

4 April 2019

Mental Health inquiry
Productivity Commission
GPO Box 1428
Canberra City
ACT 2601

By: Online submission

To whom it may concern

Re: Mental Health Inquiry

NPS MedicineWise is an independent, evidence-based organisation primarily funded by the Department of Health to educate health professionals and consumers about the appropriate use of medicines and medical tests. NPS MedicineWise improves the way medicines and other medical technologies are prescribed and used in practice in order to achieve better health and economic outcomes. Our programs address national health priority areas and include behaviour change interventions, evidence-based information to support decision making, health communication campaigns and a range of other activities. We have national reach underpinned by strong local implementation which helps us to support and embed health policy priorities. For more information see www.nps.org.au

NPS MedicineWise welcomes the Productivity Commission's inquiry into mental health and we have read the issues paper with interest.

Over the past 20 years, NPS MedicineWise has delivered several national programs that have improved decision-making around assessment and management of anxiety disorders, depression and pain as well as the quality use of antipsychotics, benzodiazepines and opioids. We have also implemented many programs to improve the management of chronic health conditions that impact significantly on mental health and wellbeing (eg diabetes, cardiovascular disease, osteoporosis, osteoarthritis) and supported national efforts to address pharmaceutical drug misuse. A summary of each of these initiatives is provided at Appendix A and may be helpful in informing the Commission's findings and recommendations.

Programs are multi-faceted and include clinical audit and feedback, online learning modules, educational practice visits, facilitated small group meetings, and compelling evidence-based information, tools and materials. These activities are supported by consumer information and tools. Data driven interventions, utilising real world data from general practice clinical information systems (*MedicineInsight*), are playing an increasing role and enabling our activities to be highly targeted. <https://www.nps.org.au/medicine-insight>.

Our programs and activities are developed in an iterative cycle including stakeholder engagement, formative research, program design, intervention development, program implementation and evaluation. Our evaluation has demonstrated that our approach achieves improvements in awareness, knowledge, prescribing and behaviours in specific areas of care. There are however, significant barriers - including cultural and systems-related - to best clinical practice and successful treatment of common mental health conditions. These barriers have large health, social and economic consequences.

Findings from our formative research, consultation with key opinion leaders and health professionals and through the development and delivery of our programs have provided valuable insights into the barriers and gaps in practice for these conditions. For example, our current national program in primary care *Anxiety: rethinking the options* and our 2016 program *Managing depression: reexamining the options* identified the following barriers and/or gaps in practice that impact on the day to day functioning of people with anxiety and depression who are managed in primary care:

- ▷ under-recognition of anxiety disorders in general practice
- ▷ unnecessary long-term use and/or overuse of antidepressants
- ▷ under-utilisation of non-pharmacological treatment options for anxiety disorders and depression including psychological treatment
- ▷ health professional knowledge gaps on pharmacological and non-pharmacological treatment options and
- ▷ low health professional and consumer awareness around resources and support available.

A more detailed summary of these insights is attached at Appendix B and we hope the Commission will find these useful.

Thank you again for the opportunity to provide feedback. We are very happy to provide further clarification or information as needed and look forward to seeing the Commission's draft report.

Yours sincerely

Caroline Zoers
External Relations and Policy Manager

Appendix A: Overview of NPS MedicineWise programs relevant to the Commission's inquiry

National programs delivered locally

As a national implementation body with a locally deployed field force working across Australia to deliver programs in primary care, our multifaceted educational and quality improvement activities and resources for health professionals include audit and feedback, online learning modules, targeted visiting programs, facilitated small group meetings, and compelling evidence-based information, tools and materials. These activities are supported by consumer information and tools. Data driven interventions are playing an increasing role and enabling our activities to be highly targeted.

