

# Shared Decision Making for Psychiatric Medication Management: Individual and Clinician Perspectives

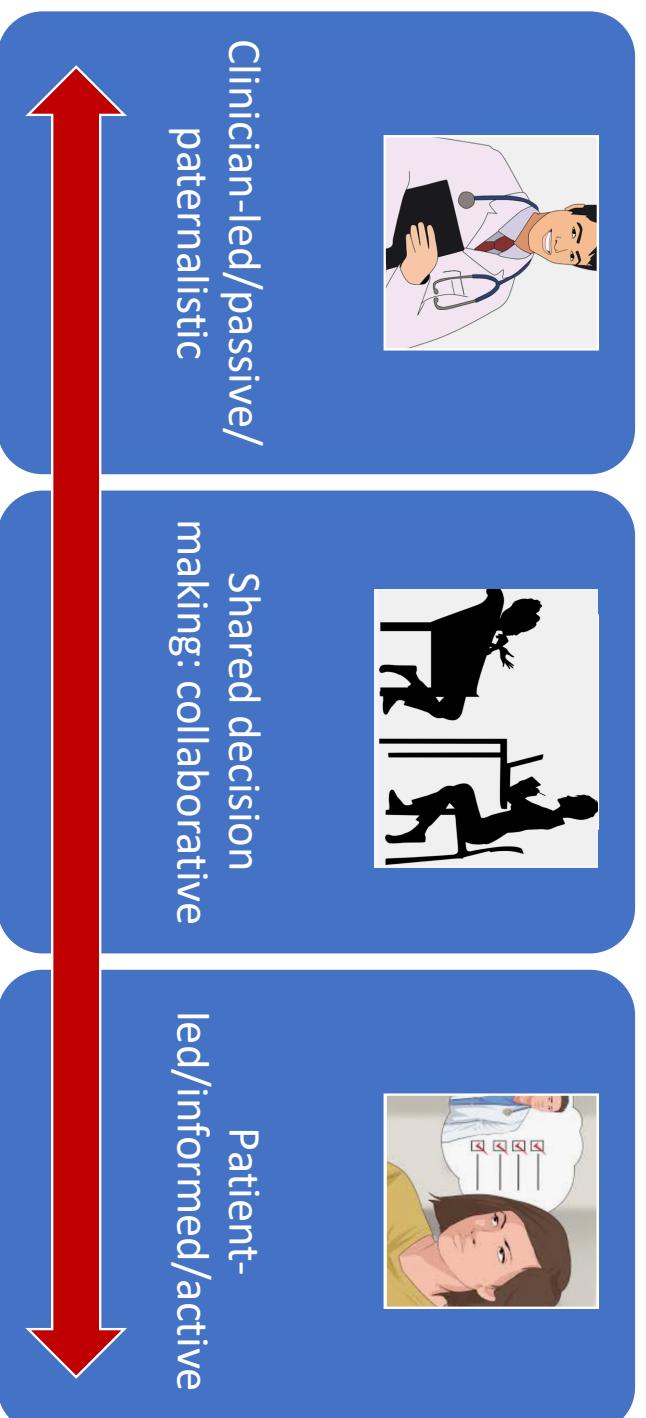
Dr Deena Ashoorian (Division of Pharmacy,  
School of Allied Health, The University of  
Western Australia)

Mrs. Renai Searle (Consumers of Mental  
Health WA- Peer Project Coordinator)

**TheMHS Conference 2021**



# What is Shared Decision Making?



# Shared Decision Making Model

Charles and colleagues (1997) describe three essential elements that are the basic requirements for the SDM model:

- 1. Both patient and clinician must be involved and share information,
- 2. Both express treatment preferences and
- 3. Treatment decision is made and both parties agree to implement treatment.

Ref: Charles C, Gafni A, Whelan T. Shared decision-making in the medical encounter: What does it mean? (or it takes at least two to tango). Soc Sci Med. 1997;44(5):681-92.

