



The Pharmacy  
Guild of Australia

## **SUBMISSION**

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## **MENTAL HEALTH INQUIRY**

### **Comments by the Pharmacy Guild of Australia to the Productivity Commission Issues Paper: The Social and Economic Benefits of Improving Mental Health**

Date

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## INTRODUCTION

The Pharmacy Guild of Australia (the Guild) is the peak national pharmacy organisation representing community pharmacy. The Guild aims to promote, maintain and support community pharmacies as the most appropriate primary providers of health care to the community through optimum therapeutic use of medicines, medicines management and related services.

The Guild and its more than 5,700-strong community pharmacy network across Australia has a long and credible record of delivering evidenced-based programmes for Government and consumers, consistently demonstrating a capacity to deliver significant outcomes within substantial budget and time constraints in often complex and multi-organisation frameworks.

As the health system evolves, and community pharmacists seek to practise to their full scope in providing primary health care, the Guild will continue to invest its efforts in the future of community pharmacy, ensuring the profession is responsive to the community's needs.

Outlined in this submission are some of the areas in which the Guild believes community pharmacy should become involved to enhance the provision of mental health services in Australia namely prevention, health promotion, medicines management and monitoring. Our response is based on aspects of the Issues Paper where we have a particular interest from pharmacy's perspective. We believe there are social and economic benefits that would result from engaging community pharmacy to contribute to improving the provision of mental health care services.

### Community pharmacy

- There are 5,723 community pharmacies in Australia<sup>1</sup>.
- In capital cities, 95 per cent of consumers are no further than 2.5 km from a pharmacy. In regional areas, 72 per cent of people are within 2.5-km of a pharmacy<sup>2</sup>.
- On average, every person visits a community pharmacy 18 times each year in metropolitan, rural and remote locations<sup>3</sup>.
- Community pharmacies are the most frequently accessed and most accessible health destination, with over 449 million individual patient visits annually and the vast majority of pharmacies open after-hours, including weekends<sup>4</sup>.
- Pharmacists are one of the most trusted professions along with nurses and doctors. Public opinion surveys have shown that 93% of adults trust the advice they receive from pharmacists<sup>5</sup>.

These facts highlight the critical role that community pharmacy plays in the provision of primary health care to the Australian population. In this regard, the Guild notes the Productivity Commission's acknowledgement on page 11 of the Issues Paper<sup>6</sup> that:

*“The healthcare system supporting mental health covers a wide range of services, providers and settings, including..... pharmacies in the community, or within a publicly funded health facility, which dispense medications to people with a mental illness.”*

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<sup>1</sup> PBS Expenditure and Prescriptions Twelve Months to June 2018: Table 13

<sup>2</sup> Guild Submission to the Review of Pharmacy Remuneration and Regulation 2016

<sup>3</sup> ABS Demographic Statistics, PBS Date of Supply

<sup>4</sup> PBS Date of Supply, Guild Digest, <http://www.abs.gov.au/ausstats/abs@.nsf/mf/3101.0>

<sup>5</sup> [https://www.guild.org.au/about-us/community-pharmacy-2025/CP2025\\_OrimaResearch\\_FullReport\\_16May2018.pdf](https://www.guild.org.au/about-us/community-pharmacy-2025/CP2025_OrimaResearch_FullReport_16May2018.pdf)

<sup>6</sup> <https://www.pc.gov.au/inquiries/current/mental-health/issues/mental-health-issues.pdf>

# CONTRIBUTING COMPONENTS TO IMPROVING MENTAL HEALTH AND WELLBEING

## 1. The Role Community Pharmacy

*“The relationship between physical and mental conditions can be a two-way causation, with physical illness making people more prone to developing a mental illness and vice-versa. Such a situation may make it more difficult to improve health outcomes for people, but also increase the benefits from doing so.”* The Productivity Commission Issues Paper, page 15.

Community pharmacies and pharmacists play a vital role in the health care system through the medication and information they provide, and are highly trusted healthcare professionals. Pharmacies are often the first point of contact between the public and the health care system. Pharmacists provide invaluable assistance to people in managing their medication, monitoring their health and promoting healthy living.

