



The Pharmacy
Guild of Australia

SUBMISSION

MENTAL HEALTH INQUIRY

**Comments by the Pharmacy Guild of Australia to the
Productivity Commission Draft Report: Mental Health,
published on 31 October 2019**

Date January 2020

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Ref: [SP1000-1713159292-2024](https://www.guild.org.au/SP1000-1713159292-2024)

INTRODUCTION

The Pharmacy Guild of Australia (the Guild) is the national peak organisation representing community pharmacy. It supports community pharmacy in its role of delivering quality health outcomes for all Australians. It strives to promote, maintain and support community pharmacies as the appropriate providers of primary health care to the community through optimum therapeutic use of medicines, medicines management and related services.

Community pharmacy is consistently seen by the Australian public as a trusted and valued part of our nation's healthcare system. Community pharmacy in Australia is an essential, highly trusted and primary healthcare destination. Owned by pharmacists, community pharmacies exist in well-distributed and accessible locations, and often operate over extended hours, seven days a week in urban, rural and remote areas. The community pharmacy network in Australia is an essential, highly trusted and the most accessible primary healthcare destination. It provides timely, convenient and affordable access to the quality and safe provision of medicines and healthcare services by pharmacists who are highly skilled and qualified health professionals.

94% of community pharmacies are accredited under the Quality Care Pharmacy Program (QCPP) to ensure they provide safe, consistent and quality pharmacy services. QCPP is a quality assurance program that assesses pharmacies to the Australian Standard AS85000:2011 Quality Care Pharmacy Standard. From July 2020, pharmacies will be accredited to AS85000:2017 and the new QCPP requirements which will have strengthened requirements to address specific clinical governance principles.

In Australian capital cities, on average, a person is located under 1 km from the nearest pharmacy. Outside the capital cities, Australians are 6.4 km on average from their nearest pharmacy.¹ The network of over 5,700 equitably distributed community pharmacies play a pivotal role in the delivery of the National Medicines Policy, by ensuring timely access to safe, effective and affordable medicines under the Pharmaceutical Benefits Scheme (PBS) for all Australians. Quality Use of Medicines (QUM) is an important pillar of Australian National Medicines Policy, with community pharmacy having a vital role supporting aging Australians who are at high risk of medication misadventure due to multiple co-morbidities and complex medicine regimens.

Community pharmacists are highly qualified and skilled healthcare professionals who provide timely, convenient and affordable access to the quality and safe provision of medicines and healthcare services. Community pharmacists provide an array of services which extend well beyond the provision of medicines and as such, pharmacies are often the first contact point of the primary healthcare system for many people.

Some of the services offered in the context of mental health and comorbidities include Medicines Management and Quality Use of Medicines activities:

- Medication Management Reviews (in-pharmacy, home and residential care facilities)
- QUM activities in supported accommodation facilities for people with mental ill-health
- Dose Administration Aids (DAAs)
- Staged Supply
- Needle and Syringe Programs
- Opioid Treatment Programs
- Preventative health and wellbeing

¹ Geospatial analysis MacroPlan Dimasi 2016

The Guild recognises the importance of improving the health status of Australians and promotes equitable access to medicines and pharmacy services to all Australians, especially people with mental ill-health and those with chronic health conditions.

Community pharmacists are well aware of how mental health needs to be a high priority for Australians and the need to provide and facilitate support services and longer-term strategies. The Guild is committed to working in collaboration with other healthcare professionals, supported accommodation facilities and carer organisations, and all levels of Government in Australia to improve safe and quality healthcare services that support all Australians to maintain their independence and their quality of life.

The Guild welcomes the opportunity to provide this second submission in response to some of the recommendations in the Productivity Commission's draft report on Mental Health. Our initial submission in April 2019 focussed on some of the areas in which the Guild believes community pharmacy should become involved to enhance the provision of mental health services in Australia namely health promotion, prevention and early intervention, medicines management and monitoring of adherence to quality use of medicines by people with mental ill-health.