# Medication decisions

- First line treatment in moderate to severe MI- however only one aspect of the recovery journey.
- Decisions relating to medications are some of the most important in SDM.
- Adherence to treatments



# Side effects of psychotropic medications and their significance to treatment outcomes

- Less than a quarter of patients who experience side effects will report it to a clinician.
- Side effects that may appear clinically insignificant to the treating clinician may in fact be quite distressing to the patient.
- Long term use can lead to significant psychological and/or medical burden to patients because of side effects.
- Educate the patient to be aware of potential side effects and have tools in place to improve communication in this area can improve adherence rates.
- My Medicines and Me (M3Q) side effect questionnaire (locally developed and validated)

# What are some barriers to SDM?

- Patient Factors
- Clinician Factors
- Systemic Factors

# Patient Factors

- Lack of confidence and asserting themselves
- Limited access to information
- Current symptoms of illness
- Lack of trust in the health professional
- Lack of awareness that they have a right to be involved in treatment decisions

*"I was dehumanized in this interaction because my choices were framed as obedience or disobedience to medical authority, as opposed to understanding that my choices reflected freedom, autonomy and the self-evident right to determine what happened to my body."*

*Dr Pat Deegan*

Ref: Deegan PE. The lived experience of using psychiatric medication in the recovery process and a shared decision-making program to support it. Psychiatr Rehabil J. 2007;31(1):62-9.

# Clinician Factors

- Perceptions about the patient's decisional ability (lack of insight)
- Gaps in communication
- Advanced communication skills required to help patients articulate their issues
- Impact of side effects on patients' motivation to participate in treatment
- Patients' honesty about treatment adherence

# Systemic Factors- Time!

Mental Health	General Health
<ul style="list-style-type: none"> <li>• Build therapeutic relationship</li> <li>• Convey hope</li> <li>• Gain the patient's trust</li> <li>• Ascertain mutual goals for treatment</li> <li>• History since last visit</li> <li>• Screen for psychiatric symptoms</li> <li>• Screen for co-occurring substance use</li> <li>• Screen for side effects</li> </ul>	<ul style="list-style-type: none"> <li>• Smoking cessation</li> <li>• Diabetes management</li> <li>• Weight management</li> <li>• Sleep hygiene</li> <li>• Screening for tardive dyskinesias</li> <li>• Document the encounter</li> <li>• Write prescription</li> <li>• Order tests</li> </ul>

Ref: Deegan PE. A Web Application to Support Recovery and Shared Decision Making in Psychiatric Medication Clinics. Psychiatr Rehabil J. 2010; 34(1): 23-8.

# What are some Facilitators of SDM?

- Decision Aids- evidence based tools designed to assist the patients in making decisions about their medication treatment.
- Training for patients- patients require help to learn how to appropriately communicate their problems and medication needs.
- Training for clinicians- need training to develop skills to elicit role preferences values and goals from patients. Also need training in different communication styles.

Ref: Delman J, Clark JA, Eisen SV, Parker VA. Facilitators and barriers to the active participation of clients with serious mental illnesses in medication decision making: the perceptions of young adult clients. J Behav Health Serv Res. 2015;42(2):238-53.



# Groups of patients with increased desire to participate in SDM

- Inpatients with experiences of involuntary treatment
- Patients with negative attitudes towards medication
- Patients with a higher level of education
- Patients with lower treatment satisfaction
- Patients with better perceived decision-making skills
- Patients of female gender
- Younger patients

Ref: Hamman J, Cohen R, Leucht S et al. Do patients with schizophrenia wish to be involved in decisions about their medical treatment? Am J Psychiatry 2005; 162:2382-4.

# Involvement of Family/Carers

Observe the patient on a daily basis and can offer important information on:

- How different treatments affect the individual
- How a particular approach to communication works best and
- Environmental factors that could affect medication decisions

Ref: Crickard EL, O'Brien MS, Rapp CA, Holmes CL. Developing a framework to support shared decision making for youth mental health medication treatment. Community Ment Health J. 2010;46(5):474-81.



# Publication

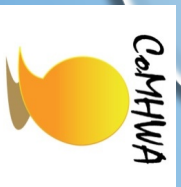
Ashoorian, D., Davidson, R. (in press) Shared Decision Making for psychiatric medication management: a summary of its uptake, barriers and facilitators. *International Journal of Clinical Pharmacy*. 2021.

