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12 May 2005

Committee Secretary
Senate Select Committee on Mental Health
Department of the Senate
Parliament House
CANBERRA ACT 2600

Dear Sir/Madam

Inquiry into the Provision of Mental Health Services in Australia

Thank you for the opportunity to provide a submission to the Inquiry into the Provision of Mental Health Services in Australia.

Outlined in the attached submission are some of the areas in which The Pharmacy Guild of Australia believes community pharmacy might become involved in order to enhance the provision of mental health services in Australia.

We have responded only to those aspects of the terms of reference of the Inquiry where we have a particular interest from pharmacy's perspective and where we believe community pharmacy would be engaged to achieve improved coordination and delivery of comprehensive mental health care services.

I trust that our submission is useful in assisting the Committee with its Inquiry into the provision of mental health services in Australia and that our proposals will be reflected in your final recommendations. We look forward to hearing from you of the outcome of the Inquiry.

If you require further information or any clarification, please do not hesitate to contact me.

Yours sincerely

Stephen Greenwood
Executive Director

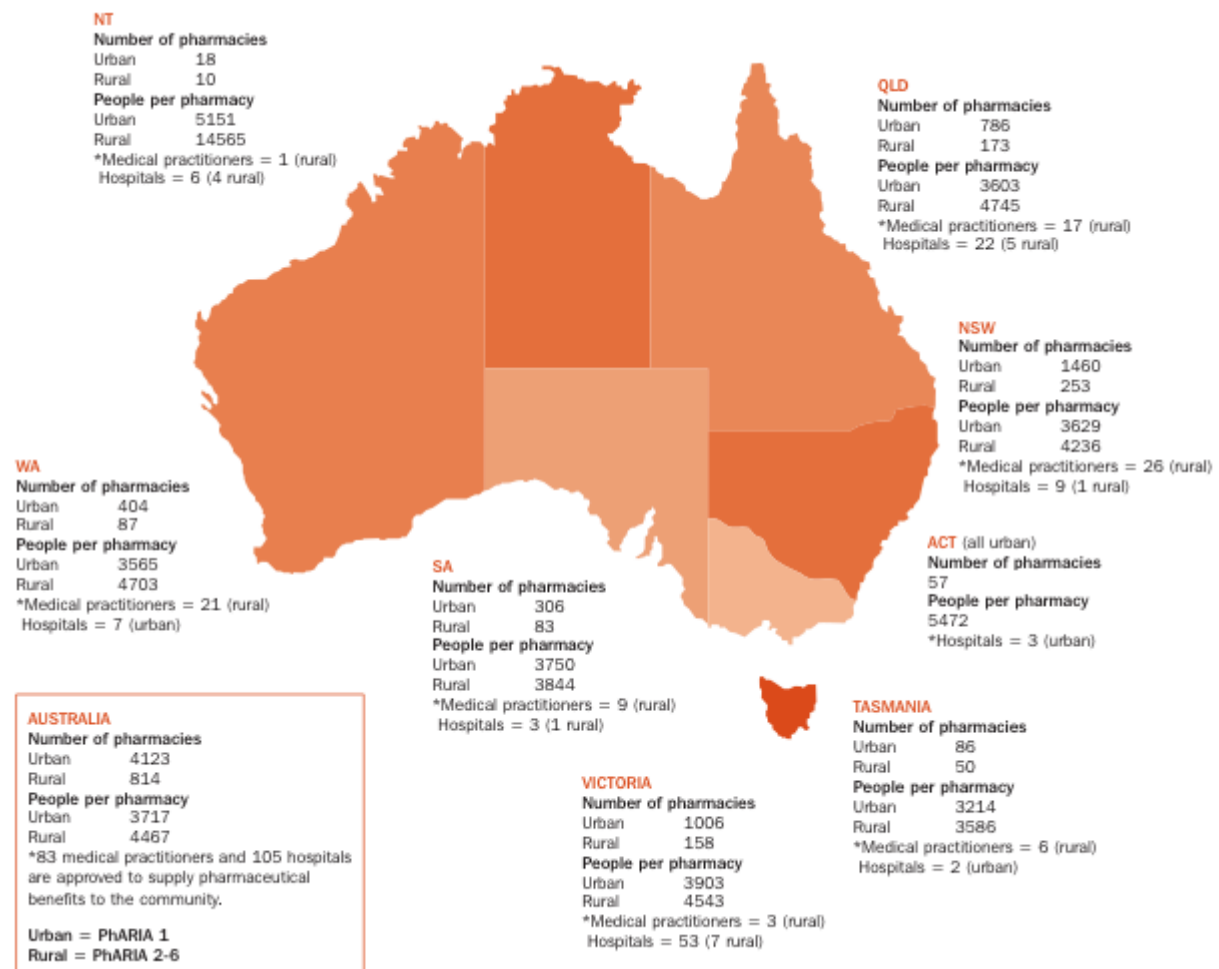
Inquiry into the Provision of Mental Health Services in Australia

