

Self-help via pharmacists in Camden

Introduction

This pilot project, which lasted nine months from mid-summer 2007 until the end of March 2008, was run as a collaboration between the London Development Centre (LDC), Camden Primary Care Trust (PCT) and Primhe (Primary Care, Mental Health and Education). It culminated in a pan-London event hosted by the LDC on 27 March 2008, involving representatives from the team who worked in Camden, and presenting examples of work with pharmacists, and in improving access to psychological therapies, from other areas of London.

The pilot was a service development project aimed at building on the support and information-sharing activity already routinely offered by many pharmacists to their clients (e.g. the promotion of healthy lifestyles and signposting to onward services). It aimed to augment this with a focus on and information about depression and anxiety, but also included issues such as self-harm and other difficulties that may be present when an individual is suffering from depression or anxiety.

The following are some of the key learning points from the project.

- There was considerable interest in self-help materials about mental health among the community pharmacists who took part and a wish to sustain activity in this area beyond the life of the pilot. However, a major challenge is ensuring that mental health issues are given due attention alongside other competing community-based health promotion initiatives (e.g. the treatment and management of coronary heart disease, obesity and diabetes).
- Many community pharmacists are already working with and supporting people with complex and enduring mental health disorders, or supporting the carers and families of people with these difficulties; many provide invaluable support in explaining prescriptions and possible side effects of drugs and in encouraging people to see their GP or local mental health professional when they need further advice or help. However, very often community pharmacists have developed their skills in supporting people in this way by “learning on the job” and a number of the participants in the pilot expressed a wish for more specific training on mental health and on treatment (including current trends in prescribing) for mental health disorders.
- The PCT library service is a valuable resource that local practitioners, including pharmacists, can call upon both to obtain resources for the public and to keep up to date with the most recent research evidence in the mental health field.

- For activities involving the local level promotion of self-help and other information materials about mental health to continue in the longer-term, and for them to be manageable, cost effective in terms of day-to-day delivery and widely used, it is crucial that they are well linked into existing structures. This includes the channels for information-sharing at the local level.
- It is important that resources are available both to purchase and display attractive leaflets, and to regularly publicise and “market” such initiatives – both to the general public and to relevant professional stakeholder groups such as GPs and Community Mental Health Teams (CMHTs).

Activities undertaken

The range of activities undertaken by the project team over the nine-month period included:

- Planning and preparation for one full day and one half day of training.
- Negotiations and planning with the local Professional Executive Committee (PEC) and Camden Medicines Management and Pharmacy Team.
- Information gathering/discussions with staff responsible for developing the national framework for the accreditation of pharmacists with special interests (PhwSIs).
- Recruitment of a sample of pharmacists.
- Liaison with the local library service about displaying self-help leaflets and other resources and about ordering stock.
- A press campaign to alert the local population to the availability of new materials at selected pharmacies. This included the preparation and dissemination of a poster via the Camden Library monthly mailout to local services such as the Healthy Living Centres, GP surgeries, local branches of Age Concern, Mind and so on.
- Discussions with local mental health services, social services and voluntary sector organisations about arrangements for the support of patients with depression and/or anxiety presenting to a pharmacist and requiring referral to specialist support or assessment.
- Negotiations with local ethics committee about the evaluation.
- Delivery of training sessions.
- Post-training support via telephone and email contact and site visits (including re-stocking of leaflets and other materials).
- Preparation of evaluation proformas for the collection of feedback information.
- A half-day pan-London event.

All of the above involved a project manager (part-time), working alongside the following people:

- Various members of the local mental health promotion department (PCT-based) and a freelance mental health trainer – for gathering information about local mental health services and for the planning and delivery of the training.
- The Chief Executive of Primhe – for supplying advice and information on national developments relevant to pharmacy practice in the field of mental health.
- The head of Camden Library FRILLS leaflet service – for identifying and ordering suitable leaflets. This proved to be an invaluable resource and considerably aided the delivery of up-to-date leaflets and other information materials.
- The printing and press departments of the LDC – for the preparation and printing of publicity materials, evaluation proformas and selected self-help leaflets translated into minority languages.

Being able to use the resources of both the LDC and the PCT mental health promotion department, and having the involvement of Primhe, considerably enhanced the delivery of the project and gave it professional credibility. The combination of both local and national knowledge was also recognised as a major strength of the team approach employed by the pilot project.

In delivering the activities listed above, a budget of around £2,500 for purchasing self-help materials and display stands, and for printing forms, leaflets and the training packs, was required.

Recruitment of the pharmacists

All pharmacists working in the borough of Camden (64 pharmacies) were sent information by email or post in summer 2007 and were invited to apply to join the project.