# THANK YOU !

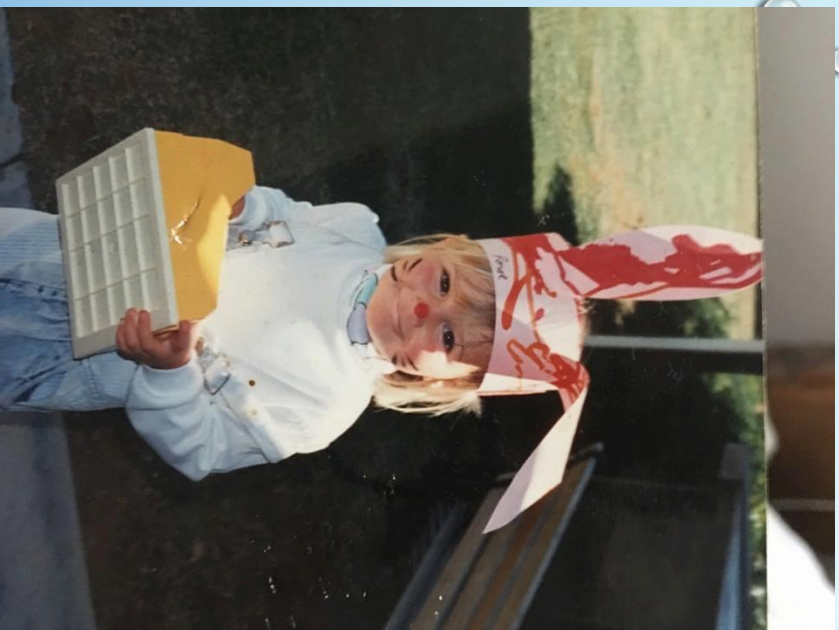


# SHARED DECISION MAKING FOR PSYCHIATRIC MEDICATION MANAGEMENT

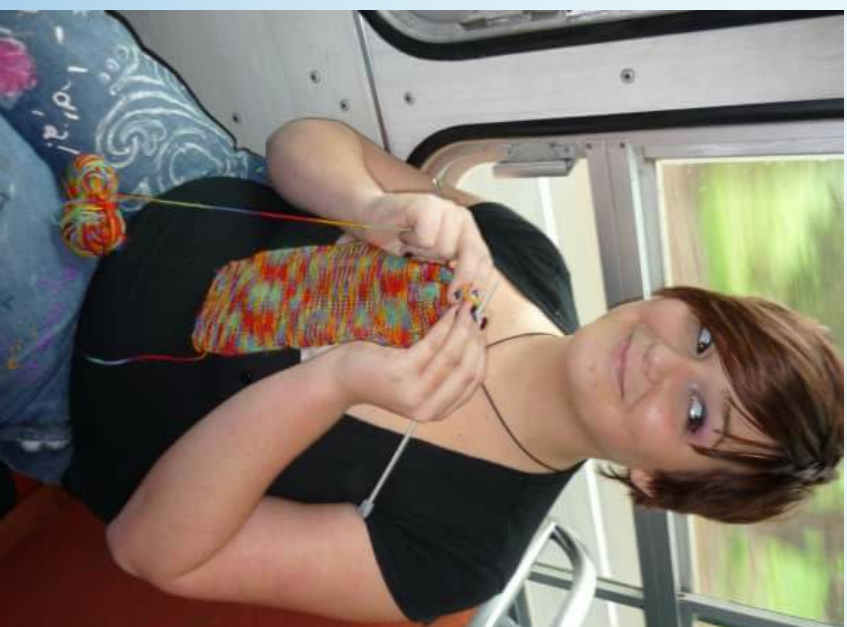
THE LIVED EXPERIENCE PERSPECTIVE



# MY LIVED EXPERIENCE



Age 5

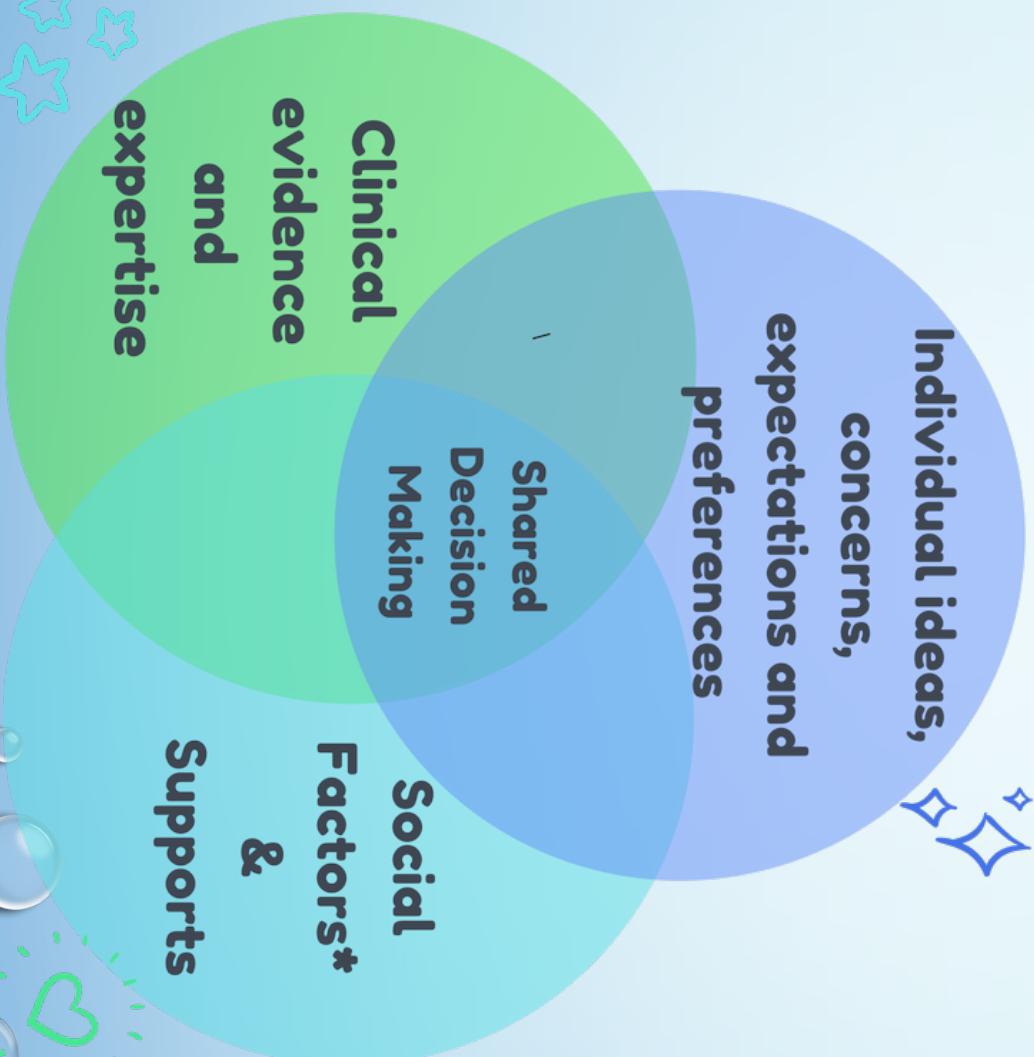


Age: 17



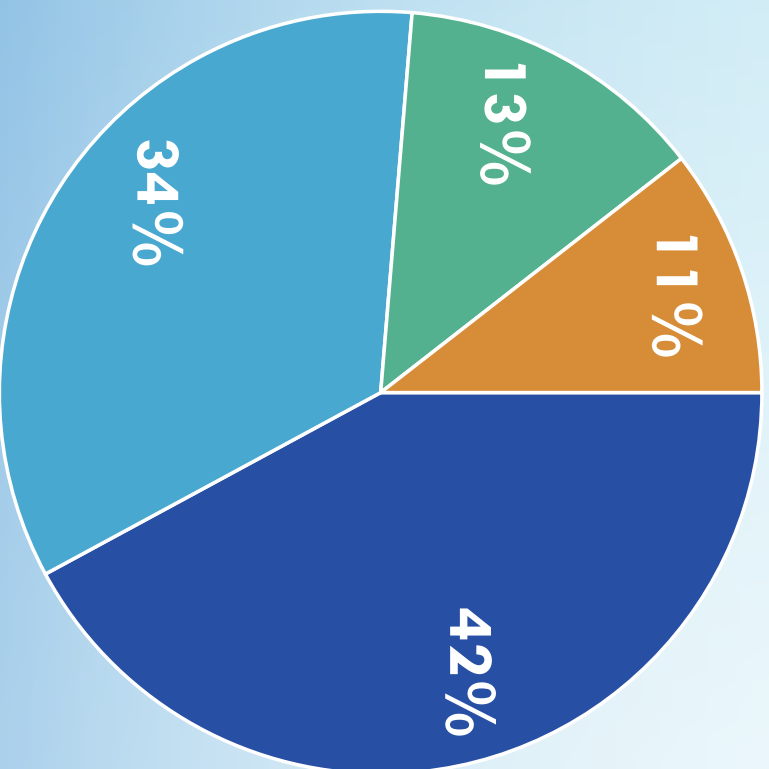
Age: 24

# SHARED DECISION MAKING



Social factors are things that affect lifestyle, such as culture, religion, family and finances.

# REPORTED FEELINGS WHEN DISCUSSING PSYCHOTROPICS & THEIR SIDE EFFECTS WITH CLINICIANS



## POWERLESS/UNHEARD

"I feel at her mercy."

