

SHPA's response to the Department of Health's draft National Mental Health Workforce Strategy 2021-2031 consultation – via online feedback form

Consultation questions:

1. To what extent does the aim of the draft Strategy address the key challenges facing Australia's mental health workforce?

The Society of Hospital Pharmacists of Australia is the national professional organisation for more than 5,200 pharmacists, pharmacists in training, pharmacy technicians and associates working across Australia's health system. SHPA convenes a Mental Health specialty practice group for over 800 mental health pharmacists providing high quality mental health care in a variety of hospital and other care settings. SHPA also produced the Standards of Practice for Clinical Pharmacy and the Standards of Practice for Mental Health Pharmacy which outline the entitlement of patients with mental illness to levels of pharmacy care aligned with other key patient groups.

SHPA provides in-principle support for the overall aim, objectives and priorities outlined in the draft Mental Health Workforce Strategy however, we are alarmed at the exclusion of pharmacists from the mental health workforce definition. The consultation draft defines the mental health workforce broadly and encompasses a diverse range of people who treat, interact with and provide support to those who experience mental health distress and/or ill-health. However, mental health pharmacists who play a pivotal role in the provision of safe and quality mental health care to this patient group, seem to have been overlooked both in the draft Strategy and in the establishment of the Taskforce.

SHPA suggests the definition of the 'mental health workforce' is reviewed to include pharmacists as part of the mental health workforce. The omission of mental health pharmacists from the definition of the 'mental health workforce' is concerning. Pharmacists play a significant role in providing safe, quality and cost-effective treatment to this cohort of patients of whom the majority receive mental-health related medications.

The National Survey of Mental Health and Wellbeing conducted in 2007 found that an estimated 20% of Australians aged 16–85 experienced a mental disorder in the previous 12 months.¹ 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.² It is therefore clear that the vast majority of people with mental health conditions are treated with mental health-related medications.

Medications are an important treatment modality for many mental illnesses. The nature of treatment 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, lack of insight and understanding, confusion or cognitive impairment. Pharmacists are well positioned to apply their knowledge and expertise to help ensure that patients with mental illness receive optimum treatment.²

The AIHW Mental health services in Australia report states that in 2018-19 there were 59,888 same day admitted and 271,040 overnight admitted mental health-related separations from public hospitals.³ The majority of these admissions would have required a mental health pharmacist to review their medications and ensure treatment is safe and efficient.

Patients receiving mental health-related medications are at risk of adverse drug reactions (ADRs) and medication-related problems, and pharmacists are pivotal in preventing, detecting and managing these unwanted effects.^{3,4,5,6} Mental health pharmacists aim to ensure that treatment is rational, safe,

cost-effective and acceptable to patients. It is therefore essential that pharmacists become integral members of the multidisciplinary mental healthcare teams.

Mental health pharmacists undertake a range of clinical activities on a regular basis, which are outlined in the SHPA Standards of Practice for Clinical Pharmacy¹ and are applicable to mental health pharmacy practice as outlined in the SHPA Standards of Practice for Mental Health Pharmacy.² Medication management activities include medication reconciliation; assessment of current medication management; clinical review; participation in ward rounds, case conferences and other relevant meetings; and continuity of pharmaceutical care, particularly at points of transition throughout the health system.

2. To what extent do the aim and objectives provide a strategic framework to develop the mental health workforce the Australian community needs?

In-principle SHPA supports the aims and objectives outlined in the draft Strategy and acknowledges that they provide a strategic framework to develop the mental health workforce the Australian community needs were they of course to recognise the full workforce, including mental health pharmacists. SHPA does however, note that a key component of the objectives to the Strategy should include the need for the varied mental health workforce to adopt a multidisciplinary team-based approach to provide the highest level of patient care.

3. Are there any additional priority areas that should be included?

No comment

4. The draft Strategy seeks to balance the need for nationally consistent approaches that support the reform agenda with sufficient flexibility for states, territories and service providers to pursue priorities that reflect their specific contexts and challenges across occupations and settings (public, private and community-based). To what extent does the draft Strategy achieve an appropriate balance?

