

Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [anghydraddoldebau iechyd meddwl](#)

This response was submitted to the [Health and Social Care Committee](#) consultation on [mental health inequalities](#)

MHI 65

**Ymateb gan: | Response from: Cymdeithas Fferyllol Frenhinol | Royal
Pharmaceutical Society**

**ROYAL
PHARMACEUTICAL
SOCIETY**
Wales Cymru

February 2022

Response from the Royal Pharmaceutical Society in Wales to the Health and Social Care Committee inquiry into mental health inequalities

1. The Royal Pharmaceutical Society is the professional body for pharmacists and pharmacy in Great Britain. We lead and support the development of the pharmacy profession to improve the public's health and wellbeing, including through advancements in science, research and education.
2. We welcome the opportunity to contribute to the Health and Social Care Committee's inquiry into mental health inequalities. We have consulted with our members, including mental health lead pharmacists from across Wales, and are pleased to provide the following submission.

Recommendations:

We believe the value of the pharmacy team (pharmacists and pharmacy technicians) has yet to be fully realised, resourced and structured in Wales to tackle mental health inequalities. A small team of secondary care specialist mental health pharmacists is already in place across Wales, providing medicines expertise as part of community mental health teams. The community pharmacy network also offers many opportunities for supporting patients in all communities across Wales to help reduce inequalities in access to services. More could be achieved however with greater integration between specialist services and community services.

We propose that the following issues and recommendations are taken fully into account in the further development of pharmacy services to meet patient need more effectively and equitably across Wales and in helping to reduce mental health inequalities:

Recommendation 1: Make mental health a priority strategy in Wales, fully resourced to train and develop the right skill mix of staff including pharmacists and pharmacy technicians, and deliver comprehensive services, universally available across Wales.

Recommendation 2: Ensure parity with developments in England by taking steps to transform community mental health provision with a commitment to funding and education for specialist mental health pharmacists within community mental health teams.

Recommendation 3: Ensure equity of mental health pharmacy service provision across Wales by establishing minimum standards for pharmacy teams in every health board area.

Recommendation 4: Increase access opportunities to mental health services by integrating primary care and community pharmacists into multidisciplinary team approaches to mental health and ensure they can accelerate access to mental health support through direct referral and signposting to appropriate colleagues.

Recommendation 5: Take steps to address capacity challenges in mental health services by equipping pharmacists with the skills to work with individuals with mental health conditions through appropriate pre-registration/foundation training and ongoing learning. Protected learning time for pharmacists to keep up to date with their knowledge about mental health would be particularly helpful.

Recommendation 6: Optimise the use of medicines in mental health through workforce re-design and development, including the development of extended pharmacy roles and investment in pharmacy technician roles.

Recommendation 7: Improve mental health treatment and minimise risks of admission to hospital through closer collaboration and communication between hospitals and primary care. Pharmacists can optimise medicines in mental health if they have full read and write access to appropriate and interoperable IT systems.

Recommendation 8: Develop an all-Wales Antipsychotic Prescribing Guideline outlining professional responsibilities and expectations to ensure clarity in the management of serious mental illness.

Recommendation 9: Take steps to explore whether patients with mental health conditions could benefit from access opportunities to services presented by virtual consultations.

Groups of people disproportionately affected by poor mental health

3. We recognise there are many groups of people who are affected by mental health inequalities across Wales. This includes people at risk of developing mental health conditions who are not in contact with any services, as well as those with existing conditions but who face difficulties in accessing support.
4. We understand that wider inequalities in society can have a disproportionate impact on the mental health of the population. Groups that can be particularly affected include those with no fixed abode, those who are homeless, and those on low incomes and who are unable to

access or afford transport or the technology needed to seek help. The issues of deprivation, which reinforce the concept of the inverse care law¹, impact both on those who are at risk of developing mental health conditions as well as those who have conditions that are already known to health and social care services.

5. Pharmacy teams in both community and hospital settings frequently have contact with people with substance misuse and addiction problems. These individuals can be at increased risk of poor mental health. In November 2021 we made [14 policy recommendations](#) highlighting how pharmacy can contribute effectively to the treatment and prevention of drug harms. Accessing the appropriate services can be a challenge for this group, particularly for those not registered with a GP. Support services provided by the third sector are often critical in supporting this group, but their availability depends on funding priorities and as a result are often not universally available in every health board area. Often individual's conditions are not identified early enough, and pathways for accessing support at early stages or in times of crisis are unclear.
6. We are aware that cultural and language differences can also impact on mental health and can contribute to mental health inequalities. Asylum seekers are one particular group at risk from existing and potential mental health conditions and who require continued support that takes account of cultural-specific factors, including language. In times of stress, individuals may benefit from speaking in their first language and it is critical that access to support via the appropriate language is available. Ensuring advice and support is available to Welsh speakers is also very important to help reduce mental health inequalities.
7. Inequalities in mental health can also be impacted upon by attitudes to mental health in society. There is a body of evidence which highlights the importance of stigma as a key social determinant of population health and a driver for health inequalities². The prevalence of stigma remains a real concern, often inhibiting individuals in seeking help for fear of being labelled as a mental health patient. There may also be occasions for instance when individuals are not supported by their family members due to the perceived fear and impact of stigma. We welcome the aims of programmes such as *Time to Change Wales*³ and it is clear that actions to reduce stigma of mental health must continue to be a focal point for policy in reducing mental health inequalities.