This submission further emphasises the impact of mental health service provision by community pharmacy from a pharmacist workforce perspective, factors to be considered from a workplace relations perspective and the productivity impact on community pharmacy as a health care destination as well as a small business/employer. It also reiterates the current role of community pharmacists as primary health care professionals supporting Australians with mental health needs across the Stepped Model of Care as illustrated in the Productivity Commission's draft report (the draft report). We believe there are social and economic benefits that would result from engaging community pharmacy to contribute to improving the provision of mental health care services.

CONTRIBUTING COMPONENTS TO IMPROVING MENTAL HEALTH AND WELLBEING

1. Impact on Pharmacist Workforce

Draft Recommendation 11.1 – The National Mental Health Workforce Strategy and Draft Recommendation 10.4 – Care Coordination Services

The Guild welcomes Draft Recommendation 11.1 – updating the National Mental Health Workforce Strategy to align health workforce skills, availability and location with the need for mental health services.

Community pharmacists are highly valued members of the healthcare profession and are subject to regulation by the respective State/Territory Departments of Health and the Pharmacy Board of Australia. Essentially, community pharmacists are part of the health workforce necessary to deliver changes needed in mental health care. As such, the Guild notes a conspicuous omission of community pharmacists among this list of "health workforce that can deliver changes needed"² in mental health care:

"There are many health professionals who can help people to improve their mental health and address any physical comorbidities they may have. Only some of these professionals – psychiatrists, psychologists, mental health nurses and mental health peer workers – specialise in mental health. Those that have more general roles include: GPs, general nurses, and a mix of allied health professionals such as dietitians, occupational therapists, physiotherapists, Aboriginal health workers, social workers and counsellors."

² Productivity Commission 2019, *Mental Health*, Draft Report, Canberra (Page 27: Overview and Recommendations) <https://www.pc.gov.au/inquiries/current/mental-health/draft/mental-health-draft-overview.pdf>

Including the role of community pharmacy in integrated mental health care delivery will ensure timely access to mental health care for consumers and address some causes of overspending on the health system by government. The draft report further indicates:

The proportion of health sector expenditure related to mental health patients rotating through hospital ED departments, and accommodating people with mental illness in the most expensive forms of care (hospital acute inpatient facilities) for time periods beyond that required for their effective treatment is difficult to determine. But surveys suggest that around 30% of admitted patients (about 2000 people) in psychiatric wards could be discharged if appropriate housing and community services were available.”³

This finding highlights need for accommodating people with mental illness in the community rather than in hospitals⁴. Community pharmacists being the most accessible health professionals in the community are well placed to triage consumers and refer them to other health professionals as necessary, depending on the level of care required according to the stepped model of care. Recognition of community pharmacists’ role in mental health care will also ensure continuity of care for Australians with mental illness. It will also contribute to improving the quantity, mix and allocation of skills across the health workforce and enhanced service delivery in line with Draft Recommendation 10.4 – Care Coordination Services.

2. Pharmacist Workforce in Rural and Remote Australia

Draft Recommendation 11.7 – Attracting a Rural Health Workforce

Furthermore, in terms of an accessible health workforce to all Australians with mental illness, we welcome Draft Recommendation 11.7 – Attracting a Rural Health Workforce, that:

“The Australian, State and Territory Governments should make working in rural and remote areas a more attractive option for health professionals by reducing professional isolation, increasing opportunities for professional development, and improving the scope to take leave”, including “greater use of videoconferencing.”⁵

This recommendation recognises that there is a mal-distribution of the health workforce in Australia which is a key barrier for Australians living in rural and remote Australia to accessing medicines and health services. The draft report also “indicates a considerable disparity in health workforce numbers between urban and regional areas, and potentially between the public and private sectors, and an inefficient use of skilled professionals.”⁶ In this regard, the Guild recommends recognition of the essential role played by local community pharmacies and pharmacists in public and preventative health – which are wellbeing indicators in terms of mental health care.