The role of community pharmacists in the support and management of mental illness has been growing. Research shows that pharmacists can:

- identify people at risk of depression and refer appropriately for diagnosis and therapy<sup>7</sup>,
- manage psychotropic-medicine related problems<sup>8</sup>,
- provide antidepressant adherence support and work within multidisciplinary mental health teams<sup>9</sup>.

Given the accessibility of community pharmacy, pharmacists are ideally placed to triage consumers to other healthcare professionals and local services.

### **Quality Use of Medicines**

Quality Use of Medicines (QUM)<sup>10</sup> is one of the central objectives of Australia’s National Medicines Policy:

- Selecting management options wisely;
- Choosing suitable medicines if a medicine is considered necessary; and
- Using medicines safely and effectively.

QUM applies equally to decisions about medicine use by individuals and decisions that affect the health of the population. The term ‘medicine’ includes prescription, non-prescription and complementary medicines.

At an individual consumer level, the application of QUM to the management of medical conditions assists in the identification and implementation of:

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<sup>7</sup> O’Reilly CL, Wong E, Chen TF. A feasibility study of community pharmacists performing depression screening services. *Res Soc Adm Pharm* 5// 2015;11(3):364-381.

<sup>8</sup> Gisev N, Bell JS, O’Reilly CL, Rosen A, Chen TF. An expert panel assessment of comprehensive medication reviews for clients of community mental health teams. *Soc Psychiatry Psychiatr Epidemiol* 2010;45(11):1071-1079.

<sup>9</sup> Bell JS, Aslani P, McLachlan AJ, Whitehead P, Chen TF. Mental health case conferences in primary care: Content and treatment decision making. *Res Social Adm Pharm* 2007;3(1):86-103.

<sup>10</sup> <http://www.health.gov.au/internet/main/publishing.nsf/Content/nmp-quality.htm>

- Methods to select and communicate the most appropriate medicine or non-medicine option from all available prevention and treatment options, so that the individual gains optimal, cost-effective health outcomes; and
- Methods to monitor the outcome of the selected treatment option, to allow rapid modification according to response, so that optimal health outcomes are maintained over time.

At a community level, the National Strategy for QUM provides a guide to the development of these methods by outlining evidence-based steps that:

- Facilitate the development of processes and resources that allow the identification, selection and effective implementation of both non-medicine or medicine prevention or treatment options, which best meet the individual needs and management objectives of the consumer, health care professional and community;
- Can be used to develop educational and information materials to support health care professionals and consumers in the selection and use of medicines according to appropriate individual needs and management goals; and
- Can be used to construct an evaluation framework, which allows the continued monitoring of the selected treatment option against health goals, and processes to reassess choice according to these outcomes.

There is often a lack of access to appropriate advice and support on mental health in the community, and it is difficult for people to access timely and affordable effective treatment. Community pharmacists see patients on a regular basis without the need for an appointment. As such, pharmacists are ideally placed to provide a person-centred solution to support people who are living with mental illness.

### ***Mental Health Pharmacy Trial Program***

Currently, there is a planned Mental Health Pharmacy Trial Program, *Bridging the Gap between Physical and Mental Illness in Community Pharmacy*, or the PharMIbridge trial, that will directly benefit people with mental health issues<sup>11</sup>. The project will be conducted in collaboration between:

- The Pharmacy Guild of Australia
- The Pharmaceutical Society of Australia, and
- Research teams from Griffith University and The University of Sydney.

The primary goal of this trial is to help people better manage their medication and improve their quality of life. Planned to start later this year, it will involve pharmacies in Western Australia, New South Wales and the ACT. Pharmacists taking part in the trial will receive training and work closely with the patients' other health professionals.

This Mental Health PTP builds on the results of the Fifth Community Pharmacy Agreement (5CPA) Mental Health Project '*Exploring the role of community pharmacy in supporting mental health consumers and carers*' in 2012. The 5CPA Project<sup>12</sup> developed and piloted a person-centred, goal-oriented medication support service for more than 400 mental health consumers living with depression and anxiety. The service was shown to improve consumers' medication adherence, as well as, their motivation and confidence to deal with their mental health problems and medication. Overall the project demonstrated that a pharmacist-led medication support service for mental health consumers delivered in the community pharmacy setting was a feasible and beneficial resource. The proposed Mental Health PTP builds on these findings and experiences.