Introduction

The Pharmacy Guild of Australia is an employers' organisation servicing the needs of independent community pharmacies. It exists for the protection and betterment of its members and to maintain community pharmacies as the most appropriate primary providers of health care to the community through optimum therapeutic use of drugs, drug management and related services.

Community pharmacy offers a highly accessible network of primary health care providers providing quality advice and service. Pharmacies exist in well spread out and accessible locations, are computerised and often operate over extended hours seven days a week in urban, rural and remote areas. On average each man, woman and child visits a community pharmacy 14 times each year, in metropolitan, rural and remote, hospital and indigenous community settings.

Distribution of Australian Pharmacies by Urban and Rural Areas ¹



¹ Dept of Health and Ageing Annual Report 2003-2004 (page 104)

In recent years pharmacists' roles have continued to expand from dispensing medications with an increased emphasis on working with other health care professionals to give services to the public as part of the health care team. There is an ever-increasing body of evidence to demonstrate that community pharmacists can and do perform countless activities that benefit patients and doctors, save money for the purchasers of health services and enhance the delivery of primary health care services.²

Community pharmacists currently provide an array of services which extend well beyond the provision of prescription medicines and, as such, pharmacies are often the first contact point of the primary health care system for many people. These services include:

- provision of information about medicines and health conditions;
- provision of up-to-date and locally relevant information on other health care services and resources;
- participation in community health, preventative health and other public health services;
- distribution of public health information and educational materials;
- referral to a General Practitioner or Hospital Emergency Services; and
- referral to other appropriate allied health professionals where required; eg community health nurses, mental health services, drug and alcohol rehabilitation facilities etc.

In the UK, pharmacists have become involved in a wide range of health promotion and screening services including areas such as cardiovascular, diabetes, cancer, mental health and HIV/AIDS. Moreover, surveys have demonstrated that pharmacies are recognised as centres for the provision of such services and that these services are acceptable to clients.³

Community pharmacists maintain links with local General Practitioners and Divisions of General Practice within their local area as part of their ongoing commitment to and participation in the local community and as providers of primary health care.

Australia's National Health Strategy has identified the vital role that community pharmacists play in health care provision, through reducing medication costs and improving the health outcomes of patients, particularly those with complex needs.

Pharmacy is well placed to assist consumers towards self-management of their conditions. People living with chronic illnesses and their carers form a major client group of community pharmacists. For clients seeking support in autonomous self-management of a chronic condition, as identified in the *National Health Priority Areas*, the role of the pharmacist is crucial in providing medications and access to testing or screening procedures that assist in the monitoring of conditions.

² The Value of Professional Pharmacist Services in the Community Setting
A systematic review of the literature 1990-2002

³ Therapeutic drug monitoring in community pharmacy – feasibility study, Maguire, T. & J. McElnay (1993)

Recommendation

The Pharmacy Guild of Australia recommends that:

1. The broader role of community pharmacists in primary care including mental health be recognised, particularly in the following areas:
 - information and resource dissemination;
 - assistance with promotion of mental health and prevention of mental health problems;
 - medication management in terms of quality use of medicines (QUM);and
 - involvement as part of the community mental health team specifically in relation to dispensing, monitoring and observing patients as presented for dispensing.
2. Innovative initiatives such as community pharmacy-based mental health service models be supported to achieve improved responsiveness to the diversity of needs and continuity of care of mental health patients in the community setting. This model is based on the above-mentioned areas.

