

Mental health pharmacists

Providing physical health expertise for mental health pharmacists

“The support from the IMPHS team was invaluable in keeping deadlines on track and holding me to account, as well as being an excellent team of cheerleaders full of enthusiasm for the project! IMPHS helped me navigate the governance structures at the various hospital trusts, and coordinated feedback and dissemination of the prescribing guidelines work.”

Siobhan Gee, Principle Pharmacist, Psychiatry Liaison Service, South London and Maudsley NHS FT



The problem

Pharmacists play a key role in supporting the health and wellbeing of service users, both in acute trusts and mental health hospitals. They support screening, signposting, initiating and maintaining treatment, managing adverse effects of medications, adherence, and providing information about medicines.

While pharmacists train in both mental and physical health, the majority of pharmacists then choose to work in either mental health settings or acute settings. While this creates specialist knowledge and competencies, there is a risk of losing skills, knowledge and confidence in the non-specialist area, which means patients may not always receive the optimum mind and body care. This is particularly relevant for people with severe mental illness as physical illnesses can arise or worsen as a result of psychotropic medicines.

Exploring the need

We completed a competency and confidence survey with South London and Maudsley NHS FT mental health pharmacists, which showed mental health pharmacists were more confident and competent on mental health topics compared to physical health topics.

These findings were used to develop a variety of educational interventions focused on building knowledge and opportunities to connect across the network for mental health pharmacists across South London and Maudsley NHS FT and King's College Hospital. The proposed interventions were shared with the network to ensure they would be relevant, accessible and useful to support physical health learning and be transferable to routine practice.

What we did

To support development of physical health expertise for mental health pharmacists we provided:

- › **Educational pharmacy webinars on physical health**
 - Specialist pharmacists from King’s College Hospital delivered a series of 12 live webinars on the most commonly queried physical health topics, such as diabetes, cardiovascular disease and respiratory. These were one hour long and consisted of a presentation, case study discussion and Q&As.
- › **Prescribing guidelines on physical health and mental health co-morbidities** – a Principal Pharmacist for Liaison Psychiatry at South London and Maudsley NHS FT wrote three guidelines which were then reviewed by leading experts at acute partner hospitals. This included guidelines on depression in inflammatory bowel disease and depression in heart failure. These were circulated to Trust-wide to pharmacists and doctors.
- › **In-reach liaison service** – Before the pandemic, acute pharmacists from King’s College Hospital spent one day per week on mental health wards as an ‘in reach’ service to provide immediate access to expert advice and guidance for physical health issues.

Main impact and findings

Educational pharmacy webinars on physical health

106 staff across three trusts attended the 12 webinars. An average of 21 staff attended each webinar, ranging from 5 to 42 people. Feedback from staff after 12 months identified that the webinars were ‘good-refreshers’, concise and provided appropriate level, pharmacy specific information. Common barriers for webinar attendance were high workload and other work commitments

All NHS staff can access our pharmacy webinars for free by visiting: <https://learninghub.kingshealthpartners.org/> and searching for Mental Health and Physical Health Pharmacy Webinars.

Experience from a Pharmacist at South London and Maudsley NHS FT

“Patients admitted to psychiatric hospitals frequently have poorly managed physical health/haven’t been adhering to their physical medication for some time/haven’t engaged with their GP or secondary care specialists. It’s therefore important when they are in our care that we consider their physical health needs as well as their mental health. Having a reminder of the basic principles managing hypertension, diabetes and asthma has been

a helpful refresher. Signposting to the most up to date guidance has been really helpful, increasing awareness of resources.”

Prescribing guidelines on physical health and mental health co-morbidities

The Maudsley Prescribing Guidelines in Psychiatry (Taylor et al, 2012). is the best practice standard for prescribing psychotropic medications in psychiatry. 50% of the interviewed pharmacists through this project were not aware of the existing guidelines and only two pharmacists had read them. Moreover, this project identified and filled the gaps within the guidelines for physical health side effects of prescribing anti-psychotic medications.

In-reach liaison service

The liaison service helped to resolve a diverse range of physical health issues on the wards, most commonly in relation to diabetes, hypertension, cardiovascular disease, and kidney disease. The advice was particularly valuable to more junior pharmacists who had more general physical health queries. The in-person presence on the ward also helped to develop familiarity with the acute pharmacists and encouraged sharing of knowledge.

Key learning

Continual education for clinicians helps to improve patient care by applying the best available evidence-based physical health expertise. Challenges in attending training and access to physical health expertise reflect the pressures in clinical settings and wider structural divisions between mental health and acute providers. On-the-ground, face-to-face support is a particularly accessible way of sharing knowledge.

To overcome these barriers, co-designing with pharmacists is key. Working with pharmacist advisors through regular meetings helped to identify and overcome challenges, such as sending regular reminders, tailoring the educational content, and publicising resources through existing staff forums, as well as recording sessions in the event staff cannot attend to access post-session. Engaging with the intended ‘staff users’ of services to collect and respond to feedback facilitates improvement.

Furthermore, role clarity and accountability, frequent communication with the acute hospital pharmacy team, regular monitoring of activity and issues, dedicated funding, and administrative resource enabled the success of the interventions. We also identified the ongoing need to publicise and improve access to resources.