<sup>11</sup> <http://www.health.gov.au/internet/ministers/publishing.nsf/Content/health-mediarel-yr2019-hunt039.htm?OpenDocument&yr=2019&mth=03>

<sup>12</sup> <http://www.mentalhealthproject.com.au/>

The beneficial outcomes of mental health education and training on pharmacists' confidence in caring for, knowledge of and attitudes towards common mental illnesses such as depression and anxiety were demonstrated in the 5CPA Mental Health Project<sup>13</sup>.

It was identified that pharmacists' mental health literacy often varies depending on the specific type of mental illness – for example, pharmacists are better at recognising symptoms of depression than schizophrenia<sup>14</sup>. Hence, it is vital to develop a training program that addresses pharmacists' current literacy and knowledge gaps, to improve attitudes towards, and confidence in, providing care for people living with severe and persistent mental illness. Furthermore, similar to people living with depression and/or anxiety, the majority of people living with more severe illness, such as schizophrenia and bipolar disorder, access healthcare from community settings.

This is evidenced by a shift in recent years, whereby 41% of Medicare Benefits Schedule (MBS) mental health expenditure was spent on services provided by psychologists and other allied health professionals in 2010-11, compared to no expenditure on such services in 1992-3<sup>15</sup>. Given that 61.5% of Australians who experience psychosis experience multiple episodes with partial or complete remission of symptoms in-between<sup>16</sup>, it is expected that a large proportion of people taking psychotropic medicines access health care services in community settings. For example, in 2016-17, 87% of over 35 million mental health related prescriptions in Australia were prescribed by a General Practitioner (GP)<sup>17</sup>.

Great potential remains for more cost-effective use of the health care system by better using established community pharmacy networks. Community pharmacy can contribute more broadly to the primary health care sector; for example, by avoiding unnecessary hospitalisations through poor use of medication.

## 2. Mental health promotion, prevention and early intervention

*An important issue for this inquiry will be how, and to what extent, can the prevalence and severity of mental ill-health be reduced through more effective mental health promotion (equipping the population to maintain good mental health), identification and prevention (such as interventions targeted at people with a high-risk of mental illness, including to prevent relapse) and early intervention (care provided soon after an episode of illness becomes evident). The Productivity Commission Issues Paper, page 14.*

Community pharmacy offers a highly accessible network of primary health care delivering quality advice and service. Pharmacies exist in well spread out and accessible locations, and often operate over extended hours, seven days a week in urban, rural and remote areas.

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<sup>13</sup> Wheeler AJ, Mey A, Fowler JL, Mihala G, Kelly F. 2018. A web- based mental health promotion intervention for pharmacy staff to reduce stigmatising and discriminating attitudes. *Periodical* 2018. <https://doi.org/10.1002/hpja.33>.

<sup>14</sup> O'Reilly C, Bell S, Chen T. Pharmacists' beliefs about treatments and outcomes of mental disorders: a mental health literacy survey. *Aust N Z J Psychiatry* 2010;44(12):1089-1096.

<sup>15</sup> Department of Health and Ageing. *National Mental Health Report 2013: tracking progress of mental health reform in Australia 1993 – 2011*. Canberra: Commonwealth of Australia; 2013.

<sup>16</sup> Morgan V, Waterreus A, Jablensky A, et al. *People living with psychotic illness 2010*. Canberra: Australian Government; National Mental Health strategy; 2011.

<sup>17</sup> AIHW. Mental health services in Australia. *Australian Institute of Health and Welfare*. Available at: <https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/mental-health-related-prescriptions>. Accessed May 16, 2018.

Community pharmacists provide a range of services which extend well beyond the provision of prescription medicines and, as such, pharmacies are often the first contact point of the primary health care system for many people. These services include:

- provision of information about medicines and health conditions;
- provision of up-to-date and locally relevant information on other health care services and resources;
- participation in community health, preventative health and other public health services;
- distribution of public health information and educational materials;
- referral to a General Practitioner or Hospital Emergency Services; and
- referral to other appropriate health professionals where required; e.g. community health nurses, mental health services, drug and alcohol rehabilitation facilities etc.

