On 7 December 2009 the Department of Health launched “New horizons — a shared vision for mental health”, its new 10-year strategy for mental health services in England. The strategy supersedes the National Service Framework for Mental Health, which expired at the end of last year. In the 10 years since the NSF was published, mental health services have seen enormous improvements. The World Health Organization has commented that mental health services in England are increasingly seen across Europe as the model to follow. It should be noted that the pharmacy profession has made significant contributions to the success of the NSF.

The “New horizons” strategy has identified several key themes for action, one of which is public mental health. The strategy states: “A public mental health approach (that is the prevention of mental ill health and promotion of mental health) links the twin aims of the New Horizons to address both the broader agenda of improving whole population well-being and mental health and the prevention, early intervention and treatment and recovery of mental illness.” Mental health has often been considered the Cinderella of the NHS; this notion is even more evident within public health medicine. Historically, public mental health has been considered separately from the main stream of public health medicine thus having little resource allocation. However, with the Government’s new strategy clearly identifying public mental health as a priority, greater resource allocation and momentum should unfold in the near future.

What is public mental health?
There are several definitions of public mental health. That coined by the national expert group for public mental health and well being is “the art, science and politics of preventing mental ill-health and inequalities through the organised efforts of society”.

The main elements of a public health strategy can be defined as promotion of mental health, prevention of mental illness and prevention of disability due to mental illness. Public mental health is important because there is no health without mental health. Mental health problems are extremely common: one in six adults will have a mental health problem at any one time and, for half of these people, the problem will last longer than one year. For example, depression is recognised as a major public health problem around the world — in high income countries it accounts for 15 per cent of all disability.

The estimated annual cost of mental illness in England is £77.4bn. This comprises: £12.5bn for care provided by the NHS, local authorities, privately funded services, family and friends; £23.1bn in lost output to the economy caused by people being unable to work (paid and unpaid); and £41.8bn in the human costs of reduced quality of life (and loss of life) among those experiencing a mental health problem.

As well as the economic burden of mental illness, mental health problems significantly affect morbidity and disability rates of a population. Quality of life measures indicate that mentally ill people have a serious decline in their quality of life involving all domains from social relationships or work capacities to the broader involvement in community life.

Can pharmacy contribute?
The pharmacy profession has an excellent network of specialist mental health pharmacists supported by the United Kingdom Psychiatric Pharmacist Group (UKPPG), which was formed in the early 1970s. However, it must be noted that most of these specialist pharmacists are based within secondary care and, although their contribution and leadership to the public mental health agenda is important, it is the wider primary
care pharmacy workforce that must be engaged to deliver the public mental health agenda. Indeed, 90 per cent of mental health care is provided by primary care practitioners. Pharmacy probably has more contact with the general public than any other health professional. The pharmacy White Paper has set out a vision of pharmacies as community-based healthy living centres that offer easily accessible and informal, yet wholly professional advice and support, including support for self-care. This vision encompasses mental as well as physical well-being. With the correct training and support community pharmacists are clearly well placed to contribute to the public mental health agenda.

What is pharmacy’s role?

Mental health promotion Mental health promotion is an important part of preventing mental health problems and reducing the stigma associated with mental health illnesses. However, it also has a much wider range of health, social and economic benefits that can contribute significantly to health improvements for people living with mental as well as physical well-being. It encompasses a wide range of activities and at its simplest level it involves displaying literature that will promote good mental health and well-being.

Pharmacies are a source for an array of mental health and well-being treatments, such as self-help materials, hypnotics, antibiotics, treatments for insomnia, herbal preparations for anxiety etc. Customers purchasing such products or requesting advice provide an opportunity for brief interventions and signposting.

One example of good practice is a pilot project that was set up in Camden A collaboration between the London Development Centre (LDC), Camden Primary Care Trust (PCT) and PRIMHE (Primary Care, Mental Health and Education) was set up to enable pharmacists to provide mental health promotion activities and consultations on depression and anxiety. The findings from the project suggested that many of the patients sought help or information about mental health were customers already known to the pharmacist. Half of the customers that used the service did so upon suggestion by the pharmacist; the other half indicated that seeing relevant leaflets on display prompted them to access the service. Those pharmacists who took part in the pilot indicated an interest in continuing to display and distribute leaflets and other information materials about common mental health problems, and to undertake further training in this area.

Relapse prevention Relapse prevention is a critical part of the treatment plan for all mental illnesses not only because symptoms are detrimental to quality of life but also because the occurrence of relapse increases chances for future relapses. In addition, with each relapse, symptoms tend to be more severe and have more serious consequences.

Poor adherence to psychotropic medication is a major issue and contributes significantly to patients relapsing. There is evidence to suggest that pharmacy-led interventions can significantly increase adherence. A pilot study carried out by Ewan and Green evaluating a community pharmacist-led medication advice service concluded that community pharmacists represent an acceptable, but underutilised, information provision service. Relapse places a significant financial burden on the healthcare system, as a result of the increased use of medical resources and need for inpatient care. For example, in schizophrenia, on average, a relapse costs £10,950 to manage (over six months), compared with the estimated cost of £2,532 for someone who has not experienced a relapse.

Collaboration Collaboration between the many health, social and charitable providers of mental health services is key for a successful public mental health strategy. Encouraging a closer working relationships between pharmacists and the wider health and social care teams allows pharmacists to supplant patients to the correct services. Closer collaboration should also lead to pharmacy having a greater prominence when primary care trusts are commissioning services.

A study has shown that community pharmacists can be successfully integrated into community mental health teams (CMHTs). In the study community pharmacists provided pharmaceutical care during joint domiciliary visits with key workers. The psychiatrists believed that the scheme made improvements to patient compliance with medication.

Patient safety Patient safety has been highlighted with regards to antipsychotic prescribing in patients with dementia in a Department of Health commissioned report by Sube Banerjee. The report recommends that regular input from pharmacists is required to ensure appropriate prescribing of antipsychotics to this patient group. The role of community pharmacists in achieving the aims of this report was recently discussed in The Pharmaceutical Journal.

Gaining momentum Public mental health is clearly gaining momentum on a national level. The National Institute for Health and Clinical Excellence has recently published guidance for employers on developing mental health well-being policies. Similarly employers and professional bodies such as the Royal Pharmaceutical Society are running workplace pressure campaigns. Furthermore, the recently formed National Mental Health Development Unit (NMHDU) has prioritised promoting well-being and public mental health as one of its key seven programmes for action. In addition there are several campaigns running at present to reduce the stigma and discrimination associated with mental health illnesses. Increasingly, the media are incorporating mental health issues into their storylines and sport has recently discussed the issue of depression following the suicide of a leading footballer.

It is vitally important that the pharmacy profession involves itself fully and as a key stakeholder in this new agenda. Within our public health module at the University of Hertfordshire we have incorporated public mental health as a priority topic. Students are introduced to the concept of public mental health and taught how pharmacists can contribute to this agenda.

For those pharmacists with an interest in mental health an excellent resource has been recently published by the Centre for Pharmacy Postgraduate Education entitled “Mental health disorders in relation to pharmacy practice” and serves as an excellent starting point.

References


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