³ Productivity Commission 2019, *Mental Health*, Draft Report, Canberra (Page 31: Overview and Recommendations) <https://www.pc.gov.au/inquiries/current/mental-health/draft/mental-health-draft-overview.pdf>

⁴ *ibid*

⁵ Productivity Commission 2019, *Mental Health*, Draft Report, Canberra (Page 65: Overview and Recommendations) <https://www.pc.gov.au/inquiries/current/mental-health/draft/mental-health-draft-overview.pdf>

⁶ Productivity Commission 2019, *Mental Health*, Draft Report, Canberra (Page 28: Overview and Recommendations) <https://www.pc.gov.au/inquiries/current/mental-health/draft/mental-health-draft-overview.pdf>

Community pharmacies are the most appropriate primary care providers of services related to optimum therapeutic use of medicines and medication management to improve the health care outcomes of the community. Furthermore, community pharmacy provides a highly qualified and skilled health professional workforce that contributes to addressing issues of access to health services, as experienced by some 7 million Australians living in regional, rural and remote areas. 65% of Australians living in regional areas are within 2.5km of a pharmacy⁷.

A pillar of Australia's National Medicines Policy, timely access to medicines, is achieved through Australia's network of over 5,700 community pharmacies, which are well-distributed throughout metropolitan, rural and remote regions. These outcomes are underpinned by the regulatory arrangements under a variety of Commonwealth, State and Territory laws. One of the regulatory requirements in the context of this submission is that pharmacy is not able to open for business unless a registered pharmacist is present, which means an available and sustainable pharmacist workforce is vital to the operation of community pharmacies. Currently 20% of pharmacies are in rural and remote Australia, approximately 400 of which are one pharmacy towns, where the patients' access to community pharmacy is most impacted depending on the workforce availability.

The Guild notes that community pharmacies in regional, rural and remote locations are finding it increasingly difficult to attract and retain pharmacists. This recruitment difficulty has also been reported by community pharmacies in several metropolitan areas. In particular, community pharmacy owners in rural locations throughout Australia are experiencing difficulty attracting pharmacists. They are offering significant increases in pay rates as well as accommodation payments and other incentives to entice pharmacists to work in these rural locations. Moreover, there are reports that some locations close to major cities, such as Mornington in Victoria, are struggling to attract pharmacists. This concerning workforce shortage trend is a risk for the sustainability of community pharmacy as well as patient access, and needs to be addressed urgently in line with Draft Recommendation 11.7 – Attracting a Rural Health Workforce and Draft Recommendation 11.1 – The National Mental Health Workforce Strategy.

In light of these workforce distribution factors, we strongly recommend inclusion of pharmacists in relevant strategies and working groups constituted to develop and implement policy for delivering mental health services in rural and remote Australia. We recommend that consideration be given for financial or other types of support for pharmacists in rural and remote Australia to meet regulatory requirements and training such as the Mental Health First Aid course and other relevant capacity building measures for health professionals.

3. Impact on Community Pharmacies as Small Business/Employer

The Guild is a national employer industry association representing the owners of community pharmacies which are primarily small businesses providing a range of professional health services and associated products to the community. These owners of Australia's over 5,700 community pharmacies need to strike a balance between running a viable small business and providing primary and preventive health care to their patients. While many of the Guild's members are small businesses that employ 15 or fewer employees, these community businesses together account for the employment of more than 70,000 full time, part time and casual employees directly. As a federally registered industrial organisation, the Guild develops workplace and business policy and participates with other organisations to inform public debate on major workplace relations and business issues.

⁷ Geospatial Analysis MacroPlan Dimasi 2016

The Guild's Position as an Employer

The Guild notes the draft recommendations and findings outlined within the Productivity Commission's Draft Report relating to workplaces including the additional information requests. The Guild acknowledges the barriers faced by people with mental health conditions and/or psychological disabilities engaging in the meaningful employment which is well documented in the community. Research has indicated that many individuals with a mental health issue are able to work effectively with minimal or no additional assistance. Furthermore, evidence indicates individuals with a disability will have a lower number of workplace incidents compared to average employee - including worker compensation. After accounting for any additional support from government or other agency, the cost of employing an individual with a psychosocial disability by a business should be no greater than any other individual.

