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# Royal Commission into Victoria's Mental Health Services

## The Critical Role of the Clinical Pharmacist in Mental Health Services

## Association of Hospital Pharmacists
## September 2019

*Despite the constant comments on how psychotropics are prescribed they never make the logical leap to employing more clinical pharmacists as psychotropic medication specialists.*
**Senior Mental Health Pharmacist Victorian Tertiary Teaching Hospital**

*Like my colleagues at other hospitals the inpatient ward has never been staffed as per the SHPA clinical service recommendations. I would point out that those units in regional areas suffer from an even greater lack of pharmacists, with those junior medical staff possibly needing even greater support than there plentiful metropolitan colleagues who have greater supports available.*

*But with an average length of stay of 11 days and the premature discharge of patients due to bed pressure, there should also be clinical pharmacists embedded within our community teams, not just on our wards.*
**Senior Mental Health Pharmacist Victorian Tertiary Teaching Hospital**

*Most reviews of mental health comment on the medications prescribed but they never mention the value of employing more pharmacist to review prescribing, educate staff on better usage and cost considerations, as well as educating our clients on their medication, reviewing for administration aids and helping to assess side effects (like with the M3Q tools).*
**Senior Mental Health Pharmacist Victorian Tertiary Teaching Hospital**

*I have over 15 years' experience working in mental health as a hospital clinical pharmacist in the UK and Australia. The level of mental health clinical pharmacy service that I have observed is about 25 years behind the UK which I find disgraceful and extremely frustrating in the level of staffing and importance of a clinical pharmacy service.*
**Senior Mental Health Pharmacist Victorian Tertiary Teaching Hospital**

*Hope this information helps and that it goes some way towards improving clinical pharmacy services for our mental health patients that so desperately need it*.
**Deputy Director of Pharmacy Victorian Tertiary Teaching Hospital**

*My role also has no direct funding for our extensive Child and Youth Mental Health, headspace, consultation and liaison service, emergency psychiatry and crisis assessment team. We teach our rotation medical staff how important the clinical pharmacy service is when they are on the wards and in adult community, so when they rotate out they expect the same level of care despite no funding from these services for a clinical pharmacist.*
**Senior Mental Health Pharmacist Victorian Tertiary Teaching Hospital**

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**The Critical Role of the Clinical Pharmacist in Mental Health Services**

**September 2019**

The benefits of pharmacists to mental health services have been described in international literature. The Carter Review on NHS Operational Productivity: unwanted variations in mental health services and community health services (UK, 2018) focused on "medicines and pharmacy optimisation. This was recognised as a critical clinical service that had a profound impact on costs and care quality across the patient pathway" and a recommendation was made "to develop plans to ensure pharmacists and other pharmacy staff spend more time with patients and on medicines optimisation."

The RPS England report 'No health without mental health: how can pharmacy support people with mental health problems?' June 2018 (attached), recognised important interventions for pharmacists e.g. in reducing risk at points of transitions of care, and recommended that "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."

The position of specialist mental health pharmacists is generally less well developed in Victoria compared to the UK; however, some of the key roles are summarised in the Society of Hospital Pharmacists of Australia (SHPA) Standards of Practice for Mental Health Pharmacy, 2012 (attached), including medication management, medicines information, policy, patient education and counselling, as well as education and training of other health professionals.

The Australian Commission on Safety and Quality in Health Care report on Medication safety in mental health, June 2017 (attached) goes into more detail. It recommends "that strategies that have been successful in improving medication safety in general health can successfully be adapted to mental health settings", including integrating clinical pharmacy services in the mental healthcare setting; discharge liaison; and education sessions to improve medication knowledge and improve insight. Pharmacists can have a role in improving cardio-metabolic monitoring and outcomes for people on antipsychotics. Pharmacist-led medication reconciliation helps the accuracy of a patient's medication history on admission to hospital. There is strong evidence internationally that clinical pharmacy services reduce medication error across the hospital setting. There is also Australian evidence that prescribing by pharmacists in the peri-operative setting can reduce errors.