We know that repeat messages are needed to achieve sustained behaviour change. NPS MedicineWise has delivered multiple therapeutic programs of relevance to mental health, including:

▷ **Anxiety: rethinking the options** launched in February 2019 and aims to improve the wellbeing and day-to-day functioning of people with anxiety who are managed in primary care by increasing the proportion of GPs who distinguish between “normal” and clinically significant anxiety, increase the proportion of GPs who use evidence-based psychological treatment first line in people with clinically significant anxiety, increase the proportion of GPs who reduce unnecessary mental health polypharmacy in patients with anxiety and the proportion who consider pharmacotherapy discontinuation after anxiety symptoms have abated. It is anticipated that over 8,000 GPs will participate in the program. Interventions include one to one educational visiting, case-based small group meetings, clinical audit, webinar, web and social media content. <https://www.nps.org.au/professionals/anxiety>

▷ **Depression: Re-examining the management options** launched in 2016 and aimed to reduce the burden of disease associated with depression in people managed in primary care by increasing the proportion of people with depression (or their carers) who actively participate in developing a management plan; reducing GP prescribing of antidepressants first line in a) adults with mild and moderate depression and b) adolescents with depression; reducing GP prescribing of SNRIs first line for antidepressant treatment; increasing the proportion of people who adhere to prescribed medicines for depression; and increasing the proportion of patients who receive a) adequate trials (4-6 weeks) and b) treatment of at least 6 months with antidepressants. Over 13,700 health professionals participated in the program. <https://www.nps.org.au/professionals/depression-re-examining-the-management-options>

▷ **Chronic pain: opioids and beyond** launched in 2015 and aimed to improve well-being in patients with chronic non-cancer pain who are managed in primary care. Over 7,000 GPs participated in the 12-month program. Pharmacists, specialists and nurses also received the materials, pharmacists took part in self-audits and pharmacists and nurses joined GPs in small group learning. <https://www.nps.org.au/professionals/chronic-pain>

Evaluation found that the program produced a significant increase in the proportion of GPs who discussed individual goals of therapy with their patients and developed pain management plans (+56%), used pain diaries (+43%) and/or opioid contracts (+35%).

▷ **Neuropathic pain: touchpoints for effective diagnosis and management** launched in 2018 and looked at the role of **gabapentinoids** and aims to improve quality of life for people with neuropathic pain who are managed in primary care. <https://www.nps.org.au/professionals/neuropathic-pain>

Our 2015 opioids program and 2018 Neuropathic pain program built on and reinforced our previous pain management programs: *Analgesics in musculoskeletal pain* (2003), *Analgesic choices in persistent pain* (2006), *Neuropathic Pain* (2008) and *Opioid use in chronic pain: use a planned approach* (2010) and we would be happy to provide further details.

▷ **Older and wiser: promoting safe use of medicines in older people** launched in September 2013 and aimed to increase awareness of the changing balance of medicines benefits and risks as a person gets older. The program focused on reducing prevalence and harm resulting from medicine related problems (MRPs) in people aged 75 years and older in general practice settings, Residential Aged Care Facilities (RACFs), pharmacies and communities.

Program components were designed to positively influence knowledge, attitudes and behaviours of health professionals and support them to: identify older people at high risk of MRPs; undertake a shared assessment of treatment goals, frailty and health status to define and confirm need for ongoing treatment; and implement and document treatment changes and treatment goals. The program also aimed to increase consumers' knowledge of medicines safety issues and encourage them to be an active partner in their health decisions. More than 11,000 unique health professionals participated in the 12 month program.

Encouraging better conversations between health professionals and consumers

We have undertaken a number of activities to encourage and support health professionals and consumers to have better conversations about mental health conditions and about the risks and harms associated with use of opioids and other high-risk analgesics and antipsychotics.

