



## **SHPA's Victorian Branch Committee submission to Victoria's strategy towards elimination of seclusion and restraint, July 2023**

The Society of Hospital Pharmacists of Australia (SHPA) is the national, professional organisation for the 6,100+ Hospital Pharmacists, and their Hospital Pharmacist Intern and Hospital Pharmacy Technician colleagues working across Australia's health system, advocating for their pivotal role improving the safety and quality of medicines use. Embedded in multidisciplinary medical teams and equipped with exceptional medicines management expertise, SHPA members are progressive advocates for clinical excellence, committed to evidence-based practice and passionate about patient care.

SHPA convenes a Mental Health Specialty Practice Group, comprising of a network of SHPA members who work in mental health units and any inpatient, outpatient, ambulatory or primary care settings where patients of any age with mental health conditions, receive pharmacy services. These members contribute to safe and appropriate prescribing of antipsychotic medicines, as well providing advice and advocating for the least restrictive treatment options that are not only evidence-based, but in line with consumer preferences.

SHPA welcomed the Royal Commission into Victoria's Mental Health System's Recommendations 54.2 and 54.3, outlining changes to regulate chemical restraint, including the Victorian Government defining and regulating the use of chemical restraint in the new *Mental Health and Wellbeing Act 2022* and the Department of Health and Aged Care working with mental health and wellbeing services to define, record and measure the use of chemical restraint that is occurring, with a view to the elimination of the practice.

SHPA also welcomes news of the Office of the Chief Psychiatrist commencing work to monitor the practice of chemical restraint, continuing to monitor the use of other restrictive practices, developing a guideline for chemical restraint, and updating guidelines for other restrictive practices and working with services to analyse data, understand patterns and identify opportunities to reduce restrictive practices.

SHPA's Victoria Branch Committee is therefore pleased to provide feedback on Victoria's draft strategy towards elimination of seclusion and restraint and provides comment and action points below.

If you have any queries or would like to discuss our submission further, please do not hesitate to contact Jerry Yik, Head of Policy and Advocacy on [jjik@shpa.org.au](mailto:jjik@shpa.org.au).

### **Response to consultation questions**

#### **1. Are there any additional principles that should guide the design, implementation and monitoring of this strategy?**

SHPA supports the proposed principles for the strategy, in particular, the principles of:

- 'Appropriately-resourced system',
- 'Collaboration and communication', and
- 'Evidence-based practice'.

SHPA believes that these principles are the basis of hospital pharmacists' vital role in achieving this strategy. Action points for these principles are described further in Question 3.



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## 2. Are the six pillars proposed in the discussion paper the right priority areas for the strategy?

SHPA believes that the six pillars proposed in the discussion paper are the right priority areas, in particular the pillar of Workforce to ensure that adequately trained clinicians are involved in the care of mental health consumers. This is further expanded on further in Question 3, Action 4.

## 3. Please provide your ideas for potential actions for the strategy, thinking about what is needed to reduce and work towards elimination of seclusion and restraint.

### Action 1: Implement pharmacist-led antipsychotic stewardship roles across Victorian health services to reduce inappropriate prescribing of medications

SHPA supports actions that reduce and eliminate incidences of seclusion and restraint for mental health consumers in all care settings. Hospital pharmacists are essential in achieving these actions in hospital settings in particular, through the quality use of medicines and antipsychotic stewardship.

According to the Australian Institute of Health and Welfare's (AIHW) Mental health services in Australia report, 17.2% of the Australian population filled a prescription for a mental health-related medication in 2019- 20, with an average of 9.2 prescriptions per patient.<sup>1</sup> Given the prevalence of mental illness amongst Australians reported by the AIHW, it is clear that medications are one of, if not, the most common treatment interventions for mental health patients. Medications are an important treatment modality for many mental illnesses and the specialised management of them is provided by hospital pharmacists.

Antipsychotic stewardship includes deprescribing of inappropriate combinations of medicines and/or high dose antipsychotic therapy, which are often associated with risks such as obesity, diabetes and unacceptable side effects. These factors can affect adherence to treatment, leading to multiple hospital readmissions and poor health outcomes. Hospital pharmacists provide Antipsychotic stewardship roles in not only mental health settings but across varied settings such as Emergency Departments (ED), surgical and medical wards. Mental health pharmacists apply their clinical knowledge and expertise to help ensure that consumers in mental health settings receive optimum treatment to prevent acute agitation from occurring in the first instance.

