Response to

Mental Health Strategy for Scotland: 2011-15 A Consultation

The College of Mental Health Pharmacy (CMHP) charitable object is the advancement of education and research in the practice of mental health pharmacy to benefit individual care. It is a group mainly comprising of specialist mental health pharmacists and pharmacy technicians (although other healthcare professionals are eligible to join as an associate member) which believe that supporting an individuals choice in medicines treatment by providing objective and evidence-based options can improve treatment outcomes and individual wellbeing.

The CMHP also supports pharmacist members to be recognised experts in their field through a process of continuing education and accreditation.

The CMHP has greater than 750members, some of which reside and practice in Scotland; as a result of this we have been asked to give our opinion on the above consultation.

The consultation is structured into 14 key outcomes this response highlights those where pharmacy has a contribution to make.

1. **People and communities act to protect and promote their mental health and reduce the likelihood that they will become unwell.**

The pharmacy profession but especially community pharmacies have a role to play in meeting the public mental health agenda. Pharmacy services could support national and international awareness days and ensure their local communities have the appropriate knowledge to recognise mental health problems in themselves and their family (as should all pharmacists).
The strategy should address reducing the stigma of mental ill health at a national, community, individual and healthcare professional level. The strategy needs to develop an underlying philosophy of care; whether it is all individuals reaching good wellbeing and/or supporting a recovery ideal where people reach the best of their abilities. Then all services and those providing them should be educated about how to communicate and deliver their service appropriately to achieve this philosophy of care.
Q1. Achieve this by focussed targets (implemented in order of importance) which are achievable and have measureable outcomes and every healthcare professional signed up to delivering their aspect of the target.

Q2. Understanding trauma is different for everyone and that te vast majority of those in substance misuse servies and mental hetakt services are there as a result of sustained physical, psychological or sexual trauma. Often treatment of the addiction mental illness is implemented without addressing the underlying needs. This is a doomed to fail approach for individual recovery.
All professional including teachers and social services need to be better at recognising trauma environments and addressing the root cause.

Q3. Self harm can be a cry for help but usually it is because the internal pain is so great the individual has blocked it to then feel nothing. They harm themselves to be able to feel alive. Again find the root cause for the individual and address this.

Medication may be appropriate and supportive (but should be regularly reviewed for continuing need)
Great evidence that GPs receiving training in recognising signs or suicidal and arming tendencies can drastically reduce levels of suicides. Pharmacists and other key workers in the community should also receive this training.

Q4. More realistic television and media releases which do not treat mental illness as a licence to scare the rest of the population.

Q5 no comment
Q6 Add to pharmacy contract. Train pharmacists to deliver brief interventions on wellbeing advice.

2. Action is focused on early years and childhood to respond quickly and to improve both short and long term outcomes

The pharmaceutical care needs of children receiving drug treatment for mental illness are complex and varied. Specialist pharmacy services do not have the capacity to support this primarily community-based need. The strategy should seek to encourage primary care and CAMHS services to develop pharmaceutical care to this important patient group.
Use of medicines at school is another key area especially for those children being treated for ADHD and bringing their medicine to school.

3. People have an understanding of their own mental health and if they are not well take appropriate action themselves or by seeking help.

Pharmacy services, especially in the community, could provide resources (leaflets, electronic media etc.) that support people's understanding of their own mental health and provide access to advice on appropriate self treatment or how and where to seek help. The Strategy should encourage this approach to be developed through the community pharmacy contract.

Q9. having drop in events where people can seek less informal help. These could be held at GP surgeries, community pharmacies, local schools, churches et and led by a suitably trained healthcare professional (including a specialist mental helath pharmacist).

Q10. TV, radio newspaper articles to decrease stigma. Ensuring the public know who they can contact and where they can fid them. This includes the national mental health charities and appropriate help lines.

4. First contact services work well for people seeking help, whether in crisis or otherwise, and people move on to assessment and treatment services quickly.

Q11. Train pharmacists to recognise and refer those people with signs of mental distress and also in suicide prevention. Train also pharmacy counter staff and GPs. Establish and support helplines and referral systems which are transparent and stigma free.

5. **Appropriate, evidence-based care and treatment for mental illness is available when required and treatments are delivered safely and efficiently.**

Pharmacy has always had a key role in supporting and implementing evidenced-based medication in mental ill health. That role should be strengthened and widened to ensure that treatment is in line with best practice and national guidelines. People should be supported to use objective evidence-based information which is understandable by a specialist mental health pharmacist so they can make the right choice for themselves. This agreement reusts in improved levels of adherence to medication and outcomes. The CMHP recommends the Choice and medication service at http://choiceandmedication.org/cms/

The patient safety agenda will become increasing important. Pharmacy must be an integral part of this by supporting improvements in medicine management across all sectors.