- ▷ **Codeine up scheduling:** As part of our collaboration with AMA, RACGP and RACP, the Commonwealth Department of Health commissioned NPS MedicineWise to develop tools and resources for general practitioners and other health professionals about the 1 February 2018 up-scheduling of codeine. Products included MedicineWise News, an evidence-based summary providing up-to-date information; a desktop reference guide for GPs to support conversations with patients who may present with codeine dependence; podcasts providing succinct evidence based education on pain management and dependency; 'Talking heads' videos with addiction medicines specialists and pain management experts; a GP resource kit (digital collation of all the resources); online and editable patient action plan supported by direct mail marketing and social media promotion.

Social media evaluation found that consumer sentiment improved and health professional confidence increased significantly over the duration of the campaign.

- ▷ **Choosing Wisely Australia®** facilitated by NPS MedicineWise, and led by Australia's medical colleges and societies, is encouraging a national conversation about the appropriate use of tests, treatments and procedures – including reducing use of those that may be unnecessary and cause harm. With membership comprising 80% of Australia's specialist medical colleges and 25 champion Health Services driving engagement and implementation activities, Choosing Wisely Australia® can play a key role in influencing a culture change around use of opioids and other high-risk analgesics. Indeed, there are already recommendations relevant and specific to appropriate use of analgesics for pain. <http://www.choosingwisely.org.au> and [5 questions to ask your doctor or health care professional](#)
- ▷ NPS MedicineWise's phone line services – **Medicines Line** and the Adverse Medicines Events line, **AME Line** assist individual consumers with questions and concerns about their medicines. <https://www.nps.org.au/medicines-line> and <https://www.nps.org.au/adverse-medicine-events-line>
- ▷ **MedicineWise app** supports consumers and carers in their desire to be responsible for managing their own health and the health of those they care for. It enables consumers to build and share their current medicines list, set dose and appointment alerts, track tests and results, record important health information, and view trusted, relevant medicines information. It also has the capability to send targeted information to particular consumers such as those who have a particular medicine in their medicine list. <https://www.nps.org.au/medical-info/consumer-info/medicinewise-app>
- ▷ **Written and audio-visual content on our website** includes several relevant resources. <https://www.nps.org.au/medical-info/consumer-info>
- ▷ **Consumer campaigns such as *Be Medicinewise Week*** help Australians get the most out of their prescription, over-the-counter and complementary medicines. In 2017, the seventh annual Be Medicinewise Week promoted the safe and wise use of medicines and reminded Australians that medicine misuse can happen to anyone. <https://nps.org.au/bemedicinewise>

A multi-sectoral approach: improving pain management stewardship in hospitals and RACFs

NPS MedicineWise has undertaken a number of activities in hospitals and residential aged care facilities (RACFs), related to the use of opioids, non-opioid analgesics and psychotropic medicines.

Hospitals

- ▷ Drug Use Evaluation (DUE) projects in hospital to improve quality use of medicines. For example, 62 Australian hospitals participated in our Acute Post Operative Pain (APOP) program which utilised DUE, an established, evidence based quality improvement methodology, to improve management of acute post-operative pain in hospital and at the point of discharge. Significant improvements were seen in documentation of pain management education and pain scores, appropriate prescribing and communication of discharge management plans. More recently, Choosing Wisely Australia®, facilitated by NPS MedicineWise, is providing a means to engage with hospitals and health services about improving the quality of healthcare by eliminating unnecessary and sometimes harmful tests, treatments, and procedures. See above and <http://www.choosingwisely.org.au>

Residential aged care

- ▷ Collaboration with **Webstercare** to design a **Quality Use of Medicine report** within its medication management software that helps residential aged care facilities (RACFs) understand and analyse their antipsychotic medicine usage over time and flag patients who need review. This enables pharmacists to provide information to staff and prescribers working in RACFs to help them understand, analyse and effectively manage the use of antipsychotic medicines for residents.
- ▷ **Drug Use Evaluation** learning activities that help promote best practice medicines use.
- ▷ **Balancing benefits and harms of antipsychotic therapy** (2011) program focused on the safe and effective use of antipsychotics. An economic evaluation of the program was conducted in terms of reduced stroke incidence due to reduction in antipsychotic prescribing.
- ▷ Supported the **Reducing Use of Sedatives (RedUSE) program** by working with University of Tasmania to design and deliver academic detailing activities aimed at reducing the use of sedative medicines in RACFs.

