

Consumer & carer perspectives on quality use of medicines in Queensland Mental Health Services

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Queensland Perspective

- Mental health & mental disorders
(25% of QLD disability burden)
 - Anxiety & depression
 - Largest accounting for 14.3% of total disability burden
 - Almost half of Queenslanders aged 16 -85 years have reported experience of a mental disorder in their lifetime

Queensland Perspective

- 2007/08 approx. 55,000 hospitalisations for mental and behavioural disorders
 - Anxiety & depression → 22,216
(avg. length of days 12.7)
 - Dementia → 982
(avg. length of days 19.8)
 - Schizophrenia → 9,359
(avg. length of days 19.6)
 - Personality disorders → 1,021
(avg. length of days 5.7)

(Third Report of the Chief Health Officer Queensland, 2010)

Policy context

■ National

- Fourth National Mental Health Plan – an agenda for collaborative government action for mental health 2009 - 2012
- National Standards for Mental Health Services (2010)
- National safety priorities in Mental Health: a national plan for reducing harm (2005)

■ State

- Queensland Plan for Mental Health 2007 - 2017
- The Consumer, Carer and Family Participation Framework (2010)

Mental Health Medication Integration Project

■ Background

- Consumer & carer perspectives are fundamental to effective and responsive mental health system & integral to achieving continuity in medication management

■ Aim

- Gather views of consumers & carers on priorities for mental health medication safety to inform a state wide strategic framework & action plan

Methodology - triangulation

General Clinicians' perspective
@ 13th Medication Safety Workshop

Literature
Review

Consumer & Carer
Representatives
nominal group

Mental Health Clinician
perspective
5 nominal groups

Mental Health
Medication Safety
Workshop

Literature Review

- Consumer & carer participation emphasised repeatedly in strategic documents
- Education needs were highlighted
 - ↑ self management of symptoms & side effects
 - Improve adherence
- The 'how to' of engaging consumer & carers in safe & effective medication management was unclear &/or missing

Gathering consumers & carers' views

- **Study 1**

- Facilitated nominal group session
- 10 participants from statewide network meeting

- **Study 2**

- State wide medication safety workshop
- 40 participants

- Focus question ...

“In the delivery of mental health services what are the problems, concerns, or needs related to the safe and effective use of medication”