Medication management activities performed by hospital pharmacists working in mental health settings align with the principles outlined in Victoria's *Mental Health and Wellbeing Bill 2022* and include monitoring and optimising medicines used in acute agitation, to reduce the use of medicines as a restrictive intervention.

Although out of scope for this Strategy, an example of pharmacist interventions working effectively to reduce inappropriate use of antipsychotics and benzodiazepines in aged care settings, the RedUse project funded by the Department of Health and Aged Care in the ACT included 150 pharmacists involved in the initiative, and reduced inappropriate prescribing of antipsychotics and benzodiazepines by 13% and 21% respectively. As well as the clear benefit to patients of reducing medication burden and potentially preventing associated adverse effects, interim economic modelling results demonstrated cost effectiveness through medication reduction costs alone.<sup>2</sup> The funding for this initiative was unfortunately not continued and identifies a key action area that Victoria could adopt to reduce the use of chemical restraint and inappropriate prescribing for Victorian mental health consumers.

### Action 2: Utilise the skills of hospital pharmacists to encourage evidence based practice

Prompt prescribing of 'as required' (PRN) medications made in reference to health service acute agitation guidelines, may also prevent escalation from occurring by utilising least restrictive treatment options in the first instance, which can include non-pharmacological management. These guidelines are often written or informed by specialist mental health pharmacists, showcasing a further role pharmacists have in evidence-based management of acute agitation as well as appropriate and safe prescribing of associated medicines and post-monitoring for adverse effects. Standardised guidelines around the management of acute agitation not only support the Strategy's key principle: Evidence-based practice, but are key in preventing inappropriate



medication combinations and doses being prescribed, reducing the application of restraint<sup>3</sup> and protecting consumer safety.

To achieve the draft pillar: Data and accountability, action areas could incorporate those recommended in the acute mental health care section of the National Quality Use of Medicines (QUM) Indicators for Australian Hospitals<sup>4</sup> such as 7.1 Percentage of PRN psychotropic medication orders with documented indication, dose (or dose range), frequency and maximum daily dose specified. This data could inform future practice and target areas for improvement or specific pharmacist intervention.

### **Action 3: Expansion of clinical pharmacy services across Victorian health services**

The nature of mental health is often complex, specialised and complicated by the unique problems inherent in the management of mental illness, e.g., paranoia and suspicion about treatment, hallucinatory distractions, barriers to insight and understanding, confusion or cognitive impairment, with often the most complex patients presenting to hospital for treatment. Dual diagnosis with alcohol and substance misuse further complicates treatment and management of mental illness. Hospital pharmacists have a vital role in identifying illicit substance and alcohol use through performing Best Possible Medication Histories (BPMH) on admission. This can be challenging given the nature of acute presentations, however, pharmacists are able to utilise their skills in obtaining complete medication histories in order to inform treatment choice and prompt treatment of any underlying causes of acute agitation, such as alcohol or illicit substance withdrawal. This may include pharmacists advising on charting appropriate benzodiazepine regimes for alcohol withdrawal and promptly charting as required medicines as per consumer care plans.

As hospital settings prohibit smoking and prevalence of smoking being high in this cohort of consumers, pharmacists have a key role in assessing need for Nicotine Replacement Therapy (NRT) and are involved with advising and charting prompt treatment and preventions of withdrawal. Data from a Queensland project evaluating mental health consumer and staff experiences and cost effectiveness of nicotine inhalers as a therapeutic intervention suggests that there was a corresponding exponential decrease in the number of seclusion minutes required across the health service.<sup>5</sup> Nicotine withdrawal assessments and subsequent NRT charting services are primarily pharmacist-led at many Victorian health services.