Barriers to accessing mental health services

8. We believe that current mental health services in Wales need further integration and that the current disjointed nature of services is contributing to barriers to access to services for the population, including the groups mentioned above. A person's care and wellbeing need to be considered holistically, this is where a pharmacist's skills and knowledge is crucial, with their core understanding of how specialist medicines will impact on the individual's other medicines and health conditions. Divisions in services often span right across the care pathway, from prevention of illness through to the management of severe mental illness.

¹ [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(71\)92410-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(71)92410-X/fulltext)

² <https://bmcmedicine.biomedcentral.com/articles/10.1186/s12916-019-1271-3>

³ <https://www.timetochangewales.org.uk/en/>

9. The early identification of mental health conditions and ensuring early intervention is vitally important⁴ but yet the current design of services in Wales does not lend itself well to an ‘up-stream’ and preventative approach. We are aware of poor accessibility for patients to community mental health teams or other support in the community which precludes many early interventions and preventative therapies.
10. The role of community pharmacists is also not fully optimised in mental health support. For instance, community pharmacists are well placed to identify individuals in the general population with early signs of mental health problems including anxiety, depression, post-traumatic stress disorder, and substance or alcohol abuse. 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. There is no formal mechanism in place however for community pharmacists to act on their observations and to refer individuals to specialist NHS or third sector services. Hence opportunities to support an individual at an early stage can be lost all too easily.
11. Community pharmacists are often professionally isolated from the work of community mental health teams and their secondary care specialist mental health pharmacist colleagues. A more structured and routine way of working could ensure individuals who are already known to the service and who could require earlier intervention and support receive it. This could be achieved through greater integration of specialist mental health pharmacists based in community mental health teams clusters / GP practices working with community pharmacists.
12. Reviewing the overall health of people with mental health conditions is a concern of our members. Optimising the medicines for individuals with mental health conditions is particularly important for those with complex co-morbid physical health problems. Treating severe mental illness and physical illness can be challenging and while there are incentives within the GMS contract to address health risks such as hypertension and diabetes, it is not always clear which health professional has overall responsibility for an individual’s holistic care in these cases. An All-Wales Antipsychotic Prescribing Guideline outlining professional responsibilities and expectations would be a helpful way forward.
13. We understand there is a distinct lack of shared care arrangements between primary and secondary care. This can create delays in obtaining medications and medication advice in primary care settings which can be a problem when a patient’s condition needs to be stabilised. Greater support for GPs, underpinned by shared care protocols, could increase efficiencies in services, particularly for the prescribing of psychotropic medicines and could reduce pressures on specialist mental health services that result from GP referrals or requests for information and advice.

⁴ National Institute for Health and Care Excellence. 2019. NICE impact mental health. Available at: <https://www.nice.org.uk/media/default/about/what-we-do/into-practice/measuringuptake/niceimpact-mental-health.pdf>

14. Access for patients and other health professionals to the skills of pharmacist independent prescribers will continue to be an important element of service design for mental health services in Wales. There are many examples across Wales of mental health independent prescribing pharmacists working autonomously in clinics including substance misuse services and complex depression, anxiety and trauma services. This provides both medicines expertise for the team and individual patients but also helps to address gaps in medical staffing. As prescribers and as part of multidisciplinary approaches to care, pharmacists can review, start, stop and adjust medication as appropriate for the individual. This has significant value in increasing patient access to an expert in medicines as well as supporting the capacity of GPs and other primary care practitioners. While many pharmacist independent prescribers work in specialist teams addressing severe mental illness, primary care and community pharmacist prescribers also have significant potential in improving access to care by reviewing the medication of individuals who are taking antipsychotic medication and medications prescribed for depression.
15. There remains in general a current division between primary care services and more specialised services for those with more severe mental health conditions. This is exacerbated by the absence of a universal, interoperable IT system, that connects health professionals together, ensuring appropriate access to patient information, including medication information. We are aware that there are issues for individuals when they are transferred from one care setting to another i.e. when discharged from hospital. We understand that there is no universal approach for reconciling the medicines of people with mental health conditions across Wales when they transfer between settings. This could contribute to inequalities in patient outcomes. Essentially, it is critical that accurate medication information is transferred with the patient and that communication systems are in place to allow pharmacists and other members of the MDT to address medication changes to minimise the risk of errors wherever patients may reside in Wales. We are hopeful that this will be addressed as part of the Digital Medicines Transformation Portfolio work.
16. Our members have told us of their concerns about delays between diagnosis, referral, and treatment which can proliferate a mental health condition over time and contribute to mental health inequalities. Furthermore, when patients are seen in the system, they can experience poor levels of follow-up, particularly for patients with severe mental illness. In most cases this is due to capacity pressures, but it also depends on service design, workforce priorities and investment in each health board area. Capacity issues and a lack of specialist beds for people with severe mental illness is also apparent across Wales which has implications for mental health outcomes.
17. We are concerned that there are significant inequities in the provision of mental health pharmacy services across Wales. Some health board areas have relatively larger and more established mental health pharmacy teams than others which ultimately has an impact on the services available to patients and the expertise that can be called upon across multidisciplinary teams. Such variation will inevitably impact on mental health inequalities and it is vitally important therefore that minimum standards of mental health pharmacy service provision are agreed across Wales.