Undergraduate education

The **National Prescribing Curriculum (NPC)** is a series of interactive case-based modules that encourage confident and rational prescribing. The modules follow a stepwise approach as outlined in the WHO's *Guide to Good Prescribing*. Module topics relevant to mental health include delirium in an older person, depression in adolescents, insomnia, and polypharmacy. <https://learn.nps.org.au/course/index.php?categoryid=78>

Real time prescription monitoring: building capability

It is important prescribers have real time access to their patients' prescription history for high-risk medications. Not only do prescribers and pharmacists need to know how to use any real-time prescription monitoring system but they also need to be supported to more safely respond to patients who may be misusing prescription medicines or receiving supplies of high risk medicines beyond therapeutic needs. NPS MedicineWise has supported actions to address drug misuse in a number of ways including:

- ▷ **National Pharmaceutical Drug Misuse Framework for Action implementation:** NPS MedicineWise was involved in the development of the framework and its implementation. This included the delivery of an online module *Drug misuse: implications for pharmacists* focusing on preventing harmful use of pharmaceutical opioids, and provided pharmacists with the opportunity to understand their role in identifying and preventing drug misuse including conversation starters when discussing sensitive issues with patients, and ways to manage difficult conversations.

- ▷ **Supporting roll out of RTPM in Victoria:** As part of the consortium led by Western Victoria PHN that is designing and delivering training to prescribers and pharmacists on how to use the Victorian RTPM and more safely respond to patients, NPS MedicineWise developed and implemented three online training modules and a Facilitators resource kit to enable face-to-face training to support the introduction of the SafeScript program across Victoria.

Our highly skilled field force of Clinical Service Specialists deliver around 27,000 visits to GPs across Australia each year meaning we are well placed to deliver face-to-face training on a national scale to further support implementation of these types of programs.

Data to drive and track quality improvement

Successful programs will require data to inform quality improvement, evaluate the success of interventions and measure outcomes. Our **MedicineInsight program**, developed with funding from the Australian Government Department of Health, extracts data from over 650 general practices across Australia. Thousands of general practitioners are now contributing deidentified data for millions of regular patients, providing insights to inform quality improvements and population health outcomes at the local, regional and national level.

- ▷ Participating practices are offered customised quality improvement activities that support alignment with best practice and identify key areas for improvement. MedicineInsight data is being used in practice-based meetings to discuss the management of anxiety, of depression and quality use of antidepressants and other psychotropic medicines and identify practice improvements. <https://www.nps.org.au/medicine-insight>
- ▷ At NPS MedicineWise we are also increasingly using this data to evaluate the effectiveness of our programs.
- ▷ These insights can be used by policy makers, health systems and health professionals to identify evidence gaps in primary health care and improve clinical practice and health outcomes in Australia.

MedicineInsight's ability to link patient conditions and treatments over time to show how and why medicines are being prescribed means it could be a powerful tool in understanding and informing treatments for mental health conditions. For more information see: <https://www.nps.org.au/medicine-insight>.

Appendix B: Insights from formative research including literature review and insights gained from key opinion leaders, key stakeholders and health professionals during program development and delivery

Anxiety: rethinking the options program 2019

We undertook formative research in April 2018 to inform our current national educational program *Anxiety: rethinking the options*. The findings from our search of the literature in this area and insights gained from key opinion leaders, key stakeholders and health professionals during the development and delivery of the program indicate the following gaps in practice that impact on the wellbeing and day-to-day functioning of people with anxiety who are managed in primary care.