The SHPA standards recommend that "Depending on need, the minimum level of mental health pharmacy service should be agreed with the mental healthcare team or institution. This should be in-line with SHPA's recommendation for 1 full-time equivalent pharmacist per 20 acute psychiatric beds."

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**Case Study 1 Metropolitan Heath Service**

At Eastern health psychiatric services are spread over 3 sites. At the Maroondah site (M-IPU1 and M-IPU2), there are 2 x 25 bedded acute adult beds and a 4 Bedded psychiatric planning and assessment unit (PAPU) (funded by the mental health program- all other sites funded by the pharmacy department) . At Box hill (B-Upton) there are 25 acute adult beds and 12 adolescent beds. At Angliss hospital (PJC-South) there are 30 geriatric acute beds. SHPA recommend 20 mental health patients: 1 EFT. Please refer to the table below

**Table 1. Current Clinical Pharmacy Service to Mental Health Units compared to Society of Hospital Pharmacists (SHPA) recommendations across Eastern Health**

| Program | Ward | Number of beds | Current Pharmacy Service (Mon-Fri EFT) | SHPA recommendation[1] (EFT) | GAP (EFT) |
|---|---|---|---|---|---|
| Adult | M-IPU1 | 25 | 0.25 | 1.25 | 1 |
| | M-IPU2 | 25 | 0.25 | 1.25 | 1 |
| | B-Upton | 25 | 0.5 | 1.25 | 0.75 |
| | PAPU | 4 | 0.1875 | 0.2 | 0.01 |
| Aged | PJC-South | 30 | 0.25 | 1.5 | 1.25 |
| CYMHS | B-AIPU | 12 | 0 | 0.5 | 0.5 |
| TOTAL | | 121 | 1.44 | 5.45 | 4.5 |

As shown above, there is a GAP of 4.5 EFT pharmacists across Eastern health mental health services.

Due to a limited weekday clinical pharmacy service there are a number of inefficiencies for patient care in mental health at present, with current gaps outlined below:

- Medication Reconciliation on admission
    - Recent audit showed 10% (Upton House) and 88% (Maroondah IPU) are completed within 48 hours leading to risk of medication errors and associated harm. The higher % at Maroondah hospital is due to a designated senior mental health pharmacist compared to a rotation pharmacist at Upton house
- During inpatient stay
    - Recent audit showed 4 % of medication charts at Upton and 90% of medication charts at Maroondah reviewed on a daily basis. Potential prescribing errors missed include inappropriate prescribing, under and overdosing of medication.
- On discharge
    - An audit in September 2018 showed 3% of patients at Upton house and 4% at Maroondah hospital were counselled about their medication or received written/verbal information on discharge by a clinical pharmacist potentially leading to non-compliance.

The risk of not providing a clinical pharmacist service is suboptimal clinical pharmacy service leading to medication errors, delays in administration of individual patient medications and patient discharges, inadequate communication regarding medication information with primary health services and further readmissions due to medication non adherence and consumer and carer's lack of knowledge around medication.

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In summary currently there is:

- Limited/No medication chart reviewed daily
- Limited medicines information and education to medical/nursing staff to ensure compliance with relevant guidelines leading to increased medication errors
- Limited/No discharge counselling to all patients discharged within weekday business hours, increasing compliance and reduce risk of readmission
- Limited/No medication information given to patients and carers during inpatient stay and on discharge by a ward pharmacist
- Limited/No attendance at daily multidisciplinary team meetings and clinical reviews

Also:

- Inpatient orders and discharge prescriptions are not screened in a timely fashion to aid transition of care and reduce risk of patient harm.
- No weekend clinical pharmacy service

Clinical pharmacy services and activities are delivered to minimise the inherent risks associated with the use of medicines, increase patient safety at all steps in the medicines management pathway and optimise health outcomes for patients.[1] Pharmacists are integral in supporting the National Standards in Mental Health Services and the National Safety and Quality Health Service (NSQHS) Standard for Medication Safety by identifying risks, implementing processes and strategies to address these risks, detecting medication errors and preventing associated harm.

