 - Less clinical environment
- **Their regular contact with patients**
 - The relationship they build up over time
 - Ideally placed to monitor mental health

Barriers to working with patients with SMI

Pharmacists believed they had the potential to do more to improve outcomes for people with SMI. But there are a range of challenges and barriers to working in this area.

- Education and training
- Time
- Business targets
- Access to information
- Lack of collaborative working
- Accessing patients
- Profile of community pharmacy
- Attitudes towards mental health

1. Education & training

Knowledge of psychotropic medications was considered adequate.

Mental health training needs:

- Mental health conditions
- Counselling & communication skills
- Managing mental health crises and behaviours that may challenge
- Suicide risk awareness / prevention
- Interventions and services

2. Time and resources

Lack of time was a key barrier to effective mental health practice.

- Related to their workload, a lack of resources and staffing shortages

3. Access to information

A lack of access to information about the patient's diagnosis and (other) prescribed medications.

- This information informs medication counselling.

4. Business incentives and targets

- Medicines Use Review (MUR)

National target groups guide the patients to whom the MUR service is offered.

- Psychotropic medications for mental illness are not included.
- The MUR targets set by pharmacy companies may disadvantage patients that may require more time.

5. Inter-professional working

A lack of input from mental health services was highlighted.

- The majority of the pharmacists had little contact with mental health teams.
- Where good relationships had been established this was beneficial to patient care – and the pharmacist.

6. Access to patients

Some patients do not want to talk with the pharmacist (though others are happy to).

May be related to:

- The relationship with the pharmacist.
- Self-stigma (patients not wanting to talk about why they are taking the medication).
- How the pharmacist is perceived by patients (as a dispenser of medicines).

7. Profile of community pharmacy

- Another barrier was how community pharmacies are perceived by other healthcare professionals, including GPs, mental health professionals and secondary care.
 - The work of community pharmacists may not therefore be promoted to patients.

8. Attitudes towards working with people with SMI

- **Some pharmacists lacked confidence in working with patients with SMI.**
 - They believed this was related to inadequate training in mental health.
- **Mental health stigma**
 - If not themselves, they believed this applied to other pharmacists.
 - They suggested this is related to lack of knowledge / training.

Future possibilities and potential

Pharmacists believed there was potential for community pharmacy to have a greater role in mental health care in the future – in relation to both mental and physical health.

What do community pharmacists believe would facilitate this?

- 1. Leadership** – NHS and Community Pharmacy to prioritise mental health, to ensure the necessary time and resources.
- 2. Priority** - psychotropic medications/mental health to be added to the target groups of the NHS enhanced services:
 - Medicines Use Review (MUR)
 - New Medicine Service (NMS)

3. **Training** - in mental health conditions and skills.
4. **Profile raising** – to increase awareness of the work of community pharmacy among patients and staff within the mental health sector – to improve access to patients.
5. **Partnership working** – closer collaboration between community pharmacy and mental health services – to improve sharing of information, referral and earlier intervention.

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