

# ROYAL PHARMACEUTICAL SOCIETY

## Mental health and wellbeing plan: discussion paper

### Royal Pharmaceutical Society Response

#### 1. How can we all promote positive mental wellbeing?

In terms of pharmacists and pharmacy it is important that the wellbeing of the workforce is a high priority for governments, employers and the regulator.

#### 2. How can we all prevent the onset of mental health conditions?

Having the right working environment helps to prevent the onset of mental health conditions. The environment needs to be one that enables individuals to be their authentic selves at work and provides opportunities for uninterrupted rest breaks as well as protected learning time. There should be the space and time for healthcare professionals to have the opportunity to reflect on their practice and debrief after dealing with difficult situations at work.

Providing support at a national level for those working for, or providing services to, the NHS has been welcomed.

Pharmacists themselves play a significant role in reducing health inequalities, many of which are risk factors for the development of mental health conditions. All community pharmacies in England are now healthy living pharmacies with a focus on prevention and supporting people to maintain both their physical and mental health

#### 3. How can we all intervene earlier when people need support with their mental health?

Community pharmacists and their teams are well placed to recognise early signs and symptoms of poor mental health in the people they see on a regular basis. Through vigilance and rapport with their patients and the public, pharmacists are well placed to identify changes in behaviour and early signs of mental health problems including anxiety, depression, post-traumatic stress disorder, and substance or alcohol abuse. They can also recognise early signs and symptoms of relapse and worsening of existing symptoms, which are very individual and can be subtle.

Community pharmacists and their teams interact with 1.6 million people every day. Conveniently located on high streets and in the heart of communities they are particularly important in the early detection of mental health and wellbeing problems. Careful monitoring of requests for over the counter medicines (e.g. anti- anxiety or sedative products, analgesics, and laxatives) and signs and symptoms identified during consultations can suggest a decline in a person's mental health or wellbeing. Pharmacists and their teams need to be aware of common trigger points (for example, bereavement, redundancy, financial stress, social triggers 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?" or "how are you feeling about this?"

Community pharmacies buck the inverse care law, and they are prevalent in areas of high deprivation. We know that people living in deprived areas are more likely to suffer from a mental health condition, so community pharmacies could be better utilised to recognise early signs and symptoms and make earlier interventions to support the health inequalities agenda.

They have the opportunity to link in with their specific population around this and understand the inequalities, cultural impact in their locality.

Referral to local wellbeing services, mental health specialist teams or social prescribing pathways are important actions that pharmacists can take. However, at present, pharmacists' role in signposting and referral is typically informal and relies upon individual pharmacists, their knowledge of local services and personal relationships with local GPs and mental health teams. It would be useful to have formal systems in place to enable pharmacists to directly refer patients that require specialist mental health care to appropriate health professional colleagues. This could be supported by a directory of services and VCSE organisations that any clinician could use to signpost / refer.

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 (LTC) and understand the risk of having both a LTC and mental health condition worsening the outcomes for both. 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.

**4. How can we improve the quality and effectiveness of treatment for mental health?**

There are opportunities to 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.

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 and linked to GPs, practice-based pharmacists, community pharmacy, and health and justice settings if services are to be developed across systems. 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.

We welcome the fact that NHSE/I are piloting anti-depressants as part of the New Medicine Service commissioned via the Community Pharmacy Contractual Framework. This is likely to have a significant impact on people's understanding of how anti-depressants work and will support medicines adherence and improve patient outcomes.

BAME communities are disproportionately affected with regards to mental health and the current data is deemed insufficient. More research should be commissioned on this and an action plan to implement improvements developed, based on research conclusions.

**5. How can we all support people with mental health conditions to live well?**

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 unplanned 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. Pharmacists and their teams in all care settings have the potential to support ongoing treatment and monitoring of existing patients and can support reviews of long term medicines given regular trigger points to identify need and open communication with the multidisciplinary team. For those people using medicines to manage their mental health, non-adherence can be a

challenge, especially for those with severe symptoms. Poor adherence can result in worse outcomes and can lead to the need for further intervention or even hospital admission.

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. They can also recognize serious adverse effects of medicines, for example, a patient on clozapine may present at the community pharmacy with constipation or flu-like symptoms.

To ensure parity of care, mental health patients can be equally supported by existing services such as Healthy Living Pharmacies, which all community pharmacies in England now are. Community pharmacists and their teams can conduct physical health checks for patients with mental health problems. Supporting patients with physical activity, smoking cessation, alcohol and substance misuse advice / signposting and diet as part as a multidisciplinary team.

The community pharmacy environment could also be made more mental health friendly by skilling up community pharmacy teams to deliver mental health first aid. A large number of community pharmacy workers have already become Dementia Friends and all community pharmacies now have a qualified health champion.

All health and care professionals should have access to training around mental health such as mental health first aid or mental health champions training. There should be a co-ordinated approach of psychological first aid training and mental health first aid training to all pharmacists and their staff. This should include the principles of providing support to people/carers, as well as advice on the management of high-risk situations e.g. self-harm and suicide prevention

More work needs to be done to join up the pathways between specialist mental health services, general practice and community pharmacy so that people with mental health conditions are fully supported across systems. Pharmacists have a helping patients transition from secondary to primary care for patients with mental health conditions who are taking antipsychotic depots, for example.

Pharmacists should have full read and write access to up-to-date patient health records to improve patient care and patient safety. 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.

## **6. How can we all improve support for people in crisis?**

ICSs 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.

Also, as mentioned previously, all health care professionals should have access to mental health first aid training as this facilitates the handling of mental health emergencies.

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. Pharmacists, and their teams, should be better utilised as part of the multidisciplinary team to support people with mental health problems.

Among the most accessible of health professional groups, the public will continue to turn to pharmacists as a trusted source of advice. The profession's expert input on medicines use will be a

crucial component of the treatment of those requiring care for mental health conditions. It is critical that the pharmacy profession is equipped for the potential future surge of people with mental health and wellbeing needs and those who continue to struggle in the aftermath of the pandemic.

A handwritten signature in black ink, appearing to read "T. Govind". The signature is fluid and cursive, with a horizontal line underneath the name.

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