Health professional–related gaps

- ▷ Under diagnosis and under recognition of anxiety and anxiety disorders in general practice
- ▷ Inadequate treatment trials of cognitive behavioural therapy and first-line antidepressants in people with anxiety disorders, inconsistent with relevant guidelines
- ▷ Health professional knowledge gaps around psychological treatments, managing medicine side effects, choice of second and third line medicines and discontinuation of medicines
- ▷ Lack of health professional knowledge and awareness of key online resources and evidence-based online treatment programs and how to access them
- ▷ Health professional preferences for medicines over evidence-based psychological treatments due to their accessibility and convenience, inconsistent with relevant guidelines
- ▷ GPs continuing to prescribe medicines initiated by specialists, despite having concerns over mental health polypharmacy

Consumer–related gaps

- ▷ A lack of knowledge, awareness and understanding of anxiety amongst Australian consumers
- ▷ Consumers experience stigma and discrimination which is often a major barrier to timely help-seeking and recovery
- ▷ Many consumers are unaware of the resources and support available for anxiety disorders and may have a poor understanding of psychological treatment and medicines
- ▷ Consumer perceptions that health providers have a bias towards prescribing medicines over recommending counselling or other non-pharmacological strategies
- ▷ Consumer barriers to stopping benzodiazepines included perceptions of being unable to cope, dependence and a lack of adequate support and information

Anxiety medicines–related gaps

- ▷ MedicineInsight data suggests that antidepressants were the most commonly prescribed class of medicines, followed by benzodiazepines in patients with a recorded diagnosis of anxiety
- ▷ There is potential off-label use of several medicines to treat anxiety disorders and use of medicines not recommended by relevant clinical practice guidelines.
- ▷ Unnecessary long-term use of antidepressants due to health professional knowledge gaps, barriers in patient-health professional communication and lack of support during discontinuation
- ▷ Early cessation or dose escalations of first-line medicines without allowing sufficient time for response

Our research also highlighted health professionals' needs around information on identifying anxiety disorders with other mental health comorbidities, distinguishing anxiety disorders from normal anxiety symptoms, distinguishing between anxiety subtypes and antidepressant and benzodiazepine discontinuation schedules.

During educational visits in general practice, health professionals identified a need for resources for low literacy populations, information and self-help tools in languages other than English and resources targeted specifically at Aboriginal and Torres Strait Islander people. GPs involved in our educational visits also reported challenges in navigating prescribing of SSRIs for anxiety disorders using the Pharmaceutical Benefits Scheme with these guideline-recommended and evidence-based treatments being subsidised only in very limited circumstances. Similarly, challenges in accessing affordable psychological treatment with number of sessions and frequency according to clinical practice guidelines using the Medicare Benefits Schedule has been raised by health professionals as a challenge and potential barrier to successful treatment of anxiety disorders.

Managing depression: reexamining the options program 2016

Our 2016 *Managing depression: reexamining the options* program engaged 12,376 unique health professionals and led to increased knowledge about choice of antidepressants and use of non-pharmacological treatments, including online programs, for depression management and improved engagement of patients in management plans.

MedicineInsight practices involved in educational visits and GP clinical audit participants were able to identify patients for review and follow up regarding their depression management. Search of the literature and insights gained from stakeholders and health professionals during the development and delivery of this program indicated that:

- ▷ There is under utilisation of non-pharmacological management approaches for depression
- ▷ Potential overuse of antidepressants in people with mild depression and inadequate trials of treatment options to achieve maximum benefit.
- ▷ In those who may benefit from an antidepressant, these are often not trialled and continued for a duration consistent with guideline recommendations to achieve maximum improvement of symptoms and impact on wellbeing and day-to-day functioning.

Some GPs who had participated in our educational visits identified further need for information on antidepressants and psychological treatments for depression and management of treatment-resistant depression, especially as access to psychiatrist review and input which is recommended after initial treatments have failed can be difficult and/or expensive to access for patients. Some also highlighted challenges with applying evidence-based treatment principles with patients who have multiple comorbid mental health conditions which is common.