**Case Study 2 Metropolitan Heath Service**

Most of Western Health's psychiatric services are based at Sunshine Hospital where 1 FTE clinical pharmacist looks after 79 beds, well short of the 3.5 FTE required to provide a full clinical service.

The beds are broken down to 29 acute mental health with 0.4 FTE clinical pharmacist (should be 1.5 FTE), 24 aged persons mental health beds with 0.3 FTE service (should be 1 FTE) and 26 mental health rehab beds with 0.3 FTE clinical service (should be 1 FTE).

This limited clinical service only allows for profiling of discharge medications and admission medication history for high-risk patients. There's no time to attend medical ward rounds or team meetings.

At Footscray Hospital we provide 0.3 FTE clinical pharmacy service to Orygen Youth Mental Health which has 16 beds and increasing to 22 beds in the near future which would require 1 FTE clinical pharmacist for a full clinical service. This clinical service is provided on behalf of Melbourne Health (North West Mental Health) which manages the unit. This limited clinical service of 2 hours per day Mon-Fri only provides for dispensing of medications, medication chart checks and attendance at a weekly patient group meeting. There is no provision of discharge medication counselling or patient admission medication history taking.

Whilst Western Health did propose a full clinical pharmacy service according to SHPA standards, Melbourne Health were only prepared to pay for 0.3 FTE.

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**Case Study 3 Metropolitan Heath Service**

The Royal Melbourne Hospital (RMH) pharmacy department provides pharmacy services to Melbourne Health's inpatient Mental Health Unit at the RMH and North West Mental Health (NWMH) Broadmeadows adult and aged in-patient units.

There are a total of four mental health pharmacists consisting of one senior pharmacist and three rotational clinical pharmacists.

At RMH the pharmacist to patient ratio is 1 to 23 with no funded cover for annual leave, ADOs and personal leave.

At Broadmeadows the pharmacist to patient ratio is 1 to 24 with reduced annual leave, ADO and personal leave cover. At Broadmeadows there is 10 weeks of annual leave and 26 ADOs not covered, which therefore results in a reduced pharmacy service. Limited staffing at Broadmeadows results in minimal pharmacy services during these times of leave, increasing the risk of medication errors. Additional pharmacy services such as education to interdisciplinary staff, research and education is also limited as a result.

Pharmacists work closely with the medical teams to provide clinical input with depots, Clozapine, medication levels with Lithium and completing Medication Management Plans. Currently the senior pharmacist is also the Clozapine coordinator for the hospital. This involves being the point of contact for all Clozapine patients in the hospital and the monitoring and inputting of bloods ultimately lies with this role. To do this role satisfactorily it requires education of pharmacists, nurses and doctors but this is in addition to work on the ward.

Discharge medication and counselling is conducted by the pharmacists allowing for a medication plan to be in place at discharge.

There is no funding for a pharmacist for the community teams. This means recommendations about decreasing doses, monitoring of levels or next dosing of depots can be missed.

Similarly, there is no funding for pharmacists in the community mental health areas like PARC (Prevention and Recovery Care) and CCU (Community Care Units) meaning pharmacist specific work such as taking medication histories of patients, medication counselling or investigating side effects may not be done.

https://www.nwmh.org.au/professionals/services/adults/prevention-recovery-care-parc

https://www.nwmh.org.au/professionals/services/adults/community-care-units

Within the North West Mental Health (NWMH) structure there is a senior social worker and senior psychologist who work across the organisation. There is no equivalent senior pharmacist to oversee NWMH, resulting in a lack of governance between different sites. The roll on effect results in different prescribing practices between different NWMH sites and ongoing challenges around quality use of medicines.

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**Case Study 4 Metropolitan Heath Service**

Austin Health Mental Health service is relatively well resourced ( compared to some other mental health services) for inpatient mental health pharmacy services, after gaining an additional pharmacist EFT since 2017. But the staffing is still below the SHPC formula.