The key to hiring an individual with a psychosocial disability is access to and understanding all the available information including the benefits and obligations required to be undertaken by the business. The management of mental health in the workplace is a complex issue and social concern which is only increasing in terms of occurrence and relevance. Nevertheless in addition to the legal risks, there are the extreme practical difficulties in managing employees who are 'genuinely not well (either mentally and/or physically)', and who may not attend work or respond to reasonable requests and directions including interacting with customers, other employees or management. Employers are required to manage workplace issues with regard to more than one piece of legislation that have multiple intersection points including a range of government levels, and overlapping obligations.

Consideration should be given to support the Employer in addressing the non-workplace mental health of employees. Organisations such as the Guild could be provided with assistance to help employers and employees deal with non-workplace mental health issues (for example Mental Health First Aid Training), an area subject to increasing risks and/or costs to the Australian economy. Employers must seriously consider an employee's request to 'accommodate' where appropriate an employee's disability including mental health and this imposes a legal obligation. This obligation includes the requirement to make reasonable adjustments to the employee's role if possible that could affect other employees or the business operations.

Draft Recommendation 19.4 – No-Liability Treatment for Mental Health Related Workers Compensation Claims

Information Request 19.1 – How should the treatment be funded?⁸

"How should the clinical treatment for workers with mental health related workers compensation claims (irrespective of liability) be funded until return to work or up to a period of six months?"

Workers with a psychological injury can claim 'no fault' statutory compensation in all Australian jurisdictions and access common law damages under most workers compensation schemes. In all jurisdictions an injury of any type is only compensable if it 'arises out of' or 'in the course of employment'. For an injury/illness relating to physiological injury, workers compensation laws qualify this further by indicating that the employment must have been a 'significant', 'material', 'substantial' or 'the major contributing factor' to the injury/illness. One of the major issues/concerns confronting a business is a claim where reasonable management practices are occurring when dealing with an individual who for unknown reasons is not achieving or delivering on the inherent requirements of a position's role. This issue becomes more confrontational where an employer needs to deal with dismissal, retrenchment, transfer, performance, workplace interaction, disciplinary or deployment.

⁸ Productivity Commission 2019, *Mental Health*, Draft Report, Canberra (Page 92: Overview and Recommendations) <https://www.pc.gov.au/inquiries/current/mental-health/draft/mental-health-draft-overview.pdf>

The treatment of mental health injury/illness diagnosis needs to be directly related to the workplace including any unreasonable workplace actions that contribute to the injury/illness is covered under WorkCover legislation. The funding of such treatment for a workplace diagnosed injury/illness should be under the employer's worker compensation insurance where the injury/illness is directly related to the workplace's action or actions and is not related or linked to the employee's personal life or actions outside of the workplace. The funding of a claim should not be linked to the employer unless the workplace can be directly linked to the injury/illness. Small and medium sized business owners should be able to apply to the Government for assistance in dealing with non-workplace mental health issues for employees and/or themselves where necessary.

Draft Recommendation 19.5 – Disseminating Information on Workplace Interventions

Information Request 19.2 – Personal care days for mental health⁹

“Would designating a number of days of existing personal leave as ‘personal care’ to enable employees to take time off without medical evidence to attend to their personal care and wellbeing improve workplace mental health and information on absenteeism due to mental ill-health? If so, what would be needed to make this provision effective?”

Current legislation under the Fair Work Act 2009 and Carer Recognition Act 2010 provide guidance to both employers and employees on their respective workplace rights. The legislation allows employees to request flexible working arrangements to deal with particular circumstances such as mental health affecting their capability. Section 97 of the Fair Work Act 2009, clearly outlines when an employee is entitled to access personal/carer's leave.