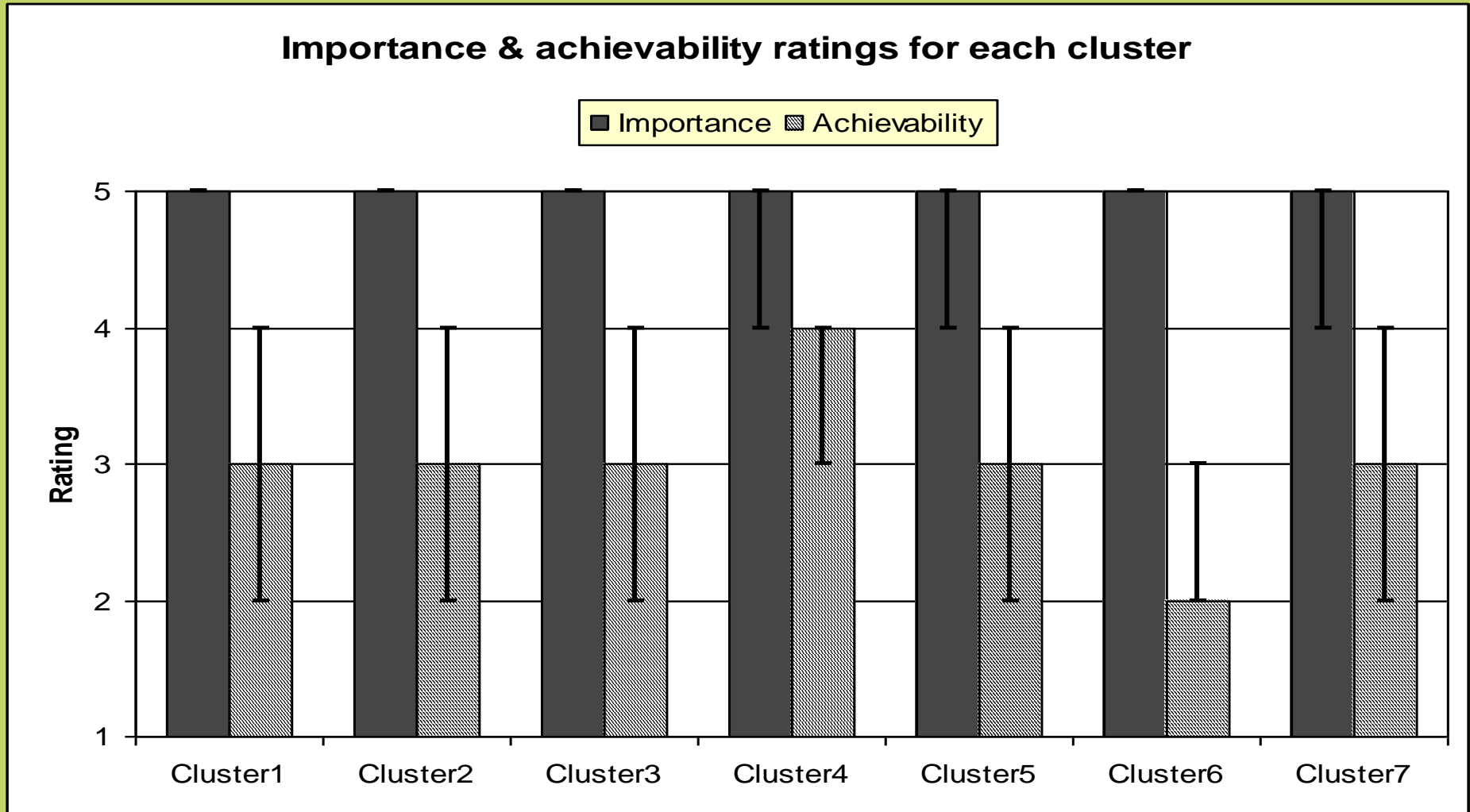
Nominal group process

- **Study 1**
- Initial individual brainstorm
- Discussion of individual issues
- Consolidated set of statements recorded
- Statements rated on overall importance & achievability
- Content analysis into common clusters
- Validated
- **Study 2**
- Participants pre-assigned into 7 clusters
- Initial individual brainstorm
- Discussion of collective issues
- Individual prioritisation of issues → '3 dots' per person
- Group 'brainstorm' possible solutions and barriers for top 3 issues

Clusters - % Statements in each

Cluster	Overall (n=160)	Study 1 (n=56)	Study 2 (n=104)
Direct consumer involvement & medication information	25%	29%	23%
Medical staff & scripts	21%	29%	17%
Side effects	20%	16%	22%
Supply & access to medicines	14%	9%	18%
Family involvement	10%	12%	10%
Cost/economic	6%	7%	5%
Patient identification	4%	5%	3%

Study 1: Consumer & carer ratings



Cluster 1: Consumer involvement & medication information; Cluster 2: Side effects; Cluster 3: Medical staff & prescriptions; Cluster 4: Family involvement; Cluster 5: Cost/economic issues; Cluster 6: Patient identification; Cluster 7: Supply & Access to medication

Issues

- **Consumer involvement & medication information**
 - Lack of informed consent
 - Seclusion for non compliance
 - No explanation when changes are made
- **Side effects**
 - Acceptance of staff of the side effects
 - Lack of monitoring & follow up
 - Long term effects of medicines are not explained/weighing quality of life

Solutions

■ **Consumer involvement & medication information**

- Introduce to case manager upon entrance to the service
- Early discharge planning
- Consumer & carer present when decisions are made including medication changes