"Really just ignored or that can't happen or that's not important"

42%

## OKAY/GOOD

"Quite at ease and I don't have doubts that he will change things and act on them if required. "

34%

## CONFLICTED/ANXIOUS

I often feel very uncomfortable and conflicted

13%

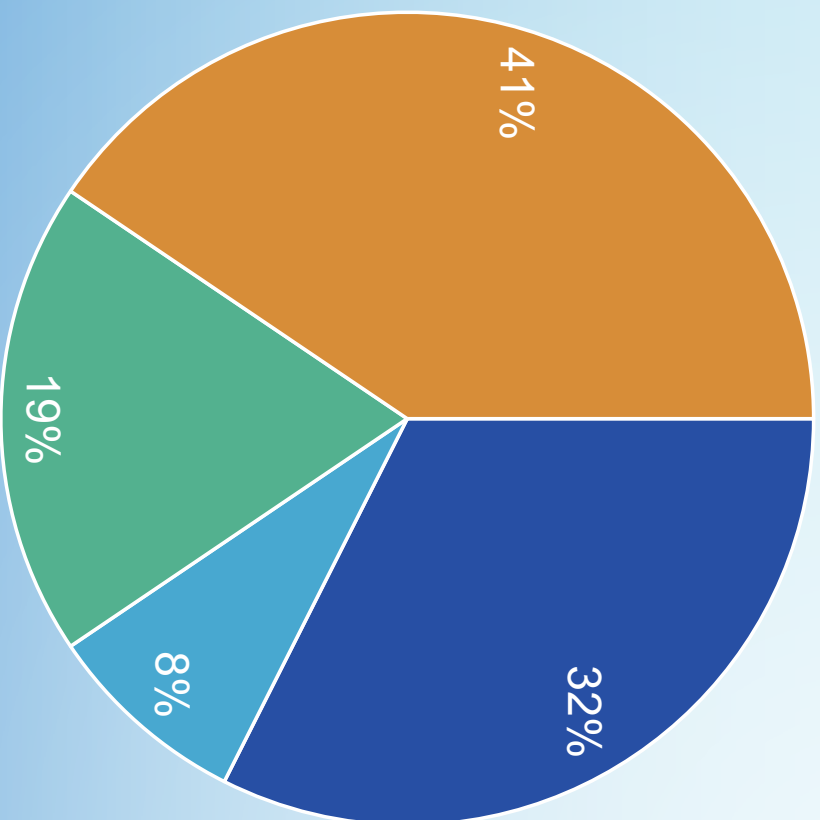
## OTHER

Going round and round in circles, then there are other side affects that GP just doesn't get, or I am not comfortable discussing

11%



# WHAT HAPPENS WHEN PEOPLE DON'T AGREE WITH THEIR CLINICIAN



## SELF ADVOCATE

I usually beg them persistently for any chance they can recommend any course of action that might lessen my suffering

41%

## Non-Compliance

"Shut up, and just say I will try, and don't mean it"

32%

## OTHER

"I never have, but I know if I did I would easily be able to discuss it with her"

19%

## COMPLY

"Most of time I have "done as I was told"

8%

# COMHWA PEER DESIGNED MY MEDICINES AND ME WORKSHOPS



Respectful and  
effective  
communication



Useful tools  
available



Enlisting help



What is shared  
decision-making?