“FAIR WORK ACT 2009 - SECT 97

Taking paid personal/carer's leave

An employee may take paid personal/carer's leave if the leave is taken:

- (a) because the employee is not fit for work because of a personal illness, or personal injury, affecting the employee; or*
- (b) to provide care or support to a member of the employee's immediate family, or a member of the employee's household, who requires care or support because of:*
 - (i) a personal illness, or personal injury, affecting the member; or*
 - (ii) an unexpected emergency affecting the member.*

Note 1: The notice and evidence requirements of section 107 must be complied with

Note 2: If a female employee has an entitlement to paid personal/carer's leave, she may take that leave instead of taking unpaid special maternity leave under section 80.”

Section 107 of the Fair Work Act 2009 indicates the notice and evidence requirements to access this workplace right by an employee via the provision of evidence that a reasonable person would find acceptable. It is the reasonable person and business needs that should determine the level of evidence necessary to support the absence from the workplace. Education and development of suitable practices whereby the employer and employee are aware of the availability of personal leave as a mechanism for dealing with mental health continues to require action. No changes are required within the employment legislation or regulations to allow employees the ability to access the entitlements where necessary and as stated above, education should be the focus.

⁹ *ibid*

Information Request 19.3 – Barriers to purchasing income protection insurance¹⁰

“Are there any barriers to employers — in sectors where there is a higher risk of workers developing a work related psychological injury or mental illness — purchasing income protection insurance (including for loss of income relating to mental ill-health) for their employees on a group basis to enable their employees to access this insurance at a lower cost?”

The Guild is aware from anecdotal evidence of instances where some income protection insurance providers take a negative view where an individual has disclosed they are suffering or have suffered from mental health issues. Notably there are significant barriers across various sectors of employment, starting with stigma which leads to social exclusion of people with mental illness as evident from the report's Draft Finding 20.1 – social exclusion is associated with poor mental health. In this regard, the Guild recommends targeting of funded programs to reduce stigma and discrimination across Australian Governments. Incorporation of stigma reduction programs in the training and continued professional development of health professionals is critical, for example in the Mental Health First Aid program.

4. The Role of Community Pharmacy

The Guild notes that the important role of community pharmacy in the health care system as detailed in our initial submission was not recognised in the draft report. We therefore highlight that community pharmacies and pharmacists play a vital role in the health care system through the medication and information they provide. Given the accessibility of community pharmacy, pharmacists are ideally placed to triage consumers to other healthcare professionals and local services. Pharmacists develop trusted relationships with patients, as such, they are highly consulted by patients to provide invaluable assistance in managing medication, monitoring their health and promoting health living. In this regard, community pharmacists play a significant role in early intervention and prevention as they are able to detect risk factors that may lead to mental illness.

The Guild strongly recommends that the role of pharmacists is included in the National Mental Health Workforce Strategy (the Strategy), as it is evident from the findings of the draft report that a well-functioning mental health system requires multidisciplinary primary care teams. The draft report indicates a large service gap characterised by the level of government funding for the relevant service providers. The Federal Government largely funds primary care services for people with mild and moderate symptoms; while State and Territory government fund specialist treatment and hospitalisation.

Including the role of community pharmacists in the Strategy will ensure integrated service provision, noting that early intervention varies in line with the nature and severity of the individual's mental ill-health.

Community pharmacists provide a range 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. As experts in medicines management, pharmacists can provide complementary skills and knowledge to broader multidisciplinary mental health and primary care teams.

¹⁰ Productivity Commission 2019, *Mental Health*, Draft Report, Canberra (Page 93: Overview and Recommendations) <https://www.pc.gov.au/inquiries/current/mental-health/draft/mental-health-draft-overview.pdf>

Draft Recommendation 2 - Improving peoples' experiences with mental healthcare¹¹

Re-orienting health services to people¹²

As noted in the draft report, many people with mental ill-health are missing out on the necessary services¹³:

“Up to one million people typically have symptoms that are, too complex to be adequately treated by a GP and the limited MBS-rebated individual sessions with allied mental health providers (predominantly psychologists). But their condition also does not reach the threshold for access to State and Territory funded specialised mental health services, private psychiatrists or private hospitals due, for example, to long waiting lists or very high out-of-pocket costs. Too often, the necessary services exist but are being absorbed by people whose needs would be met just as well by lower intensity services.”