How Pharmacists can be Involved in Improving Mental Health Care

Mental Health is one of the six National Health Priority Areas (NHPA). The NHPA initiative recognises that specific strategies for reducing the burden of illness should be holistic, encompassing the continuum of care from prevention, through to treatment, management and maintenance, all underpinned by evidence based on appropriate research. It also recognises the role played by broader population health initiatives in realising improvements in the health of Australians.⁴

In this submission, The Pharmacy Guild of Australia has identified areas where community pharmacy can contribute to mental health care as related to particular principles and themes of the National Mental Health Plan 2003-2008 which supports the aims of the National Mental Health Strategy.

The National Mental Health Strategy

The National Mental Health Strategy provides a framework for national reform from an instructionally-based mental health system to one that is consumer focused with an emphasis on supporting the individual in the community. The strategy was reaffirmed in 2003 with the endorsement by all Health Ministers of the *National Mental Health Plan 2003-2008*.⁵

⁴ National Health Priority Areas Overview

⁵ www.health.gov.au, Mental Health Branch – National Mental health Strategy, Department of health and Ageing 2004

The Strategy aims to:

- promote the mental health of the Australian community;
- where possible, prevent the development of mental disorder;
- reduce the impact of mental disorders on individuals, families and the community; and
- assure the rights of people with mental illness.

It is estimated that mental health problems and mental illness will affect more than 20% of the adult population in their lifetime and between 10-15% of young people in any one year. The Strategy further states that although some people with severe mental illness will still require hospitalisation, the emphasis is now on treating and supporting people with a mental illness in their own communities.

The *National Mental Health Plan 2003-2008*, Australian Health Ministers, July 2003 lists the following principles as underpinning the reform process and as fundamental to realising the aims of the Strategy.

- All people in need of mental health care should have access to timely and effective services, irrespective of where they live.
- The rights of consumers, and their families and carers, must shape reform.
- Mental health care should be responsive to the continuing and differing needs of consumers, families and carers, and communities.
- The quality and safety of mental health care must be ensured.
- A recovery orientation should drive service delivery.
- Investment in the workforce is essential.
- Innovation must be strongly encouraged and supported.
- Sustainability of effective interventions must be ensured.
- Mental health reforms must occur in concert with other developments in the broader health sector.
- Mental health reforms require a whole-of-government approach.

The Plan⁶ is guided by the following four priority themes:

1. Promoting mental health and preventing mental health problems and mental illness.
2. Increasing service responsiveness.
3. Strengthening quality.
4. Fostering research, innovation and sustainability.

1. Promoting mental health and preventing mental health problems and mental illness⁷

Community pharmacists have a key role to play in mental health promotion. Pharmacists can and have helped to raise awareness of mental health issues by providing health promotion leaflets and assisting in making information on local services available to mental health service users, carers and self-help groups, and in doing so becoming a gateway to other services. Distribution of materials, such as fact sheets, through pharmacies provides the community in rural and metropolitan areas throughout Australia with easy access to important mental health information.

⁶ National Mental Health Plan 2003-2008 Australian Health Ministers, July 2003

⁷ Priority themes – National Mental Health Plan 2003-2008 Australian Health Ministers, July 2003

Community pharmacy can provide valuable public awareness services such as provision of information on mental health issues as well as services available to patients and family members. Pharmacists can play a role in the primary care of patients identified with depression, and can contribute to research and assist with prevention and early intervention programs. Pharmacists can also contribute to the early detection of depression as an early point of contact. For example, if a person presents with the indications of depression, pharmacists can direct them to a general practitioner for further treatment. They are able to engage effectively with high-risk groups of people such as women suffering from post-natal depression.

Pharmacists frequently deal with carers. Community pharmacists can enhance this role by providing more detailed information about specific medicines (eg benefits and side effects), by dealing with compliance issues and contacting or referring a carer to a local mental health service or a health and community service to have their caring needs assessed for respite or home and community care.