No comment

5. The draft Strategy provides a high-level roadmap to improve the attractiveness of careers in mental health, with implementation approaches differing across occupations and locations. To what extent does the draft Strategy provide a useful approach to addressing issues that impact on the attractiveness of the sector?

No comment

6. A key issue for the mental health workforce is maintaining existing highly qualified and experienced workers. To what extent does the draft Strategy capture the key actions to improve retention?

Structured programs to develop and train pharmacists in mental health are required to ensure mental health patients receive the best possible pharmacy care. SHPA has developed its Foundation Residency and Advanced Training Residency programs to develop structured development and career pathways for pharmacists primarily in the hospital setting. Each of these programs are two years, and SHPA would welcome investment from government to develop a Mental Health Advanced Training Residency program to produce highly skilled mental health pharmacists.



7. The Productivity Commission and other inquiries have identified the importance of improving integration of care, and supporting multidisciplinary approaches. How can the Strategy best support this objective?

Transitions of care is often an area where patients fall through the cracks as they transition between acute care, facilities and community settings. Dedicated funding for transition of care pharmacists and pharmacy services are required. This could be mental health liaison pharmacists that ensure information is handed over between health practitioners and caregivers in safe and accurate manner and ensuring mental health patients are transitioning safely and using their medicines – which may have undergone a change during an admission – safely.

8. There are recognised shortages across the mental health workforce, including maldistribution across metropolitan/regional locations and settings. To what extent does the Strategy address the issues and supports required to improve workforce distribution?

The strategy should provide support for or discuss measures that increase the funding of mental health workforce positions in areas of greatest need, such as regional and rural areas, as well as strategies or measures that attract recruitment and retention.

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9. Adopting a broad definition of the mental health workforce provides a platform for innovation to ensure all occupations are able to work effectively. How can the Strategy encourage innovation in service delivery models and workforce optimisation approaches?

Hospital pharmacists are the leaders in pharmacy service innovation. There are many emerging roles that mental health pharmacists engage in to ensure medication safety and to optimise patient health outcomes. These roles include reviewing patients on clozapine in outpatient clinics, and integration in multidisciplinary case management teams.

Several factors influence the capacity of pharmacists to deliver the types of services described in the above-mentioned standards, such as staffing levels, funding, the extent of integration of pharmacists into the multidisciplinary team, and access to experienced mental health pharmacists in rural and remote health services. Depending on need, the minimum level of mental health pharmacy service should be in-line with SHPA's recommendation for 1 full-time equivalent pharmacist per 20 acute psychiatric beds.

10. Is there anything else you would like to add about the Consultation Draft (1,000 word limit)?

SHPA would welcome an opportunity to meet with the co-chairs of the National Mental Health Workforce Strategy Taskforce to further discuss the role of mental health pharmacists in the care of patients experiencing mental health distress and/or ill-health. 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 jyik@shpa.org.au.



References

- ¹ ABS (Australian Bureau of Statistics) 2008. National Survey of Mental Health and Wellbeing: summary of results, 2007. ABS cat. no. 4326.0. Canberra: ABS.
- ² Australian Institute of Health and Welfare 2021. 1. Mental health services in Australia, Prescriptions. Canberra: AIHW
- ³ Bell JS, Whitehead P, Aslani P, McLachlan AJ, Chen TF. Drug-related problems in the community setting: pharmacists' findings and recommendations for people with mental illnesses. *Clin Drug Investig* 2006; 26: 415-25
- ⁴ 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: 1071-9.
- ⁵ Bell S, McLachlan AJ, Aslani P, Whitehead P, Chen TF. Community pharmacy services to optimise the use of medications for mental illness: a systematic review. *Aust N Z Health Policy* 2005; 2: 29.
- ⁶ Nishtala PS, McLachlan AJ, Bell JS, Chen TF. Psychotropic prescribing in long-term care facilities: impact of medication reviews and educational interventions. *Am J Geriatr Psychiatry* 2008; 16: 621-32.