The invitation letter explained the project and indicated that while, as far as possible, applicants to join the programme would be considered on a “first-come, first-served” basis, the following criteria would be considered:

- The geographic location of the pharmacy – to ensure a good spread across the borough.
- The space available for offering individual consultations.
- Whether the pharmacy was serving particular populations – e.g. specific minority ethnic groups.
- The pharmacists' availability to attend the two training days.
- The capacity to gather the feedback data required for the evaluation.

A total of eight pharmacies were recruited, reflecting a good geographic spread and providing services to a range of the ethnic groups that make up Camden's population.

It should be noted, however, that despite being offered locum cover costs, a number of pharmacists indicated that they were unable to spare time for training due to their high workloads and other work commitments.

The training

A day and a half of training was developed for the pilot project, with the first training day drawing upon the learning gathered from another training programme on anxiety and depression that had been developed for pharmacists employed by the Co-op.

The sessions covered:

- What is meant by mental health.
- The NICE guidelines and models of stepped care for the management of depression and anxiety.
- What mental health services are available in Camden – statutory and voluntary – that pharmacists can refer their customers on to.
- The range of self-help materials available, including how to work with translated materials.
- The resources available from Camden Council's library services, including the provision of computerised cognitive behavioural therapy (CCBT).
- How to offer customers self-help materials (using case studies and discussion sessions).
- Sources of other information and further reading, including a specially prepared CD-Rom giving information about local mental health services.
- Information about national arrangements for the accreditation of PhwSI.
- The monitoring/project evaluation requirements.

All participants were issued with a comprehensive training resource pack and a stock of all the self-help materials to be disseminated via the project. (See Appendix 1.) The opportunity to join an email network to be hosted by the LDC for the sharing of information and issues emerging from the project was also offered.

Unfortunately, although eight pharmacies had been recruited, only five pharmacists attended this first day. This led to the decision to offer an extra day to three further pharmacists who had indicated interest in the project but who had not been available on the date agreed for the first training session. Again, however, there was a problem with non-attendance and only one pharmacist undertook the "catch-up" session.

The second half-day session took place roughly three months after the first day (and at the halfway point in the project). This was attended by all six pharmacists and provided:

- sessions to review the learning from the project – what the pharmacists had found worked well in delivering the consultations/self-help materials and also the difficulties they had encountered
- information gathering about the training needs of the pharmacists
- feedback on the leaflets supplied through the project
- the evaluation/feedback-gathering requirements.

Issues emerging from the training

Overall, the feedback from the pharmacists involved in the project was very positive and it was apparent that they were all successfully delivering consultations and advice, backed up by the issuing of the new leaflets.

The following issues were noted:

- All the participants reported that a major problem was having **enough time to offer a consultation** given the pressing and often multiple demands facing them in their routine work. (NB: most of the pharmacists in the pilot were sole practitioners working in small high street pharmacies.)
- It is important to **establish some sort of relationship** with the customer before introducing ideas about self-help opportunities (and, indeed, before talking about mental health more generally). Some of the pharmacists have tackled this concern by using the need to review a customer's medication as the way into such conversations.
- Knowing at **what level to offer consultation** is another dilemma most pharmacists experienced.
- Some participants reported trying to refer people on or trying to get advice from social services and getting no response.
- Other difficult situations included: people presenting on “cocktails of prescriptions”; family members asking for advice on behalf of others (raising the question of who is the client); and people presenting with substance misuse issues.
- It was highlighted that “GPs need to know what pharmacists are offering since this is important if a pharmacist has to refer someone back to their GP...” and that statutory and voluntary sector services need to join up more effectively in building local capacity to support people with mental health problems.

People seek a consultation and/or request self-help materials in the following situations.

- People use their local pharmacist as a way of checking if a problem is serious and needs attention (there was an impression among the participants that many people trust pharmacists, using them as a first “port-of-call”, and will act on suggestions to see their GP etc).

- People who are newly diagnosed or prescribed and do not understand what their medication is and how it works, and/or who are worried about side effects seek further information.

It was noted that very few young people used the service; this was thought to be connected to the stigma attached to mental health and highlighted the need to try and improve the messages about mental health problems, emphasising that it is legitimate to get help.

At the second training day, the pharmacists offered the following useful feedback on the leaflets/self-help materials and other information:

- It is important that some leaflets are on display – even though in most pharmacies space is limited.
- Leaflets need to be attractive/colourful and not “too wordy”.
- The photocopied, more detailed leaflets on, for example, the side effects of tricyclics or SSRIs, were felt to be off-putting to the public, although they might be used by a pharmacist if someone came back after an initial consultation and requested more information.
- The quality of translated materials is generally quite poor – and a major problem when dispensing them is that some have no indication in English about what the leaflet is about.
- Materials need to be similar in size and style so that customers can see that they are part of a range.
- Having a stock of leaflets and a simple mechanism for alerting pharmacists to new leaflets and how to re-order, are vital if pharmacists are to be able to respond promptly to requests for information.