Pharmacies are ideally placed to provide services in this regard for rural populations. The community pharmacist in a country town has the opportunity to develop close relationships with members of the community and to observe any developing social and/or medical problems. In such circumstances, the pharmacist is well placed to intervene to provide advice and assistance to avoid a more serious condition developing. In many cases, it is through the pharmacist's intervention that consumers make an appointment to see a doctor. In the context of mental health, this service by community pharmacists in rural areas can be of enormous value.

Community pharmacies remain one of the most accessible primary health services in rural and regional Australia. There are 4,537 pharmacies in Australia of which 1,224 pharmacies (27%) are in rural Australia. There are 10,723 community pharmacists, of whom 2,655 (25%) work in rural Australia. There are 1,950 hospital pharmacists of whom 330 (17%) work in rural Australia.⁸

In the course of providing a professional service to their clients, pharmacists liaise with a range of health professionals located in their region. For rural pharmacists this is a particularly important role, since community pharmacies often become the focal point for the community in seeking reliable advice and referral, particularly in towns without a hospital or a General Practitioner.

The misuse of medications in children and young people to improve mental health

While psychostimulants appear to help school children with attention-deficit/hyperactivity disorder (ADHD), side effects are common and close monitoring is required. There is a need for controlled investigation of the safety, efficacy and tolerability of psychostimulants in school children with ADHD.

⁸ Rural Health Stocktake, 2000

The increasing misuse of and dependence on drugs requires that there be flexible and comprehensive strategies directed at reducing demand for such drugs. Young people will resort to various forms of medication themselves to deal with stress and other social difficulties they might encounter. The link between marijuana use and the early onset of psychosis is widely reported. There is a need to deal with the compounding process of stress and mental health problems leading on to self-medication and to the adoption of drugs.

The mental health needs of young Australians are not adequately addressed by the community and it is important to foster positive self-esteem in young children in all related policy and programs. Appropriate training and education should be made available to teachers, health professionals, youth workers and others who work with young people in the community.

There is a potential for pharmacists to be involved with the mental health team in providing public education in schools in relation to quality use of medicines.

Case Example 1

NSW Mental Health Promotion Day

In 2002, the Mental Health Association of NSW, in conjunction with The Pharmacy Guild of Australia (NSW Branch), conducted a “Healthy Mind Day” which was a one day awareness and information campaign about the symptoms treatment and prevention of depression and anxiety. Pharmacies were sent a screening day information pack which contained printed materials to be displayed on the counters on Healthy Mind Day.

Members of the general public were encouraged to visit their local pharmacy on the Healthy Mind Day to:

- complete a brief questionnaire exploring their current state of mental health;
- obtain more information about good mental health practices and mental health issues; and
- access information about referral to mental health support services for further assessment and treatment if required.

More than 20,000 questionnaires were collected by the general public on the day and approximately 1.7% of completed surveys were returned to the Mental Health Association of NSW for more information and follow-up. Results from follow-up surveys revealed that the day was effective in connecting people to the services they required, with 51% having sought help from a GP or a mental health professional.

This is an example of pharmacies actively participating in activities which have a particular focus on early intervention strategies.

2. Increasing service responsiveness⁹

The vast majority of people with mental health problems live independently in the community, with most accessing services through primary health care. Pharmacists are able to provide services in a community setting that are responsive to consumers' needs. Pharmacies are also seen to be socially acceptable and therefore people are not stigmatised by going into the pharmacies. They are therefore key partners with other mental health care providers, service users and carers in the delivery of appropriate mental health care. Pharmacists can work with other health professionals to provide a continuum of care to improve long-term outcomes for those with mental illness living in the community.

Pharmacists can provide effective care for those with chronic mental illness. The impacts of mental illness frequently remain well beyond the acute episode. For many consumers, effective treatment of symptoms needs to be accompanied by approaches that emphasise personal recovery, integration and rehabilitation. Pharmacists can be involved in identifying common adverse effects of psychotropic medicines and providing advice on their management and supporting patients and carers in maintaining adherence to treatment.

The pharmacist has a computerised record of the full history of the medications previously dispensed in his/her pharmacy for use by the patient. Patients often move between care settings such as hospital and their own home and accurate records of the patient's medication should be transferred between these settings. Pharmacists maintain patients' medication profiles and monitor all prescription and non-prescription medication use in terms of their safety and effectiveness.