Community pharmacists are able to provide members of the public with insights on self-management and early intervention from their professional experience in interacting with Australians on a daily basis. This professional input from frontline service providers is critical for preventative and primary health care, but it requires to be funded as part of community pharmacy services.

Indeed the role of community pharmacists in mental health care is key, particularly for “people with mild to moderate symptoms and impairment who can be treated online or in primary care”¹⁴. Pharmacists would assist in providing advice for people to access the next level of care, as well as timely and accurate information accessible online where relevant. Notably, this information will vary depending on the individual's need and circumstances, for example, whether the individual is in a metropolitan, rural or remote area. An Australian Prescriber¹⁵ editorial article rightly cautions that:

“There is a lot of medicines information available and it comes from many different sources. However, not all sources are reliable and appraisal of their currency and relevance is required to ensure the information is of high quality. Health professionals have variable access to these resources and many require paid subscriptions. While the list of required resources to be held in community pharmacies is mandated by the Pharmacy Board of Australia, there is no similar list for medical practices (...). Even with access to specific resources, the challenge for health professionals often lies in the time and expertise required to locate, analyse and use medications information for clinical decision making within a busy practice.”

While pharmacists recognise that medicines are not necessarily the primary or sole treatment option for mental illnesses, they have a strong primary health care role and, due to their accessibility, are often the first health professional contacted by a consumer with a health concern.

There is often a lack of access to appropriate advice and support on mental health in the community, and it is difficult for people to access timely and affordable effective treatment. Community pharmacists see patients on a regular basis without the need for an appointment. As such, pharmacists are ideally placed to provide a person-centred solution to support people with mental ill-health.

¹¹ Productivity Commission 2019, *Mental Health*, Draft Report, Canberra (Page 16: Improving peoples' experiences with mental healthcare) <https://www.pc.gov.au/inquiries/current/mental-health/draft/mental-health-draft-overview.pdf>

¹² Productivity Commission 2019, *Mental Health*, Draft Report, Canberra (Page 18: Re-orienting health services to people) <https://www.pc.gov.au/inquiries/current/mental-health/draft/mental-health-draft-overview.pdf>

¹³ *ibid*

¹⁴ *ibid*

¹⁵ *Medicines information: dwindling support in the age of information overload. Australian Prescriber Volume 42 : Number 6 : December 2019* https://www.nps.org.au/assets/p178-Prior_191126_233336.pdf

Stepped Model of Care¹⁶ and Access to appropriate services

The Guild notes the draft report's recommendation on "reforms to improve the mental health system using the stepped care model"¹⁷. Under this model, service provision will vary depending on the individual's level of need. Whereas the stepped model of care matches intervention type according to need, there remains the challenge of adequate implementation since services are often unconnected. Furthermore:

"many people with moderate (or higher intensity) needs either live in regional parts of Australia without ready access to a psychologist or simply have difficulty (such as for reasons related to their mental health illness, transport access, or family scheduling) getting to a face-to-face psychology therapy session"¹⁸.

Service coordination is therefore critical, and this is where a community pharmacy should be included as a 'health facility' to address such issues of appropriate access to mental health care. Patients can access telehealth and video conference to a specialist at another location. For example, the 2019 Guild Pharmacy of the Year, Flannery's Pharmacy in the rural NSW town of Forbes has an integrated professional services model that allows patients to access other health professionals, such as mental health providers via teleconference in their multipurpose consulting rooms. Such a model could help address some of the barriers to accessing health care, including mental health services for patients in rural, regional and outer metropolitan areas.

As our initial submission indicated, community pharmacists interact with patients across the various stages in the stepped model of care: self-management, low intensity, moderate intensity, high intensity and complex care. Besides dispensing prescription medicines, pharmacists provide advice on QUM and Consumer Medicines Information (CMI).