The Strategy should reflect the important place of medicines in mental health treatment and pharmacy's role in this.

6. **Care and treatment is focused on the whole person and their capability for growth, self-management and recovery**

Q14-18. Develop an underlying philosophy of care that all are trained in; all are engaged with and deliver services. Develop multidisciplinary teams which include specialist mental health pharmacists, and have clear lines of referral and an agreed holistic approach to care. Put the person with the mental illness at the centre of all that care and not at the end. Healthcare professionals should be focussed on the individual and providing the appropriate care needed ensuring it fits into a holistic model. Good team records and sharing of information with consent).

Link pharmacy services to pharmacy contracts; develop brief intervention training for pharmacist-led services; think about training pharmacists in basic counselling and communication skills including CBT.

ALL services should have an outcome which can be monitored and patient follow-up to see if this is achieved should be mandatory and outcome recorded.

Supporting peoples information needs with regards to drug treatment is a key role for pharmacy. Understanding medicines better will encourage people to manage their own care and aid their recovery. It also supports informed choice.

The Strategy should support improved understanding of drug treatment. This could be achieved in part by creating Scotland wide access to the Choice and Medication web-site. This is an independent pharmacy developed resource that provides detailed and unbiased information about mental health drugs and treatment.

7. **The role of family and carers as part of a system of care is understood and supported by professional staff**

Pharmacy should support the information needs of families and carers with regards to mental health drugs and services. Access to Choice and Medication web-site would facilitate this.

Q19 & 20. Educate people in the simple things that they can do you support their loved ones. Just knowing that a behaviour is not deliberate often really helps relationships. See dementia care models and also family therapy outcomes in people living with schizophrenia. Ensure family and carers and pharmacy support staff know about ach other and what can be offered (with consent). Pharmacists need better communication skills in dealing with mental health issues.

8. The balance of community and inpatient services is appropriate to meet the needs of the population safely, efficiently and with good outcomes.

In an era of scarce resources it is unlikely that specialist mental health pharmacy services can significantly shift their focus from inpatient to community services. Consequently community pharmacy needs to be encouraged at a strategic level to do more to support patients in community settings. Some initial steps have been taken e.g. Lithium tool for the chronic medication service, but the capacity for community pharmacy to do more for the wider patient group should be explored.

Look at whether models of service delivery for antipsychotic medication, especially clozapine; are appropriate. Do they enhance associated stigma? See report of the ESCAPE study here: http://www.pprt.org.uk/Documents/Evaluating_the_pharmacist_provision_of_clozapine_services.pdf

9. The reach of mental health services is improved to give better access to minority and high risk groups and those who might not otherwise access services.

There are many rural communities in Scotland, ensure pharmacy is involved with any local strategies so that they can support any venture and the people they provide services for. These services may need to be enhanced if very remote.

10. Mental health services work well with other services such as learning disability and substance misuse and integrated in other settings such as prisons, care homes and general medical settings.

There should be shared working with the patient at the centre so the services as many people will have a dual diagnosis and for these people it is more likely for them to 'fall through the cracks' as they are transferred between service provision. Have an overlapping joined up service which can share support, advice and support each other.

11. The health and social care workforce has the skills and knowledge to undertake its duties effectively and displays appropriate attitudes and behaviours in their work with service users and carers.

Pharmacy has always had a role in training and supporting other health and social care professionals with regards to medicine use and safety. Resources limit the

capacity of specialist services to deliver this effectively. The learning needs of the workforce with regards to medicine use and safety should be identified and delivered with the support of NES and specialist services.

12. We know how well the mental health system is functioning on the basis of national and local data on capacity, activity, outputs and outcomes.

Is there a need to develop appropriate measures with regards to medicine use and effectiveness? What about the effectiveness of pharmaceutical care? How could that or should that be measured?

13. The process of improvement is supported across all health and social care settings in the knowledge that change is complex and challenging and required leadership, expertise and investment.

Pharmacy will also have a key role in supporting the medicine management initiatives that will be included in the Mental Health Patient Safety Programme.

The new mental health strategy should highlight the role pharmacy has and encourage the development of that role.

14. The legal framework promotes and supports a rights based model in respect of the treatment, care and protection of individuals with mental illness, learning disability and personality disorders.

What are personality disorders? Are they not just people with prolonged and sustained stress and trauma related to psychological, sexual and physical abuse? They need more non-pharmacological approach, a great deal of empathy and patience and perhaps very short periods of pharmacological treatments with established targets for each intervention. Don't isolate these people with this name- it is like receiving a label of 'schizophrenia' 10-15years ago. Unhelpful.