Since medications are an important component of follow-up care, several areas need to be integrated in relation to the care of people with chronic mental health problems. For example, pharmacists can be involved in the following services:

- pharmaceutical services to mental health teams;
- providing information and education on all aspects of drug therapy;
- facilitating the transfer of information about medicines between care services;
- medication management following discharge;
- identifying common adverse effects of psychotropic medicines; and
- supporting patients and carers in maintaining adherence to treatment and providing advice on their management.

Patients suffering from depressive illness are often unaware that anti-depressants can take several weeks to become effective and that long-term therapy may be required to reduce any chance of relapse. Pharmacists can identify people at risk of suicide and self-harm and can assist by promoting compliance with medication.

⁹ Priority themes – National Mental health Plan 2003-2008 Australian Health Ministers, July 2003

A post-discharge strategy for patients on anti-psychotic medication could be the referral of the patient to a convenient pharmacy for follow up. The pharmacy can dispense the medication and arrange timely follow up to support the patient's psychiatrist's appointments. The benefit of this arrangement is that problems can be identified within 24 hours rather than having to wait until the person has another regular appointment with the psychiatrist. This may prevent the person from having another acute episode or from harming himself or herself or a family member.

This follow up support could also be provided as part of the home medicines reviews currently performed by accredited pharmacists. Community pharmacies are currently working in consultation with GPs to provide medication reviews for patients with complex needs both in residential aged care settings and in peoples' homes. These review services help avoid medication-related problems and optimise medication use.

Residential Medication Management Reviews

Residential Medication Management Reviews (RMMRs) have been provided by accredited pharmacists to residents of residential aged care facilities since 1985. Annually, 80% of residents of aged care facilities access this service. This is approximately 130,000 reviews per year.

Home Medicines Reviews

Home Medicines Reviews (HMRs) is a collaborative service between doctors and pharmacists provided to consumers living at home in the community. The goal of an HMR is to maximise an individual patient's benefit from their medication regimen by a team approach involving the general practitioner and the patient's preferred community pharmacy. As at February 2005, a total of 67,238 HMRs have been conducted since October 2001. The success of this program has seen the Department of Veteran Affairs adopting the model to provide HMRs to veterans.

Based on potential contributing factors for medication misadventure, examples of criteria which may be used to determine whether or not to conduct a HMR include the following:

- currently taking five or more regular medications
- taking more than twelve doses of medication per day
- recently admitted to a medical facility/hospital (in the last four weeks)
- had significant changes made to medication treatment regimen in the last three months
- on medication with a narrow therapeutic index or requiring therapeutic monitoring
- have symptoms suggestive of an adverse drug reaction
- have a sub-therapeutic response to medication treatment
- suspected of non-compliance or not managing medication related therapeutic devices
- manage their own medications and are at risk due to language difficulties, dexterity problems, impaired sight, confusion/dementia or other cognitive difficulties.

It would appear that consumers with mental health problems are particularly at risk of drug misadventure and would benefit from the home medicines review service provided by pharmacists.

Case Example 2
Mental Health Patients in South Australia

Previously the mental health system for community patients, many of whom had been in institutions for long periods of time, was based on regions which were staffed by doctors, mental health nurses, occupational therapists and social workers. Under this system each patient was seen by one of the region's doctors and supplied with all psychiatric medication packed in dosage administration aids if needed. The medications were also delivered to the patients' home by nurses or social workers if required. All these services were paid by the State Government regardless of the patients' employment status or social circumstances such as being on a Community Treatment Order (CTO).

The staff of each region used to ensure that the patients' mental health symptoms were under control by making sure that each person had seen a doctor and had received and taken their medications. Staff administered injections at work places if required and also assisted patients in other areas such as housing.

A few years ago a new scheme was introduced where all the patients who were not on CTOs were privatised. Patients were sent to their local GPs and were expected to pay for their own medication at their local pharmacies. Many of these patients, who had been looked after by the mental health system for most of their lives, quite understandably resisted paying for their medications.

There have been reports of many patients falling through the gaps in the system and consequently being re-admitted to hospital. Two patients reportedly died from bowel infections caused by their medication which could have been prevented if patients had been properly cared for. There appears to be a lack of duty of care in the system unless patients are on a CTO or have someone representing their interests.