Helpful resources  
and where to find  
them



Enlisting help and  
seeking support



Asking questions



Teamwork



Using the M3Q

# WHAT WE HAVE LEARNT

## Common Barriers

- No information and lack of understanding
- Perceived power imbalance
- Internalised stigma

## SDM and Recovery

- SDM supports self-determination
- Recovery is a non-linear , personal journey
- Goals, priorities and expectations change



# THANK YOU!

RENAL SEARLE

RSEARLE@COMHWA.ORG.AU

**PEER PROJECT COORDINATOR**

**CONSUMERS OF MENTAL HEALTH WA (INC.)**

**PH:** (08) 9258 8911    **MOB:** 0421 228 328

**ADDRESS:** 12/275 BELMONT AVE, CLOVERDALE

**WEB:** [WWW.COMHWA.ORG.AU](http://WWW.COMHWA.ORG.AU)

**TWITTER:** [@COMHWA](https://twitter.com/COMHWA)

**FACEBOOK:** [CONSUMERS OF MENTAL HEALTH WA](https://www.facebook.com/consumersofmentalhealthwa)

**EMAIL:** ADMIN@COMHWA.ORG.AU



# Designing a Pharmacist-led Service to Support Physical and Mental Health: an RCT Protocol

**Presented by: Ms Helena Roennfeldt**

Research co-leads: Prof Amanda Wheeler and Dr Claire O'Reilly

Core Research Team: Dr Sarira El-Den, Dr Sara McMillan, Dr Jie Hu, Dr Jack Collins





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bringing your physical and mental health  
together with your pharmacist's support



# What is the *PharMlbridge* RCT?

- Bridging the Gap between Physical and Mental Illness in Community Pharmacy (*PharMlbridge*)
- Partnership between PGA, PSA, Griffith University & University of Sydney



- Randomised controlled trial (RCT) of a community pharmacist support service for people living with severe and persistent mental illness (SPMI)
- The RCT is funded by the Australian Government Department of Health as part of the Sixth Community Pharmacy Agreement

# Why *PharMIbridge*?

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- People with SPMI die on average 10-20 years earlier and this mortality rate is generally due to health conditions, such as cardiovascular and respiratory diseases
  - urgent attention is required to address these associated physical health concerns
- Pharmacists as accessible health professionals are well positioned to improve mental health and physical health care, resolve medication-related problems and work collaboratively with other health professionals and services
- *PharMIbridge* empowers pharmacists to better support consumers living with severe and persistent mental illness (SPMI)



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# Expected outcomes of *PharMI*bridge

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- Improvements in
  - adherence to psychotropic and other medicines thereby avoiding future medication-related problems and improving health outcomes
  - factors associated with cardiometabolic risk and other physical health problems
- Identification and reduction of medication-related problems and improved medication management
- Increased pharmacist knowledge, confidence and ability to better support consumers with SPMI
- A community pharmacy service that is cost-effective and acceptable to all key stakeholders
- Increasing awareness of pharmacist role in supporting people
- Establishing 'mental health friendly pharmacies'

