

# Implementing educational prescribing resources to mental health pharmacists to improve the physical health of people with severe mental illness

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## BACKGROUND

People with serious mental illnesses (SMI) live on average 15-20 years less than the general population, partly due to physical health comorbidities. Improving the physical health knowledge of mental health pharmacists could assist in reducing the mortality gap in hospitalised people with SMI.

We describe the development, implementation and evaluation of educational materials to upskill mental health pharmacists at a large UK mental health trust.

## METHOD

### Phase 1

- Physical health training needs were identified using a needs assessment done via survey with pharmacists
- Survey measured prescribing competency and confidence for physical health and mental health conditions

### Phase 2

- We implemented:
  - Monthly, educational webinars covering a range of physical health topics
  - Specific physical health guidelines developed de novo by team of specialist pharmacists and circulated to mental health pharmacists

### Phase 3

- After 12 months, questionnaires and interviews were undertaken with mental and physical health pharmacists to evaluate impact and implementation

## RESULTS

### Phase 1:

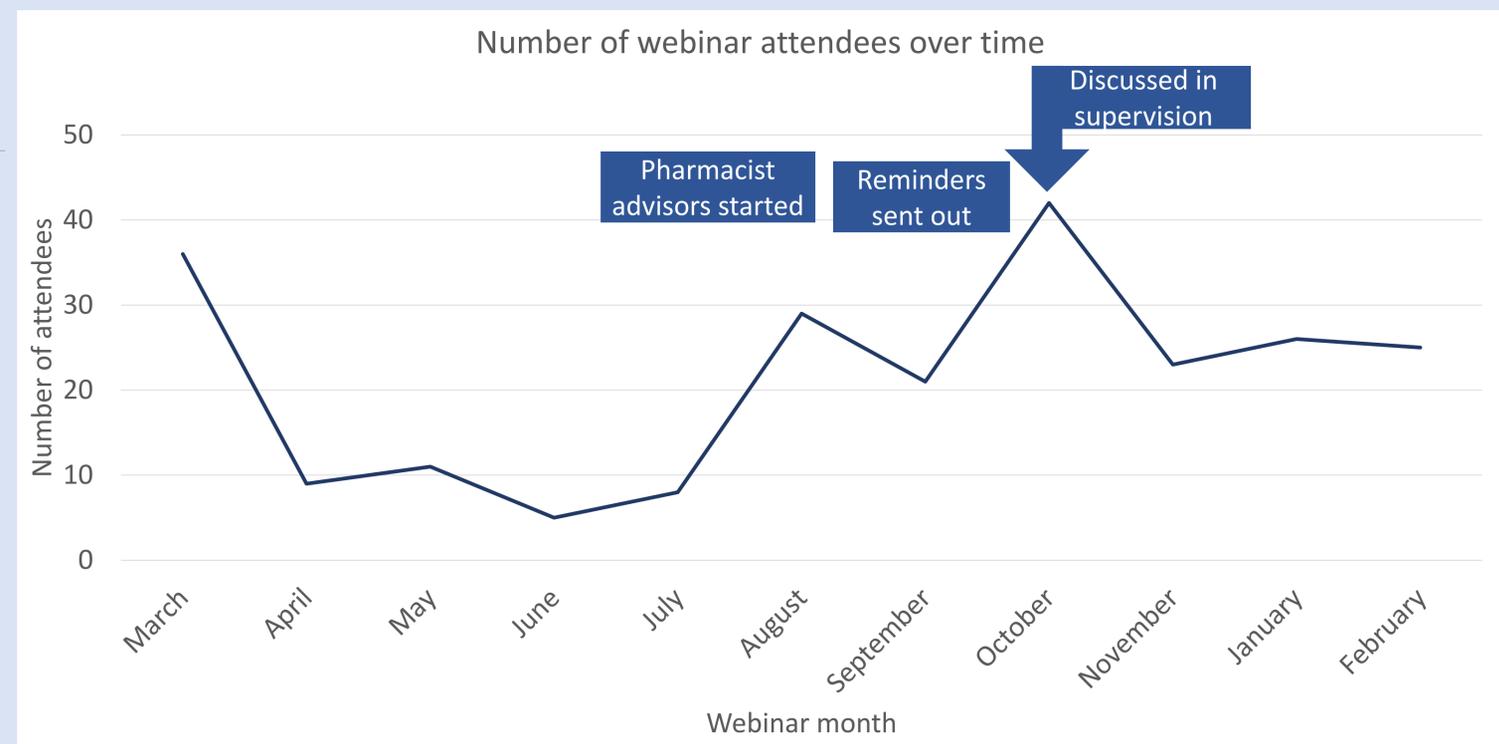
- The competency and confidence survey showed that mental health pharmacists scored well on competence (correct prescribing answers to the medication questions), but were more competent on mental health topics.
- Mental health pharmacists were less confident on physical health topics relative to mental health topics.

### Phase 2:

- 106 individual staff members attended 12 webinars across 13 months on a range of physical health topics including hypertension, diabetes, asthma and acute coronary syndrome.
- An average of 21 staff attended each webinar (range 5-42).

### Phase 3:

- Common themes from the questionnaire (n=15) and interviews (n=8) after 12 months identified that the webinars were 'good-refreshers', concise and provided appropriate level, pharmacy specific information.
- Common barriers for webinar attendance were high workload and other work commitments.
- 50% of the interviewed pharmacists were not aware of the guidelines and only two pharmacists had read them.



Mental health pharmacist advisors were onboarded in August to advise on implementation and uptake strategies.

### Implementation science strategies used include:

- Tailoring of the educational content
- Sending regular reminders to staff
- Discussing in staff forums such as supervision
- Regularly collecting uptake data and revising implementation strategies accordingly
- Informing local, senior staff (leadership) to increase buy-in

## CONCLUSIONS

- Continual education for clinicians helps to improve service user care by applying the best available evidence-based physical health expertise
- The barriers identified reflect the challenges of developing interventions in a pressurised hospital setting, but can be overcome through co-designing with expert pharmacists
- There is an ongoing need to publicise interventions and improve access to resources
- To sustain the interventions, dedicated administrative and leadership resource is required

## ADDITIONAL INFORMATION

Please contact [IMPHS@slam.nhs.uk](mailto:IMPHS@slam.nhs.uk) for more information.

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