This highlights the need for coordination of mental health services at the community level which should include community pharmacy working with the mental health team. Therefore, the mental health care system needs to be reviewed to ensure there is adequate funding for patients' medications to be supplied in dose administration aids if required and to ensure the process is properly co-ordinated by the community mental health staff.

3. Investment in the workforce¹⁰

One of the principles in the Plan states: "The primary care sector is now acknowledged as a critical element. The supply, distribution and composition of the mental health workforce are fundamental to quality services. This should aim for an appropriate mix of medical, nursing and allied health professions, providers from the specialist mental health sector and the primary care sector, public and private sector providers, and inpatient and community workers".

The Guild welcomes the above statement and offers the following comments.

¹⁰ National Mental health Plan 2003-2008 Australian Health Ministers, July 2003

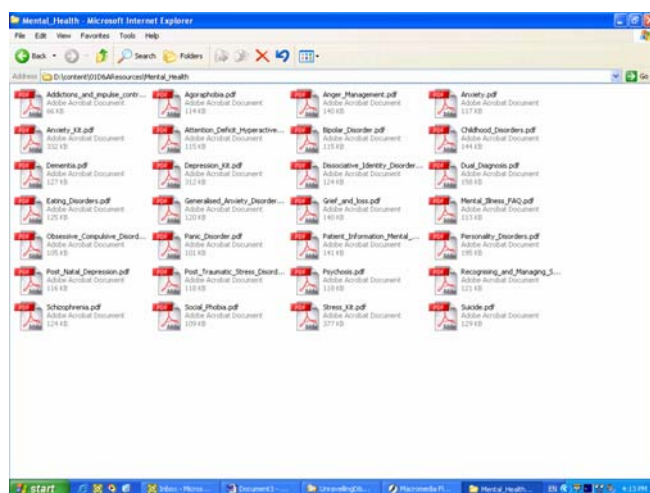
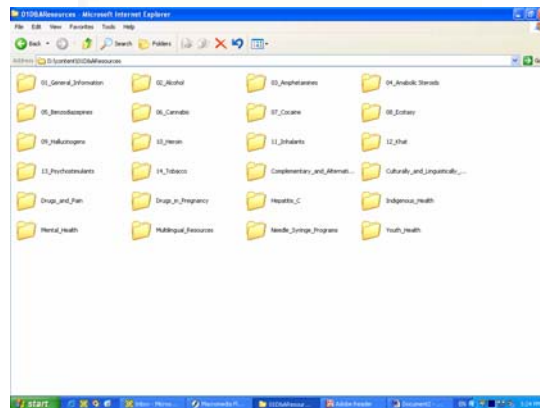
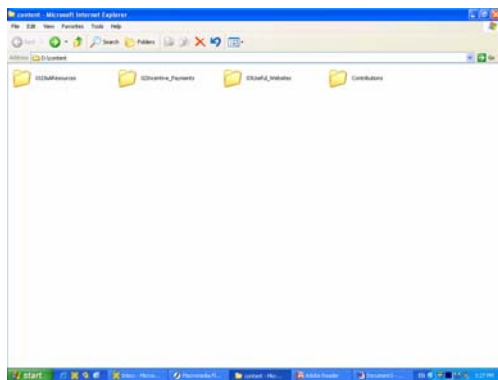
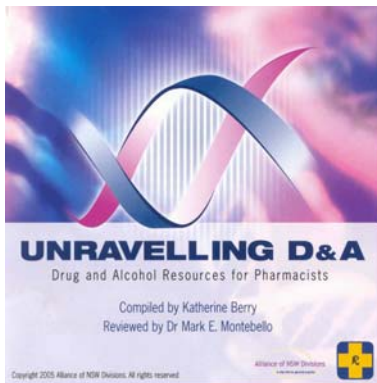
For pharmacists wishing to become more involved in this area, there is a need to identify and make available relevant and appropriate training. For example, alternative and psychological therapies and advances in psychiatric therapeutics have taken place over the past few years, creating a need for pharmacists to update their knowledge of current and newly developed drug therapy. Training could include specific modules aimed at identifying social and behavioural indicators or presentations and improving communication strategies. It would also be useful for pharmacists to have a knowledge of the alternative and psychological therapies available to patients. In addition, an appreciation of the role of other members of the multidisciplinary team also would facilitate a broader appreciation of the many problems frequently encountered in the management of acute and chronic mental health problems.