# What is the *PharMlbridge* service?

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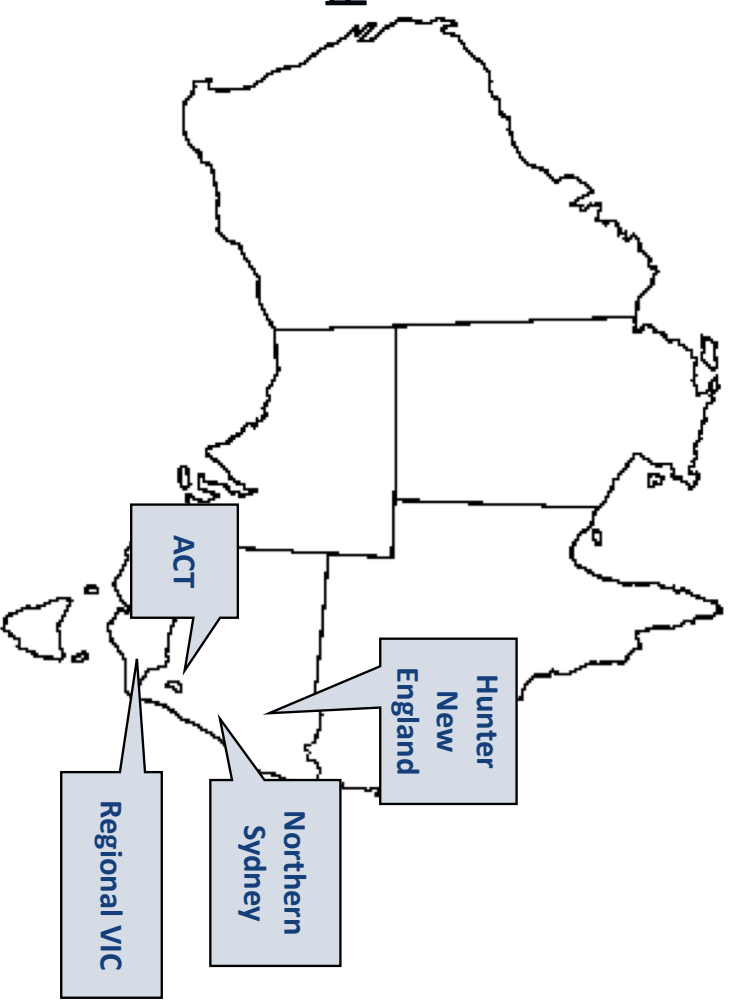
- In-depth medication support service – goal-oriented, flexible & individualised
- Pharmacists will work with consumer participants over a 6 month period
- Service focussed on medication adherence strategies and addressing physical health concerns
- *PharMlbridge* intervention vs usual care (MedsCheck)
- Service delivery supported with a customised IT platform



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# Where will *PharMlbridge* be conducted?

- 4 RCT regions
- 48 pharmacies (24 intervention group and 24 comparator group)
- Target recruitment 480 consumer participants (to achieve 380 completed participants)
- Pharmacists & support staff trained (Blended MHFA + extra modules)
- Pharmacists supported delivering intervention by mentors (pharmacist/lived experience mentor pair)



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# Mentor pairs

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- Mentors support pharmacists in the *PharMlbridge* intervention group
  - consist of both a registered pharmacist with community pharmacy experience and a consumer educator with lived experience of a mental illness
- Mentors share different but complimentary perspectives and experiences
- Consumer mentors provide a consumer perspective and support pharmacists to understand the lived experience of medication use
- Consumer mentors also assist in understanding the barriers and challenges effecting physical health, including side effects of medications and discrimination in accessing services
- At the same time consumer mentors demonstrate hope and encourage pharmacists to see and hear the 'story behind the script'





# Eligibility criteria

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## Pharmacy eligibility

- Located in RCT regions
- Section 90 pharmacy (approved to dispense PBS medicines)
- Accredited for Quality Care Community Pharmacy Standard
- Demographic of clientele with SPMI
- Offer MedsCheck
- Private consultation room
- Established relationships with mental health services and GP

## Consumer eligibility

- Use of antipsychotic/mood stabiliser > 6 months for SPMI
- Medication-related problems or physical health problems
- Living in community
- Aged 16 or over
- Capacity for consent
- Consent to contact treating team
- Access to PBS & MBS data

