International Journal of Integrated Care

Kennedy, L et al 2017 Introduction of a Mental Health Medicines Education Service. *International Journal of Integrated Care*, 17(5): A290, pp. 1-8, DOI: dx.doi.org/10.5334/ijic.3603

CONFERENCE ABSTRACT

Introduction of a Mental Health Medicines Education Service

17th International Conference on Integrated Care, Dublin, 08-10 May 2017

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An introduction: Phoenix Pharmacy Department (PPD) provides hospital pharmacy services to the Phoenix Care Centre (PCC) and to Dublin North City Community Mental Health Services (DNCMHS). PCC is a 54 bed facility split into two psychiatric intensive care units (PICUs) and two rehabilitation units. PCC PICUs provide a tertiary referral service for a catchment area of 2,060,7191. Clinical pharmacists attend weekly multidisciplinary team (MDT) meetings, carrying out medicine reconciliation and optimisation. PPD recognise the problem that mental health (MH) service users (SUs) often do not seek out or fully engage with services2, 3. On this basis PPD identified an opportunity to enhance engagement and quality of care by introducing a medicines education service.

Short description of practice change implemented

Pharmacist led medicines information sessions now held in PCC

Pre-discharge individual sessions

Weekly group sessions

New community-based medicines information program in the Recovery Hub4

Pharmacist delivering the medicines component of Eolas programme5

Aim and theory of change

Expanding SU's knowledge of medicines

Improving health literacy through supporting self care

Empowering SUs in their own recovery

Targeted population and stakeholders

PCC Inpatients

Other health care professionals (HCPs).

DNCMHS community SUs and their families/carers

Timeline: Pharmacy Clinical Service to PCC (attending MDTs) set up in June 2014 and expansion of service to include medicines education service commenced in March 2016.

Highlights: (innovation, impact and outcomes) Pharmacists are ideally placed to provide medicines education on both physical and mental health; thus bridging the gap between primary, secondary and tertiary services. Pharmacists can then advocate for SUs, and influence prescribing, based on SU experience and beliefs. Outcomes were measured through feedback forms and responses were very encouraging. The knowledge and time given by pharmacists was greatly appreciated.

Comments on sustainability: Addition of two new clinical pharmacists in March 2016 enabled the provision of this service.

Comments on transferability: Comprehensive clinical pharmacy services are transferrable but resources may limit widespread availability.

Conclusions: (comprising key findings) Evidence-based medicines information is now routinely provided to SUs, both on demand, and proactively, by clinical pharmacists. SU's/carers overall understanding of their medicines has been greatly enhanced.

Discussions: Medicine education sessions, now available in both hospital and community settings, empower SUs and their families/carers. These sessions promote self care and improve health literacy6.

Lessons learned: Medicines education sessions increased pharmacist-patient contact and increased pharmacist job satisfaction.

The needs of this vulnerable MH service user group are similar to the needs of patients with any physical health issue and provision of information services should be comparable. Historically MH stigma has discriminated against MHSUs and created barriers against adequate treatment7. Our initiative is helping to overcome such barriers and optimise the quality of care. Feedback from SUs and other HCPs regarding the impact of direct contact with a clinical pharmacist has highlighted that this is a valuable service that needs to be available routinely throughout our national MH service.

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Keywords: clinical pharmacy; medicines education; mental health service user; pharmacist