Development of standards and guidelines in the delivery of mental health services by pharmacists could be developed. The standards could include generic principles of good practice with practice examples. They could also describe the role of all health and social work/welfare professionals involved in the mental health care plan placing a specific focus on pharmacists working in community care. These standards would be useful for those interested in understanding more about the role of pharmacists in a mental health context, both as primary care professionals and mental health service providers.

Through the Third Community Pharmacy Agreement, which is a five year agreement between the Commonwealth Government and The Pharmacy Guild of Australia (the Fourth Agreement is currently being negotiated for the period of 2005-2010), the links with general practice have been strengthened by the placement of pharmacist facilitators in majority of the Divisions of General Practice. These facilitators are employed to facilitate collaboration between local pharmacists and GPs in the delivery of Home Medicines Reviews. It is envisaged that the facilitators could enable GPs and pharmacists to collaborate on a wide range of other primary health care initiatives, such as pharmacy mental health services. This mechanism in the longer term will enhance inter-professional relations and patient health. There is a potential for expanding the use of these facilitators in the fourth agreement to develop mental health collaborative programs between pharmacists and general practitioners.

Case Example 3 CD Resource for Pharmacists, Alliance of NSW Divisions

In conjunction with the Alliance of NSW Divisions, the NSW Branch of the Guild has recently released CD resource for pharmacists entitled “Unravelling D&A”, which contains sections on mental health to encourage pharmacists’ involvement in the role of mental health. This demonstrates the Guild’s commitment to mental health. Copies of files contained in the CD are attached below.



4. Fostering research, innovation and sustainability ¹¹

One of the principles in the National Mental Health Plan states: “*Innovation must be strongly encouraged and supported. New models of service delivery and improved interventions that are more responsive to diversity of need should also be developed and evaluated for their effectiveness and cost-effectiveness.*”

Again, the Guild welcomes the above statement and contends that proposals outlined by the Guild are innovative, sustainable and hence should be supported.

Research Projects

There are a number of pharmacy research projects related to mental health currently conducted in Australia. The Guild believes that the results of these projects will assist in shaping future mental health programs and in achieving better outcomes for patients in the delivery of mental health services in the community. Brief information on these current projects are as follows.

Collaboration between community pharmacists and mental health care practitioners: a case conferencing model

Curtin University of Technology is conducting this project funded by the Department of Health and Ageing through the Third Community Pharmacy Agreement. It aims to improve the quality and accessibility of community care for clients. Closer collaboration between health care professionals, through initiatives such as multidisciplinary case conferences, should provide better coordination of care and improved access to mental health information and treatments. This randomised controlled trial will evaluate the contribution made by community pharmacists to multidisciplinary case conferences in community mental health centres. Evaluation will include qualitative and quantitative assessment. The project is due to be completed by December 2005.

Facilitating Quality Use of Medicines (QUM) between Hospital and Community Settings

The Pharmacy Guild has recently commissioned the above research project which aims to improve medication management for people as they move to or from hospital back to the community or between different institutions. Specific interventions include:

- provision of dispensing data on admission to hospital;
- provision of discharge and medication summaries to the patient and their local doctors;
- the development and co-ordination of care plans to assist medication management;
- education for the patient about their medicines; and
- home visits after discharge from hospital.

¹¹ Priority themes – National Mental health Plan 2003-2008 Australian Health Ministers, July 2003

Healthcare Challenges

The changing health care needs of an evolving population demand new approaches to providing care. Changing technology and products require new criteria to determine appropriateness, not just efficacy and safety.

A review of the literature¹² suggests that pharmacists are well placed to take a more direct and active role across the continuum of care. Pharmacists are able to identify specific pharmacotherapy information for particular populations as participants in an early warning system regarding patients whose conditions can result in emergency room visits, hospital admissions, and high costs. Pharmacists can intervene to ensure there is optimal care and to prevent unnecessary services, thus playing a pivotal role in supporting physicians in achieving best clinical and cost outcomes.