Medicines are a major treatment modality for the management of many mental and physical illnesses. Pharmacists are well positioned to improve mental health care and associated co-morbidities, with the potential to reduce the associated burden. As experts in medicines management, pharmacists can provide complementary skills and knowledge to broader multidisciplinary mental health and primary care teams.

Specifically this may involve:

- detecting or resolving medication-related problems, helping to identify or manage side effects or adverse reactions;
- helping to ensure the safe and efficacious use of medication;
- providing comprehensive medication information to consumers and other healthcare professionals;
- promoting medication adherence; and
- reinforcing primary prevention, health promotion and lifestyle modification activities in the community.

Pharmacists provide counselling to consumers when dispensing and supplying medication; check individual medicine regimens to avoid possible drug interactions; provide advice to consumers on multiple medications; ensure a medicine is appropriate to the specific needs of the consumer and liaise with prescribers to support the best outcomes for the consumer. The pharmacists' role has become increasingly involved in areas such as testing and screening, public health and health promotion, disease management, and medicine reviews.

### 3. Comorbidities

*People with a mental illness have a relatively high rate of physical ailments (comorbidities), and an associated lower life expectancy, compared to the rest of the population. Around 60% of adults with a mental disorder have a physical condition, compared to less than 50% for other adults (AIHW 2012). The Productivity Commission Issues Paper, page 15.*

Consumers with a mental illness commonly have multiple mental illness co-morbidities. They also have significantly poorer physical health than the general population. Pharmacists may see consumers with a mental health condition more regularly than any other health professional and have a unique opportunity to support consumers in managing physical co-morbidities.

Pharmacists have a strong primary health care role and, due to their accessibility, are often the first health professional contacted by a consumer with a health concern.

Pharmacists are frequently consulted for advice on medications and their frequent contact with mental health consumers and carers means they are well placed to play a greater role in supporting consumers to manage their mental illness. The role pharmacists play in supporting patients to manage mental health issues is strengthened by the accessibility and availability of pharmacists. The result is that many pharmacists talk to people with mental health issues on a regular basis and are well placed to assist and refer them to other health professionals when appropriate.

While pharmacists recognise that medicines are not necessarily the primary or sole treatment option for mental illnesses, the 31.1 million mental health-related prescriptions in Australia in 2010-11, comprising 11 per cent of all medicines subsidised under the Pharmaceutical Benefits Scheme, reflect that they are a significant modality of treatment. Of these prescriptions, 86 per cent of medicines were prescribed by general practitioners<sup>18</sup>. This emphasises the need and opportunity for pharmacist involvement as a member of multidisciplinary teams in mental health care and the importance of primary care in the management of mental illness.

#### 4. Health Workforce

*The configuration and capabilities of Australia's mental health workforce — healthcare workers who deliver mental health services and supports — reflects past models of healthcare and so may need to change in order for government reforms to be effective in improving where and how care is delivered.* The Productivity Commission Issues Paper, page 17.

Community pharmacy is essential for the provision of medicines to the public in a timely, convenient, affordable and equitable manner. Consequently, local community pharmacists play an essential role in public and preventative health.

A core pillar of Australia's National Medicines Policy, timely access to medicines, is achieved through Australia's network of community pharmacies, which are well-distributed throughout metropolitan, suburban, rural and remote regions. These outcomes are supported by the regulatory arrangements under a variety of Commonwealth, State and Territory laws. One of the regulatory requirements in the context of this submission is that pharmacy is not able to open for business unless a registered pharmacist is present, which means an available and sustainable pharmacist workforce is vital to the operation of community pharmacies. Currently 20% of pharmacies are in rural and remote Australia, approximately 400 of which are one pharmacy towns, where the patients' access to community pharmacy is most impacted on the workforce availability.

Community pharmacies are the most frequently accessed and most accessible health destination, with over 449 million individual patient visits annually and the vast majority of pharmacies open after-hours, including on weekends.

Community pharmacies in regional, rural and remote locations are finding it increasingly difficult to attract and retain pharmacists. This recruitment difficulty has also been reported by community pharmacies in several metropolitan areas.

