

Opinions of stakeholders about integrating pharmacists into Community Mental Health Teams (CMHTs)

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Key Findings

- Stakeholders would value pharmacist input in community mental health teams (CMHTs)
- Many referrals could be effectively managed with support from a specialist mental health pharmacist, meaning that workload pressures could be addressed by utilising the skills of a pharmacist.
- Respondents agreed that there were a wide variety of important roles for pharmacists in the future of CMHTs.
- Those who had worked previously with pharmacists were more likely to advocate for pharmacists being part of CMHTs.
- The main barriers identified were conflicts about funding source and the availability of appropriately trained pharmacists.
- Pharmacists will need to demonstrate training in risk assessment and consultation skills.
- Pharmacists working in CMHTs need to be non-medical prescribers.

Introduction

Pharmacists are routinely involved in optimising medicines for mental health patients.⁽¹⁾ Despite literature demonstrating the benefits, specialist pharmacists are not routinely integrated in Community Mental Health Teams (2) and there is little research to identify the barriers to pharmacists' integration. The opinions of stakeholder who influence the design of community mental health services, are key to understanding these issues.

Method

Semi-structured interviews using open questions with key stakeholders within two CMHTs and the HB's adult mental health clinical board. Participants were selected purposively to allow recruitment of individuals who would provide insight into the proposed question(s). Written, informed consent was obtained. A deductive approach was used to define interview questions. Interviews were transcribed and analysed thematically using an inductive approach to explore the data without any pre-conceived ideas and identify additional key themes. The study was registered with the HB.

"I felt the input from pharmacy there was invaluable so there was a lot of opportunity for discussion around doing medication review.....pharmacist had input to and running around physical health and clozapine clinic"

[Consultant Psychiatrist]

Results

Interviews (n=10) revealed five main themes; relationship with the pharmacist, including previous experiences and individual pharmacist's personal attributes; CMHT workload relevant to pharmacists' skills; workforce and financial pressures; the need for ongoing support for and from pharmacists; and pharmacists' expertise including non-medical prescribing.

Conclusion

This small-scale study suggests there is a desire to integrate pharmacists into CMHTs with a strong emphasis on their role in addressing medicine-related workload pressures. Positive relationships formed from prior experience of working with pharmacists strongly influenced support for integration. There are potential roles for pharmacists that would improve timeliness and quality of care for people supported by CMHTs. Resource constraints such as lack of funding and availability of appropriately trained pharmacists need to be resolved.

"running clinic for us especially when we have referrals from GP purely asking for medication reviews having [pharmacist] here the benefit surpasses most of the options we can offer through medic".

[Clinical Nurse Lead]

1. Royal Pharmaceutical Society England (2018). No health without mental health: How can pharmacy support people with mental health problems? London. Royal Pharmaceutical Society England

2. Robinson, J. (2017). Challenging the Stigma. The Pharmaceutical Journal, November 2017, Vol 299, No 7907, [online] | DOI: 10.1211/PJ.2017.20203915 [Accessed 1 Mar. 2019]