18. Further investment in mental health pharmacy teams is required across Wales to address service gaps and improve the standards of prescribing and monitoring of psychotropic medication. In particular, there needs to be a more established network of specialist mental health pharmacists working within the community mental health teams and other appropriate community teams such as perinatal teams. An increase in mental health/primary care pharmacist posts to facilitate an integrated service supported by pharmacy technicians is also desperately needed in order to overcome ongoing interface issues.
19. Overall, our members have told us of their concerns of poor resourcing of specialist mental health pharmacy teams and primary and community services to support people with mental health. Mental health pharmacy teams must be expanded to cope with demand and to ensure adequate cover when there are staff absences. Inadequacies in providing cover has been exacerbated throughout the pandemic and has increased the pressure and stress on mental health pharmacists themselves. Changes to systems and the resourcing to meet capacity demands are desperately needed in mental health services in order to tackle existing inequalities and prevent the future exacerbation of mental health inequalities. The skills of pharmacists are critical as part of the MDT approach to mental health.

Meeting the needs of patients more effectively

20. Pharmacists already make a significant contribution to mental health services in Wales. There are some excellent examples of professional collaboration and innovation across Wales to help improve mental health outcomes and ensure medication regimens are fully optimised.
21. In one health board area for instance, we have heard of an example of how professional collaboration has allowed for the effective support of a woman with her bipolar condition throughout her pregnancy. Through liaison between a specialist mental health pharmacist, a perinatal community psychiatric nurse, midwife, psychologist, obstetrician and a neonatologist, the holistic care of the patient was focused on, addressing medication and other factors which had an impact on her mental health e.g. birth choices, support around the time of delivery, duration of neonatal observations due to her medication.
22. In another example, collaborative professional working has ensured holistic care for an individual diagnosed with bipolar disorder, with a social worker, GP, and psychiatrist, a specialist mental health pharmacist enabling a thorough review of medication and a review of other health conditions. Managing this particular case has been problematic and compounded by other physical health factors including Crohn's disease and a family history of heart disease. By working closely with the other health professionals and the patient, the specialist pharmacist has played an important role in developing a medication plan to support the patient's bipolar condition without negatively impacting on mood and sleep or the other physical conditions experienced by the patient.

23. The collaboration exhibited in these examples could be formalised and scaled up across Wales to offer improvements for patients and to reduce inequities in service provision.
24. Service design will be vitally important in reducing inequalities in mental health. Our members have told us that more could be achieved if the mental health workforce was transformed to ensure a greater focus on care in the community including generic support from primary care and community pharmacists as well as specialist support for people with more severe mental illness from specialist mental health pharmacists.
25. The review of the mental health workforce by HEIW will be important in addressing and helping to resolve these workforce challenges.
26. We believe it is vital that a multidisciplinary team, including the input of pharmacists and specialist mental health pharmacists, should become a standard feature in the future of community mental health services in Wales. A strategy is currently being rolled out by NHS England to transform community mental health provision in such a way. This identifies a key role for specialist mental health pharmacists within the MDT community mental health team and includes responsibility for medicines optimisation for people with severe mental illness, leading work on longstanding problematic pharmacological treatments for people with severe conditions, as well as increasing patient choice, reducing pressure on other prescribers and reducing costs of inappropriate prescribing.
27. As part of this transformation, plans are being taken forward by Health Education England (HEE) to ensure the skills of specialist mental health pharmacists can be fully incorporated within the community mental health MDT. This includes resourcing the training of 50 community-based specialist mental health pharmacists which commences in spring 2022. The pathway also includes elements of research, leadership and education to ensure sharing of knowledge in optimising medicines for mental health.
28. It is important that Wales takes similar steps to the transformation of mental health care in England so citizens in Wales can benefit from effective and modern mental health services provided in the community, as close to people's homes as possible and with the support of specialist mental health professionals, including specialist mental health pharmacists.

We hope that the information shared is useful and help inform the committee's report and recommendations. Please do get in touch if you would benefit from any further information including any additional written or oral evidence.

Yours sincerely



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