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<sup>18</sup> Morgan V, Waterreus A, Jablensky A, et al. People living with psychotic illness 2010. Canberra: Australian Government; National Mental Health strategy; 2011

The results of the 5CPA Mental Health Project indicated that pharmacists, in the community pharmacy often lack the confidence and skills to best support consumers suffering from mental illness. However, evidence has shown that by providing pharmacists and pharmacy staff with the right training, their confidence and skills in supporting consumers with mental health illness improves significantly<sup>19</sup>.

Research has identified that among pharmacists, lack of mental health training and skills in communicating with mental health consumers are often cited as a barrier to providing care for these people<sup>20</sup>. Therefore, appropriate training of pharmacists to improve confidence and skills are crucial to the implementation of any new service for mental health consumers.

Similarly, research has also identified the need for educational programs to move from the traditional focus of pharmacology and therapeutics of psychotropic medication and adopt evidence-based approaches to reduce mental health stigma. This will improve pharmacists' confidence in providing mental health services. Lower levels of stigma have been associated with pharmacists' willingness to provide professional pharmacy services for people with serious and persistent mental illness<sup>21</sup>.

According to the Productivity Commission<sup>22</sup>, funding arrangements have incentivised State governments to spend more on hospital-based services, rather than community-based care. This is "despite evidence that mental health services in community setting can be more effective in preventing pain and suffering and facilitating recovery".

In the *Monitoring Mental Health and Suicide Prevention Reform: National Report 2018*<sup>23</sup>, the National Mental Health Commission (NMHC) indicated on page 9 that:

*"issues related to the mental health workforce include high staff turnover, the need for staff training in suicide prevention, the need to increase and develop roles such as peer workers, the need to improve Aboriginal and Torres Strait Islander representation in the workforce, and the challenges of working in rural and remote locations."*

In the report, the NMHC said it would work closely with "the Australian College of Mental Health Nurses and other key stakeholders to develop a National Framework for Ensuring Safety in Care and Safety for Staff in Australian Mental Health Services".

In both scenarios above, the role of community pharmacy has been omitted. The Guild strongly suggests including community pharmacists in the provision of services for Australians with mental health illness. Collaboration of health care providers is essential in continuity of care for patients with mental health illness to assist in medication compliance and adherence by the patient, which is key in management of mental health illness.

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<sup>19</sup> El-Den S, Chen TF, Moles RJ, O'Reilly C. Assessing Mental Health First Aid Skills Using Simulated Patients. *American Journal of Pharmaceutical Education* 12/14/received

<sup>20</sup> Wheeler A, Mey A, Kelly F, Hattingh L, Davey A. Education and training for community pharmacists in mental health practice: how to equip this workforce for the future *The Journal of Mental Health Training, Education and Practice* 2014;9(3).

<sup>21</sup> O'Reilly C, Bell S, Kelly P, Chen T. Exploring the relationship between mental health stigma, knowledge and provision of pharmacy services for consumers with schizophrenia. *Res Social Adm Pharm* 5// 2015;11(3):e101-e109.

<sup>22</sup> <https://www.pc.gov.au/inquiries/current/mental-health/issues/mental-health-issues.pdf>

<sup>23</sup>

<http://www.mentalhealthcommission.gov.au/media/245240/Monitoring%20Mental%20Health%20and%20Suicide%20Prevention%20Reform%20National%20Report%202018.pdf>

## RECOMMENDATIONS

As outlined above, the Pharmacy Guild of Australia recommends that:

1. The role of community pharmacists in primary care including mental health be recognised, particularly in the following areas:
  - information and resource dissemination;
  - assistance with promotion of mental health and prevention of mental health problems;
  - medication management in terms of quality use of medicines (QUM); and
  - involvement as part of the multidisciplinary mental health team supporting people living with mental health problems.
2. Initiatives such as community pharmacy-based mental health service models be supported to achieve improved responsiveness to the diversity of needs and continuity of care of mental health patients in the community setting. This model is based on the above-mentioned areas.
3. A national mental health strategy address issues of the mental health workforce, and that the strategy include the role of community pharmacies in their contribution to the health and wellbeing of Australians.