Further innovative models such as the Partnered Pharmacist Medication Charting (PPMC) model, involves a pharmacist conducting a medication history interview with a patient; developing a medication plan in partnership with the medical team, patient, and the treating doctor. The pharmacist then prescribes the patient's regular medications with the doctor's authorisation, and the doctor adds any new medications that are initiated in hospital. PPMC not only addresses system wide capacity issues with emergency departments, bed access and flow, but may also assist in promptly charting regular medicines to avoid escalation on acute agitation.

Assessing other underlying causes for acute agitation such as pain or constipation and addressing these can also prevent incidences of acute agitation from occurring in the first instance, reducing rates of seclusion and restraint. This requires in depth assessment of medication regimes and clinical review of consumers, which hospital pharmacists provide as part of collaborative multidisciplinary team care, essential to achieving the Strategy's principle: Collaboration and communication.

Pharmacists may also be involved in managing acute agitation during code black or grey events, advising on appropriate treatment options as well as promoting least restrictive interventions. Alongside nurses, psychologists and medical staff, pharmacists may be involved with consumer debriefing around the experience, documenting and communicating future management preferences to the wider multidisciplinary team and ensuring that post-monitoring assessments are taking place.



#### **Action 4: Invest in the current and future mental health pharmacy workforce through scaling up structured workforce development programs**

Following the Department of Health's *National Mental Health Workforce Strategy 2021- 2031*, SHPA commends the Victorian government for its development of a workforce reform strategy which recognises clinical pharmacists as key participants of Victoria's mental health service workforce. To achieve the Strategy's principle: Appropriately-resourced system, SHPA recommends that hospitals adopt SHPA pharmacist-to-bed ratios in Standards of Practice for Clinical Pharmacy Services<sup>6</sup> to maintain equitable and evidence-based quality of care to all mental health consumers. This includes ensuring that mental health consumers have access to the same clinical pharmacy services as provided in other hospital settings, with SHPA recommending 1 full-time equivalent pharmacist per 20 acute psychiatric beds.<sup>7</sup>

Within Victoria's Allied Health Mental Health Early Career Program, seven pharmacist positions have been allocated to the inaugural three-year period to support training and development of mental health pharmacists in the early career. Further support for early career development in mental health pharmacy could be achieved with the allocation of more positions or funding to include a six-month rotation in a mental health setting for Foundation Resident pharmacists.

In 2017, SHPA's launched its two-year Foundation Residency Program, designed to develop an early career hospital pharmacist's competence and practice performance to Advancing – Stage I (Transition Level) of the National Competency Standards Framework for Pharmacists in Australia 2016. SHPA's Foundation Residency Program is Australia's first and only structured, formalised, supported and accredited national pharmacy residency program. To date, 202 pharmacists in Victoria have completed or are completing a Foundation Residency.

The Residency Program is a formal, structured experiential learning program for pharmacists. Formal experiential training, like that provided by a residency program, consolidates initial education and training and progresses the early career practitioner towards advanced practice. Theoretical knowledge gained without application in practice is unlikely to develop a competent, flexible pharmacy workforce that can adapt to the changing future needs of consumers and the mental health system. Through the flexible nature of the Foundation Residency Program, pharmacists rotate across different specialities depending on what services the hospital provides.

SHPA provides an Advanced Training Residency Program in Mental Health, to build on skills and experience gained in the Foundation Residency Program, advancing pharmacist professional practice towards Advancing – Stage II (Consolidation Level) performance in Mental Health. To date, 28 pharmacists in Victoria have completed or are completing an Advanced Training Residency, with this program continuing to provide Victoria with an increasingly highly skilled pharmacist workforce.

#### **Action 5: Increased training for healthcare professionals around trauma informed care**

Training all healthcare staff on trauma informed care can assist in understanding consumer's present and future needs, especially in culturally and linguistically diverse (CALD) communities and Aboriginal and Torres Strait Islander populations where intergenerational trauma may be present. Referring to consumer care plans and being aware of consumer early warning signs may prevent restraint and seclusion as well as acknowledging preferences and empowering consumers in their own treatment.

SHPA believes that in order to truly eliminate restraint and seclusion, an overhaul is required to not only remove seclusion areas but will also require a major cultural shift by all healthcare staff working in healthcare settings. Training could be integrated into undergraduate training programs and be continued through essential workplace training courses throughout a healthcare professional's career.



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