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This activity was funded by the Australian Government

The impact of a co-designed wellbeing goal planning process between community pharmacists and consumers living with severe and persistent mental illnesses – qualitative results

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ACKNOWLEDGEMENT OF COUNTRY

Griffith University acknowledges the people who are the Traditional Custodians of the land. We pay respect to the Elders, past and present, and extend that respect to all Aboriginal and Torres Strait Islander peoples.



The *PharMI*bridge RCT



- Bridging the Gap Between Physical and Mental Illness in Community Pharmacy (*PharMIbridge*) Randomised Controlled Trial (RCT)
- Tested the effectiveness of a person-centred, goal-oriented and flexible pharmacist-led support service for consumers living with severe and persistent mental illnesses (SPMIs), compared to a standard in-pharmacy medication review service (MedsCheck)





Overview

- Community pharmacists are well positioned to be mental health friendly destinations
- *PharMIbridge* was a co-designed and goal directed service to optimise the quality of life, physical and mental health and medication use for people living with SPMIs

Who was involved?

- 25 community pharmacies from four regions
- Adults living in the community using medicines (antipsychotic, mood stabiliser) to manage SPMIs such as schizophrenia, bipolar disorder or major depression
- Participants were self-referred, identified through pharmacy records and established relationships, referred from other healthcare professionals, in-pharmacy promotions





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How were pharmacists supported?

- Two day training
- Mental Health First Aid training and role plays
- Engagement with people with lived experience and pharmacist mentors
- Expert modules to support consumer goal planning and physical and mental wellbeing
- Standardised tools and templates

PharMIbridge service



Health review

Health assessments and review of health concerns / needs, including psychological distress.
156 consumers completed the health assessment.



Medication review

Medication list reviewed; assessment of medication-related problems and severity of these.
170 medication-related and 474 health issues were identified.



Action plan

Individualised plan sent to GP/psychiatrist/other support people.
Could include referrals to other services and health professionals.



Goal planning

512 health-related goals discussed in partnership and personalised action plan co-developed.



Follow-up

Individualised follow-up over 6 months and ongoing support.
Average of 2.75 follow-ups per consumer (range 1-7 for 149 consumers).



Final review

Final medication review and health assessments, including goal progress.
135 consumers completed the final assessment.

Qualitative evaluation

- Interviews were undertaken at RCT completion
- Pharmacists (n=16) and consumers (n=26)
- Explored experiences of the *PharMIbridge* intervention and perceptions of acceptability
- Interviews completed between May 2021 and May 2022 – average 52 minutes for pharmacists and 29 mins for consumers



Results

- Pharmacists average age of 36.4 years and 12.5 years of pharmacy experience
- Consumers were 51.6 years old and taking medication for SPMIs for 18.7 years
 - 16 (61.5%) Male and 10 (38.5%) female
 - Self-reported diagnoses of schizophrenia (42.3%), Bipolar disorder (26.9%), Schizoaffective disorder (4%), PTSD (15.4%) and Borderline personality disorder (4%)



Outcomes

- **Holistic approach (initial health review) allowed reflection on broader wellbeing and a focus on individual needs and health concerns**

I worked on the smoking. I worked on going out, improving my social life. I've worked on my physical health, and I have started exercising more... I've managed to get myself looking a bit better, like I've got a decent haircut. I went out and bought a lot of new clothes from the op shop. With my teeth, I think my teeth was another thing, I'm due to see the dentist next month (Consumer 17)

- **Participant health and wellbeing outcomes and behaviour changes described across a range of issues e.g., health, employment, relationships, physical and mental health**

I've lost almost eight kilos...I've dropped 12 centimetres off my waist ...I am a diabetic too and my diabetic number was 6.9 millimoles per litre and now it's 6.2. (Consumer 10)

- **Limited community resources and services (rural locations) highlighted the importance of pharmacist support**

Important elements of the intervention

Relationships

Consumers appreciated individualised support and getting to know and trust the pharmacist

He [pharmacist] was there as a listening ear for me when I didn't have anyone else to talk to. (Consumer 14)

Pharmacists gained a deeper understanding of the lived experience of SPMIs, changing the way they engaged with this population

I think I've got a more understanding of severe mental illness and living with it...just their lack of confidence in even being able to come down to the pharmacy and put their prescription in. They have to really gear themselves up to go out, and that's how they live for everything. And so I think it's a real understanding, more now than what I had before. (Pharmacist 3)

Goal planning

Pharmacists and consumers found goal planning motivated change

...Because at one point you feel pretty alone and you've not got any support...when you've got someone there encouraging you and you have to check in with them a month or so later, you like to think that you'll try and reach those goals... (Consumer 4)

Goal planning allowed consumers to think about what they would like for themselves

...it made me stop and think that I had some goals, really. Before that I really didn't think I had any goals. Like I didn't really speak them out in my mind, but it made me speak them out. It shone a light on what I should be doing. (Consumer 5)



Training

- The *PharMIbridge* training significantly improved pharmacists' knowledge and confidence in relation to metabolic health screening and willingness to provide professional services to people living with SPMIs

They may not see the doctor every month. They may not see the specialist even every month. But we see these people all the time. Sometimes multiple times a month. So I think our accessibility to people with mental health issues does put us in a prime position to keep an eye on people. And make a difference I think...(Pharmacist 6)

- Lived experience in the delivery of training allowed the pharmacists opportunities to practice skills in safe, authentic learning environments
- Mental Health First Aid supported pharmacists to approach difficult conversations

Having been mentally first aid trained, it definitely gives me more confidence... it's good to have the knowledge and to have that foundation. So should the situation arise, we're not as timid or as concerned about what we can do. (Pharmacist 13)

In conclusion



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PharMIbridge demonstrated that community pharmacists could provide person-centred, flexible and goal-oriented services to people living with SPMIs



Intervention had high acceptability from both consumers and pharmacists



Future service viewed as valuable contingent on adequate training and support

Acknowledgments



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Acknowledgement

This project received grant funding from the Australian Government Department of Health and Aged Care.

Thanks to my PhD supervisors Amanda Wheeler and Sara McMillan and co-supervisors Claire O'Reilly and Sarira El-Den

We would like to thank the pharmacists and consumers involved in this project

Acknowledgement

PharMIbridge RCT
Advisory Group and Expert Panel

Project team

- **Griffith University**
 - Prof Amanda Wheeler (co-lead)
 - Dr Sara McMillan
 - Dr Jie Hu
 - Victoria Stewart
 - Fleur Webb
- **The University of Sydney**
 - Dr Claire O'Reilly (co-lead)
 - Dr Sarira El-Den
 - Dr Jack Collins
 - Ricki Ng
 - Lily Pham
- **Pharmacy Guild**
 - Rebecca Segrott
 - Erica Vowles
- **Pharmaceutical Society of Australia**
 - Hannah Loller
 - Stefanie Johnston

This activity was funded by the Australian Government



The Pharmacy
Guild of Australia





Evaluation of a national mental health initiative

Griffith Ethics Reference Number: 2023/473

You're invited to complete an anonymous online survey to evaluate community awareness of a national mental health research initiative.

- The survey includes a maximum of 8 questions and is expected to take one (1) minute to complete.
- Everyone who completes the survey can enter a prize draw for one \$100 JB HiFi gift card