Improve compliance for mental health patients: they crave more information

For some service users, the impact of a medicines management clinic for mental health patients in the community has been life-changing and patients have been surprised at what the pharmacist can do for them. Ailsa Colquhoun reports

So valuable is the work of a pharmacist-led medicines management clinic first set up in December 2005 that plans are now in hand to extend both the remit and the reach of the clinic trust-wide. According to Caroline Parker, the consultant pharmacist at Central and North West London NHS Foundation Trust, the clinic for mental health patients that won a Pharmaceutical Care Award in 2006, continues to make important contributions in outpatients’ quality of life, and their understanding of their medicines and the side effects. In turn, this has the potential to improve compliance, and reduce medicines-related readmissions. Mrs Parker says that patients are often pleasantly surprised at what the pharmacist can do for them. “The formal feedback from patients is very positive.”

The clinic today

Today, the trust’s clinic, which works collaboratively with community mental health teams (CMHTs), sees two or three outpatients a week, typically involving the pharmacist in a range of activities, including provision of medicines information, medicines review, side effect rating and monitoring, and assisting patients to make informed decisions about medicines use.

But to develop the clinic further, ahead of a planned roll out across the trust, Mrs Parker is now taking a pharmacist prescribing qualification, which she describes as a useful addition to the pharmacist’s role in this area.

Since winning the 2006 Pharmaceutical Care Award for the lead work on the London mental health clinic, pharmacist Mr Louis Ovonlen has moved to North Essex Partnership NHS Foundation Trust, where he hopes to develop a similar clinic system for service users in the West Essex area.

Now working in this area as a specialist mental health pharmacist, Mr Ovonlen has qualified as a pharmacist independent prescriber. He believes that his ability to prescribe will help reduce the likelihood of patients facing delays obtaining medicines, which in turn will help the clinic achieve its core aims, which include supporting high pharmacological (dose changes or a change of medication) and that most interventions involved the provision of lifestyle recommendations, general advice or supplementary information.

Mrs Parker says this remains true of her clinic today: “Quite often the decision is not to change a patient’s medication. What we find is that, in the main, patients crave information, and it is this that makes the main contribution towards improved concordance.”

Information and choice

At their core, both clinics aim that all people should be able to get good information to make decisions about medicines, and from the source they choose. Most mental health service users reside in the community and they are able to achieve good mental health more easily in the outpatient setting. However, most secondary care pharmacy services are limited to the inpatient setting, restricting people’s ability to access advice and information easily on appropriate lifestyle decisions, maintaining concordance and, ultimately, good mental health.

Mr Ovonlen believes that outpatient pharmacists can more easily build rapport that encourages service users more freely to express their feelings and concerns about their medicines, again facilitating compliance. In his original evaluation of the project for the 2006 award, he found that of the 21 clients seen by the clinic only four were readmitted because of medication-related issues, compared with 12 readmissions in the year before the clinic was established. He says the clinic gives patients options when it comes to their medicines. “As pharmacists we are able to give patients ownership of their own medicines strategy. This empowers patients; there are some things that patients cannot express given their current doctor-patient relationship, which at times can become fraught.”

For some service users, the impact of this additional advice source has been life-changing. Mr Ovonlen recalls the female patient who hugged him one day on his way to work, after his interventions had helped her to retain her house and custody of her children. He says: “She got her life back, just by our tinkering with her medicines.”

Tips for future success

As an independent and discreet forum for users to air and explore their views and conceptions of medicines with a medicines specialist, the pharmacist-led clinic creates an avenue for health promotion and a holistic approach to good mental health.

Submitting his entry for the 2006 award, Mr Ovonlen said that pharmacists have the ability to raise issues relating to illicit drug use, poor diet, alcoholism and other lifestyle concerns with the patient and the wider support team: “Equipped with the specialist knowledge, excellent interviewing, communication and interpersonal skills, the pharmacist is able to tease out concordance issues in a structured manner. With these identified, steps and strategies are developed in partnership.”

Preparing for the extended clinic in Central and North West London, Mrs Parker recognises that training in communications skills would be helpful for pharmacists undertaking this kind of clinic. She says: “Good outcomes in this area are not just down to clinical response. We also have concordance and motivation to consider.”

She also believes that good working relationships are key. “The teams with whom I have worked most closely and successfully are the ones that refer patients the most. Team work is essential if this sort of clinic is to make the greatest gains.”