Pharmacists also play a key role in medication monitoring and adherence which is critical given the varying level of health literacy in Australia. According to the findings of *The National Health Survey: Health Literacy 2018*¹⁹ released in April 2019:

"one-third of Australians (33 per cent) found it always easy to discuss health concerns and actively engage with their healthcare providers; 56 per cent found this usually easy; while 12 per cent found it difficult (...). In addition, although just over a quarter (26 per cent) of people overall found it always easy to navigate the healthcare system, this was lower for people who reported very high levels of psychological distress (17 per cent) compared with people who reported low psychological distress levels (31 per cent)."

The accessibility of community pharmacists is critical in delivery of primary health, particularly the provision of prevention and health promotion services. However, the current model of funding of the Pharmaceutical Benefits Scheme only rewards dispensing fees, and does not adequately support all the services provided in the community pharmacy.

¹⁶ Productivity Commission 2019, *Mental Health*, Draft Report, Canberra (Page 18: Stepped model of care)

<https://www.pc.gov.au/inquiries/current/mental-health/draft/mental-health-draft-overview.pdf>

¹⁷ Productivity Commission 2019, *Mental Health*, Draft Report, Canberra (Page 18: Overview and Recommendations)

<https://www.pc.gov.au/inquiries/current/mental-health/draft/mental-health-draft-overview.pdf>

¹⁸ Productivity Commission 2019, *Mental Health*, Draft Report, Canberra (Page 21: Overview and Recommendations)

<https://www.pc.gov.au/inquiries/current/mental-health/draft/mental-health-draft-overview.pdf>

¹⁹ Australian Bureau of Statistics, *National Health Survey: Health Literacy*, 2018

<https://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/4364.0.55.014Media%20Release1002018?opendocument&tabname=Summary&prodno=4364.0.55.014&issue=2018&num=&view=> (accessed 10 December 2019)

Given community pharmacists see patients on a regular basis, they can identify some of the risk factors and provide early referrals to relevant primary care providers. Community pharmacy can also be a gateway for health promotion and prevention measures, boosting distribution of self-help information and resources on mental health and wellbeing.

Community pharmacists cover a broad range of public health issues across the stepped care model. For example, regular conversations with consumers when dispensing medicines include wellbeing indicators such as whether a person is sleeping well, potential concerns with weight and nutrition, drug and alcohol cessation or misuse. Some consumers in the moderate intensity, high intensity and complex care categories may require DAAs or staged supply of medication. Further, community pharmacists regularly assist consumers who may be at risk of medication misuse, including those accessing opioid dependent therapy.

Australians “with mental illness and their carers face a complex system of healthcare and broader social supports”²⁰. It is noteworthy that the services provided in community pharmacy significantly consist of “prevention and early intervention activities that reduce the incidence of mental ill-health and improve the well-being of individuals.”²¹

Consequently, in all efforts to improve Australians’ experience with mental healthcare, there is need for pharmacists to be adequately funded to play a greater role in delivery of mental health services. As highlighted by the findings of the draft report, currently funding for mental health care is significantly skewed towards certain health professionals in the context of a GP care plan. The Guild recommends that consideration should be given to expanding the funding to community pharmacists to give them opportunities for earlier preventive health and psychosocial interventions, such as Mental Health First Aid.

RECOMMENDATIONS

As discussed above, the Pharmacy Guild of Australia recommends that:

1. The National Mental Health Workforce Strategy should include the role of community pharmacists as part of the primary health care team. Community pharmacy should be included to optimise mental health prevention and promotion, access to early intervention and referral for the diagnosis of mental health conditions, especially for people living in rural and regional areas where access to some health professionals and services is limited.
2. 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 for Australian with mental illness. Such community based care models should be based on preventive health and early psychosocial interventions, since pharmacists play a vital role in the referral pathway to general practice and other health professionals where required.
3. Community pharmacy should be included as a ‘healthcare facility’ where a patient can access telehealth and video conference to a specialist at another location. This will help address some of the barriers to accessing health care, including mental health services for patients in rural, regional and outer metropolitan areas.

²⁰ Productivity Commission 2019, *Mental Health*, Draft Report, Canberra (Page 16: Overview and Recommendations)
<https://www.pc.gov.au/inquiries/current/mental-health/draft/mental-health-draft-overview.pdf>

²¹ *ibid*