■ **Side effects**

- Identify ‘what is a side effect’
- ↑ link between MHS & primary care services
- Identify GP’s trained (or interested) in MH

Issues

- **Medical staff and prescriptions**

- Consumers being used as “guinea pigs”
- Co-prescribed depot & oral medications
- Guessing

- **Family involvement**

- Lack of involvement of families and carers
- Lack of information sharing with siblings
- Not listening to families & carers

Solutions

■ **Medical staff and prescriptions**

- Current written record of medicines
- Access to peer support groups
+ medication education groups
- Education to be provide to carers & families

■ **Family involvement**

- Doctors + pharmacists to use generic names
- MH education through schools
- Information sharing with siblings

Issues

- **Cost issues**

- High cost of medicines (esp. if no concession)
- Bartering of medicines in inpatient units & schools
- Prioritising spending \$ on cigarettes vs. medicines

- **Patient identification**

- Lack of confidentiality
- Stigmatisation through patient identification
- Lack of recognition of consumer esp. in the community

Solutions

■ Cost issues

- Raise awareness on subsidies for medicines
- Develop written information i.e. factsheets
- Utilise Centrelink to pay the chemist

■ Patient identification

- “More stable & permanent nurses”
- Wrist Bands (identification)
- Photo ID of consumers & photos of nurse/doctor

Issues

■ Supply & access to medicines

- Long waiting for discharge medicines
- Difficulties in getting repeat prescriptions
- Difficulties in accessing medicines after hours
- Lack of awareness of policy & rules for funding
- Rural & remote inequalities
 - Lack of providers esp. MH specialists
 - Distance

Solutions

- **Cluster 7: Supply & access to medicines**
 - Mandatory rotation of specialists to rural & remote areas
 - Awareness & access to a medicine 'hotline'
 - Education → GP network & GP division
 - Listen to the consumer & carer/family
 - MHS & community pharmacies to work together
 - Change doctors, if all else fails

Consumers can get confused with the large number of medications!!



Consumer & carers overall solution

- Written individualised medication management plan
 - What, when, why?
 - How much? How often?
 - Strategies for promoting non-drug activities
 - Who is my case manager?
 - Who do I contact after hours?
 - Strategies for side effects
 - Allergy/ adverse drug events

Overall Barriers

- Rural & remote inequalities
- Time
- Egos + Attitudes
- Funding and resources
- Bureaucracy
- Awareness
- Access to information, services & resources
- Stigma
- Confidentiality
- Informed consent (lack of)
- Shortage of staff
- Not explaining medicines
- Mood changes
- Non compliance
- Pharmacies don't network
- State policies
- Unintegrated system

QLD MHS implementation strategy

- Develop & implement standardised training packages on:
 - assessment & management of side effects using side effect monitoring scales
 - benefits of providing medication education (incl. adherence strategies)
 - consumer focused & recovery oriented by involving consumers & carers in the development, delivery & evaluation of learning programs

QLD MHS implementation strategy

- Develop a plan of action in the consumers' personalised recovery plan
- Written medication related information regarding policy, access, funding & usage of medicines in QLD
- Centralised repository for information & resources
- Single patient identification procedure for inpatient & community services

QLD MHS implementation strategy

- Ongoing consumer & carer mental health medication safety workshops
 - scan for emerging issues
 - promote uptake of safe and quality use of medicines initiatives
- Improve treatment services for consumers with dual diagnoses (substance use)

QLD MHS implementation strategy

- Medication plan linked → relapse plan, treatment plan (*Mental Health Act 2000*) & the advance health directive
- Facilitate goal-setting and progress review with the following:
 - Preferences regarding medication management approach
 - Medication education needs
 - Adherence needs

Conclusion

- Consumers & carers have a broad range of concerns around medication safety
- Issues will be incorporated into a state-wide framework and implementation strategy & action plan

“Medication management in Queensland Mental Health Services – scoping study of quality use of medicines in Queensland Mental Health Services (draft) 2010

THANK YOU