There are 2 Full EFT pharmacists for 71 inpatient beds. This is split into:

- 19 acute adult mental health beds
- 5 adult eating disorder beds
- 6 parent infant program (or mother and baby unit) beds
- 25 secure extended care adult beds
- 11 acute adolescent beds
- 5 Statewide child inpatient beds

There is also a part-time pharmacy technician (roughly 0.4 EFT)

With this EFT, a full clinical service (medication reconciliation, discharge counselling, patient education group on the acute ward, attendance at ward rounds) is provided and all dispensing and medication supply functions. Due to the lack of dedicated support for medication supply, at times the clinical service does suffer as this often needs to take priority to ensure that patients are receiving the appropriate medication in a timely fashion.

However, where regular staff are absent (either planned or unplanned leave) services are compromised due to lack of backfill. This has been particularly an issue of late as both mental health pharmacists have had periods of extended sick and study leave. Often there is no cover available (due to lack of appropriately trained staff) or either a pharmacy intern or pharmacy technician has been sent to cover, who lack appropriate qualifications and are unable to provide a comprehensive pharmacy service.

Mental health pharmacy input at Austin Health is lacking is in the community teams. There is no dedicated pharmacy EFT for the community mental health services, which includes:

- PARC (Prevention & Recovery Centre): 10 beds
- CRP (Community Recovery Program): approx. 20 beds
- TSU (Transition Support Unit): approx. 12 beds
- Outpatient clinic (Hawdon Street): approx. 450 current clients

The Senior Mental Health Pharmacist is expected to provide a liaison service for the community team. However, due to the workload on the inpatient units only a minimal service can be provided, such as reviewing policies and ensuring compliance with legislative requirements for medication storage and the occasional clinical question from doctors. Clients are not receiving appropriate pharmacy services.

All medications for the community mental health teams are provided by community pharmacies, with no specific mental health specialist pharmacist input.

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**Case Study 5 Metropolitan Heath Service**

St Vincent's Mental Health Pharmacy consists of:

- Senior Grade 4 MH Pharmacist: 1.0 EFT
- Grade 3 MH Community Pharmacist: 0.6 EFT
- Grade 1 MH Acute Inpatient Service Pharmacist: 0.8EFT

SVMH Pharmacy is funded by the Mental Health department. Currently, MH pharmacy service is operating independently from the main SVH Pharmacy. Services include:

- 44 acute inpatient beds
- 2 community MH clinics cater for ~500 – 1000 patients
- PARC
- CCU
- Consultant Liaison
- Clozapine Coordination (including St Vincent's Hospital)

Acute Inpatient Service: 44 beds (2 wards); pharmacy workload is shared between the Senior Grade 4 (1.0 EFT) and Grade 1 Pharmacists (0.8 EFT) which is not sufficient to provide the services required.

There should be 2 grade 1-2 Pharmacists for each ward (20 beds per SHPA Standard) reporting to 1.0 EFT Pharmacist in-charge. Pharmacist duties include:

- Provision of day to day inpatient service: supplying imprest and inpatient medications including leave and discharge medications
- Completion of MMP (medication management plan) and daily medication chart review including completion of Victorian Health Incident Management System (VHIMS), if indicated.
- Attending clinical review sessions (4-5 teams/week; on average 60 – 90mins/CR)
- Perform monthly medication audits: prescribing, administration, documentation – inpatient chart and discharge Rx.
- Provision of weekly medication information group: 1 hour session.
- Provision of medication information to all mental health staff.
- Provision of individual medication information discussion on request (5 – 10/week).
- Ensuring adequate stock levels for all areas including MH Pharmacy (ordering and restocking all imprest)

Community mental health pharmacist – 0.6 EFT. These services are grossly understaffed: should be 1.0 EFT pharmacist per clinic

- Resulted from the Community Clinical pathway funding 2018.
- Provision of pharmacy support 1 day/week at each clinic
- Provision of smoking cessation to individual patients
- Clozapine Coordinator
- Attending at least 1 Clinical Review at each clinic

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Senior Grade 4 Pharmacist – Pharmacist-In-Charge Mental Health: 1.0 EFT. In addition to day to day duties on the acute wards, also oversees all MH Pharmacy related matters throughout St Vincent's Hospital and SVMH, i.e.