At a time when the cost of healthcare is increasing rapidly, it is imperative to ensure that the type of care provided adds value to patients and is cost effective for Governments. Effective ways of providing continuity of care need to be explored to respond to escalating healthcare costs and as a method for enhancing the service provided to the patient.

Benefits of the Proposed Pharmacy Model

The model of service delivery involving community pharmacists could make effective use of the Home Medicines Reviews (HMRs) and Enhanced Primary Care (EPCs) items such as case conferencing, health assessment and multidisciplinary care planning while alleviating some of the most negative impacts of the chronic illness on the patient's functioning, their emotions and their interpersonal relationships.¹³

The model would provide convenience, regularity and informality. It would be a very cost-effective and sustainable model of service delivery because it develops and extends existing services and structures. It utilises the service of the patient's usual pharmacist, to assist them in managing their mental illness. It also assists the psychiatrist and GPs in their primary care coordination role.

Costing

International literature also shows that pharmacists' interventions provide huge savings to the health care system and enormous benefits to the consumers. Patients who are on certain types of medications could be placed on pharmacy medication monitoring/advice service at the point of dispensing. As this is a different level of service, pharmacists would require specific remuneration to reimburse them for additional time spent in assisting in patient monitoring and discussing concerns with the patient's GP. The actual costs would obviously need to be modelled through a demonstration pilot process. It is anticipated that savings as a result of fewer preventable adverse drug effects and interaction, improved patient compliance, reduced hospitalisation would offset the cost of pharmacist remuneration.¹⁴

¹² The Value of Professional Pharmacist Services in the Community Setting
A systematic review of the literature 1990-2002

¹³ Impact of medication regimen reviews performed by community pharmacists for ambulatory patients through liaison with general medical practitioners, Ines Krass & Carlene Smith, (2000)

¹⁴ (i) Cost savings and avoidance from clinical interventions, Munro, W., Kunz et al. (1997)
(ii) Expanding the roles of outpatient pharmacists: effects on health services utilisation, costs, and patient outcomes, Beney J, Bero LA, Bond C (2000)
(iii) Creative reimbursement, Ukens, C. (1994)

Conclusion

A review of literature clearly shows that there is strong evidence across a number of settings for the effectiveness of pharmaceutical care services, continuity of care services post-hospital discharge and pharmacist education services for improving patient outcomes on medication use. There is sound evidence that when pharmacists implement continuity of care services post hospital discharge, which include active follow-up for high-risk patients, this leads to reduced hospital re-admission, reduced numbers of medication related problems and improved medication knowledge and adherence.¹⁵

Community pharmacists are involved to a greater or lesser extent in the provision of services to people with mental health problems and there is scope to develop their services further. Community pharmacy is ideally placed to assist in the delivery of mental health services which will lead to appropriate medication management, reduced adverse drug events and interaction, reduced hospitalisation and improved quality of life for the people with mental health problems and their families.

A multidisciplinary approach involving community pharmacy will help improve the co-ordination of services and focus effort on the development and provision of services that will significantly impact on improving the care of consumers with mental health needs. This will also benefit families. The key benefit of this approach will be the assistance to individuals to recover and maintain mental health, and be better integrated in the general community.

The Guild believes that there is still a lack of recognition and understanding by many health professionals about the essential role and contribution of community pharmacy within the primary health care sector. Community pharmacy is often a forgotten resource that could be better engaged and utilised by Government and by other health care providers in implementing community-based health programs and providing primary health care services in order to increase the benefits for the individuals and the community.

The Pharmacy Guild of Australia would welcome the opportunity to discuss possible directions to enhance the capacity of the mental health care system, so that it effectively responds to the needs of these Australians requiring mental health services by drawing upon the professional services of community pharmacies. The Guild is willing to assist with any Government initiative where community pharmacy is engaged and utilised to achieve best practice outcomes in the provision of mental health services in Australia.

(iv) Clinical outcomes research in pharmacy practice, Cooper, J. (1997)

¹⁵ The Value of Professional Pharmacist Services in the Community Setting
A systematic review of the literature 1990-2002