Training needs

In day two, the participating pharmacists discussed their training needs in the light of being involved in a pilot project about mental health. They made the following suggestions for training they would like to receive in the future.

- Training in basic counselling skills and in managing customers with complex needs.
- Sessions on current trends in prescribing and treatment options for depression and anxiety.
- Sessions on the side effects of antidepressants.
- More general training about mental health issues.

It was suggested that these topics could be considered by the Camden Medicines Management and Pharmacy Team who offer regular training sessions for pharmacists as part of their professional development. This information was subsequently passed on to the head of the team in Camden.

It was also noted that while there are distance learning options available, the solitary nature of these can be a deterrent to many pharmacists – and that a major “plus point” of joining the pilot project had been the provision of group-based training opportunities.

The evaluation – feedback gathering

A small evaluation ran over the final three months of the pilot. It was designed to be as simple as possible, with minimal paperwork being required from the pharmacists. The process did not require ethical review since it was deemed to fall under the category of service evaluation.¹

The evaluation included the following:

- Monitoring the uptake of the leaflets and other self-help materials.
- Monitoring how many customers the pharmacist referred on to other local services (e.g. the local library and/or the Camden Books on Prescription service).
- Monitoring requests for information on other topics or other sources of advice.
- Inviting customers to complete a brief feedback form about their satisfaction with the information leaflets and their suggestions for any improvements or other topics to be covered. This required simple entries on a short tick-box proforma.

Findings

The findings of the evaluation were as follows:

- All participating pharmacies were successful in distributing the stocks of printed leaflets given to them and each required further deliveries of stocks during the course of the project.
- The more colourful booklets proved most popular – in particular, the leaflet explaining the links between mental and physical health, the various leaflets produced by MIND and the Camden PCT booklet on self-help options in Camden.
- As noted, the longer and more detailed information sheets on antidepressants were felt to be “too wordy” and complicated to give out to the public but were occasionally used by the pharmacists to assist them in a consultation.
- There was very little use of the books on the prescription service and limited referring on as a result of a customer receiving a consultation and leaflets about mental health (three pharmacists reported this; examples included contact with the local victim support service, encouraging customers to return to their GP and suggesting a referral for CCBT sessions in the local library).

The following data was gathered from 16 feedback forms completed by the pharmacists and/or members of the public who received a consultation and/or the leaflets.

¹ The Central Office for Research Ethics Committees guidelines, checked with the chair of the Camden Local Research Ethics Committee (LREC).

- Most of the people who sought help and/or information about mental health were customers already known to the pharmacist.
- Half sought advice on the suggestion of the pharmacist; the other half indicated that seeing the leaflets on display had prompted them to access the service. Two customers also reported seeing the poster in the pharmacy shop window and requesting a consultation.
- In three cases, information on dealing with bereavement was the main request and followed the loss of a close family member. Advice and/or information was also requested on stress, anxiety, "feeling down", antidepressants, problematic alcohol use and long-term illnesses.
- Over half of those who completed a feedback form highlighted the value of being able to talk to someone about their concerns and suggested that the pharmacist having more time for such consultations would improve the service if it continued in the future.
- The average consultation time was between 10 and 15 minutes.

Ending the project

As noted, the 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. This information has been passed to both the head of Camden Medicines Management and Pharmacy Team and the Camden PCT library service which, in the future, will offer to deliver a range of leaflets to those pharmacists who register with it. The library service already delivers to GPs and hospitals across Camden.

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Appendix 1: Leaflets/resources distributed through the project (a mixture of free and costed materials)

MIND – leaflets about anxiety, depression and sleep problems

Age Concern – leaflet, *Depression, it's more common than you think*

Camden PCT – booklets on self-harm, antidepressants, self-help: panic, self-help: stress

Camden PCT – guided self-help options

Depression Alliance – booklet, *Together We'll Beat the Blues*

Mental Health Foundation – leaflet, *10 top tips to look after your mental wellbeing*

Sort out stress (booklet for young people)

CRUISE – leaflets for dealing with a bereavement

Royal College of Psychiatrists (RCP) – leaflet on postnatal depression

RCP – leaflet on physical illness and mental health

RCP – leaflets on anxiety and depression translated into Bengali and Somali

Information sheets on SSRIs, MAOIs and Venflaxine

Expert patient programme

CD-Rom of local mental health organisations in Camden

Books on prescription information sheet and prescription pack

Also available from selected Camden libraries:

MIND – leaflets on understanding talking therapies, eating disorders, phobias, learning difficulties, schizophrenia, dual diagnosis, manic depression and how to cope as a carer