- 2 community clinics (500 – 1000 patients)
- PARC
- CCU
- Consultant Liaison
- Primary Clozapine Coordinator
- Attending all meetings related to MH Pharmacy services: SVH & SVMH
- Responsible for the MH accreditation process (Oct 2019): review and update all policies, guidelines and ensure compliance to the NSQHS Standards.
- Provision of CE and training to medical, nursing, Pharmacist and other multidisciplinary staff/students.
- Supervision of community MH pharmacist, grade 1 pharmacist & trainee pharmacists.
- Provision of medication review (~ Home medicine review) for complex case: on average 1-4/week.
- Provision of second opinion in regarding to psychopharmacological treatment to SVH & SVMH.
- Provision of external medication information session to clinics, CCU, PARC and other NGO mental health organisations such as Hearing Voices, St Mary House of Welcome, NEAMI, CALD groups.
- Project manager for www.asmile.org.au

**Case Study 6 Regional Health Service**

Ballarat Health Service has allocated 0.5 EFT for Mental Health pharmacy services. This funding commenced August 2014, prior to this Ballarat Health Service Mental Health had no pharmacy service except supply from the hospital dispensary. Through resource allocation within pharmacy the EFT has been increased to 0.7 EFT.

However, the 0.7 EFT pharmacist is not backfilled when on annual leave (5 weeks per year) or any other form of leave such as personal leave, professional development leave or compassionate leave.

The 0.7 EFT is to cover the following:

- adult acute unit (AAU) - 23 patients
- Sovereign House (SOV)(secure extended care unit) - 12 patients
- Steele Haughton aged acute unit (SHU) - 10 patients
- Mother and Family Unit (MaFU) - approx. 6 patients (+ their infants)

From the SHPA recommendation of pharmacist to patient ratios the following EFT is recommended:

association of hospital pharmacists

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AAU 1.15 EFT
SOV 0.4 EFT
SHU 0.4 EFT
MaFU 0.2 EFT

Total of 2.15 EFT, a shortfall of 1.45 EFT (not including backfill).

A consultant's recommendation for pharmacy staffing in Ballarat Health's Mental Health service for the adult acute unit (AAU), the secure extended care unit (SOV)and the aged care acute unit (SHU) was 1.74 EFT.

The figure does not include the Mother and Family Unit which wasn't open at the time.

These recommendations are based on length of stay = 6 days, ratio increases when length of stay decreases.

The recommendations were not implemented, and the staffing remains at 0.7 EFT with no backfill.

Currently Ballarat Health Service pharmacy receives *no* funding for the Mother and Family Unit but with the expectation that a pharmacy service is provided.

Multiple approaches and applications have been made to the executives of Ballarat Health Service Mental Health Service by the pharmacy department to increase the EFT available to provide pharmacy services to mental health patients, but without success.

Neither Ballarat Health Service nor its Mental Health service were willing or able to provide any extra funding to increase pharmacy services for mental health patients.

As well as inpatient care, the MH pharmacist provides support to Psychiatrists and treating clinicians for current community clients who are being managed in the community.

Multiple phone queries are taken to assist with medication management of the community patients. Clozapine enquiries are frequent, intervention by the Mental Health pharmacist occurs when necessary to maintain medication therapy.

Unfortunately, due to limited ability to see all patients, including in-patients on Clozapine, the mental health pharmacist is predominantly based at the Adult Acute Unit and troubleshoots medication issues for the other areas via pager or phone.

The Steele Haughton Aged Acute Unit (SHU) is not on the Ballarat Hospital site, it is located on the Queen Elizabeth site, 2 blocks away. It is difficult to attend and monitor the SHU patients, who desperately should be seen secondary to age comorbidities, and risk of medication interactions, issues with adherence to medications and so on.

Ballarat Health Service is planning a PARC (Prevention and Recovery Care) service and funding has already been provided for it to be built. The pharmacists are concerned that, once again, there will be an expectation that pharmacy services will be provided, with no additional funding to support the service, adding to the risk of no services being provided to a vulnerable patient population.