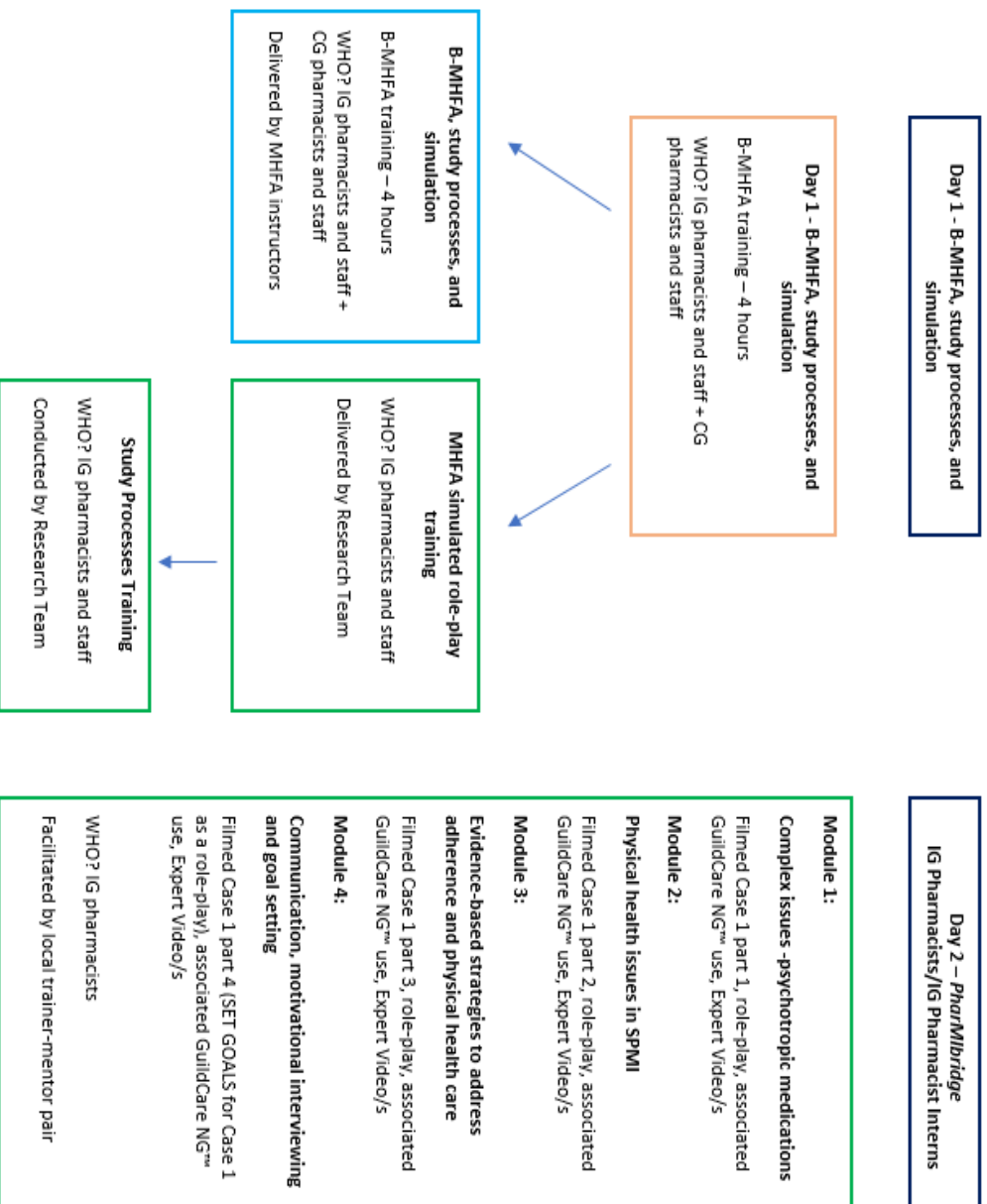


# What are the research outcomes?

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- Primary outcome measure
  - changes to participant medication adherence over the 6-month study duration
- Secondary outcome measures
  - factors associated with cardiometabolic risk and quality of life, with an emphasis on physical health and psychological wellbeing
  - medication-related problems and adherence with other medicines
  - community pharmacists' knowledge, confidence and ability to support consumers living with SPMI
  - any effects on health care service acceptability, utilisation and cost-effectiveness

# PharMlbridge training overview



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# PharMlbridge RCT governance

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- **Expert Panel**

- provide expert advice, direction and oversight
- support implementation of RCT
- consumer, carer and health professional representatives and members of professional bodies (e.g. RANZCP)

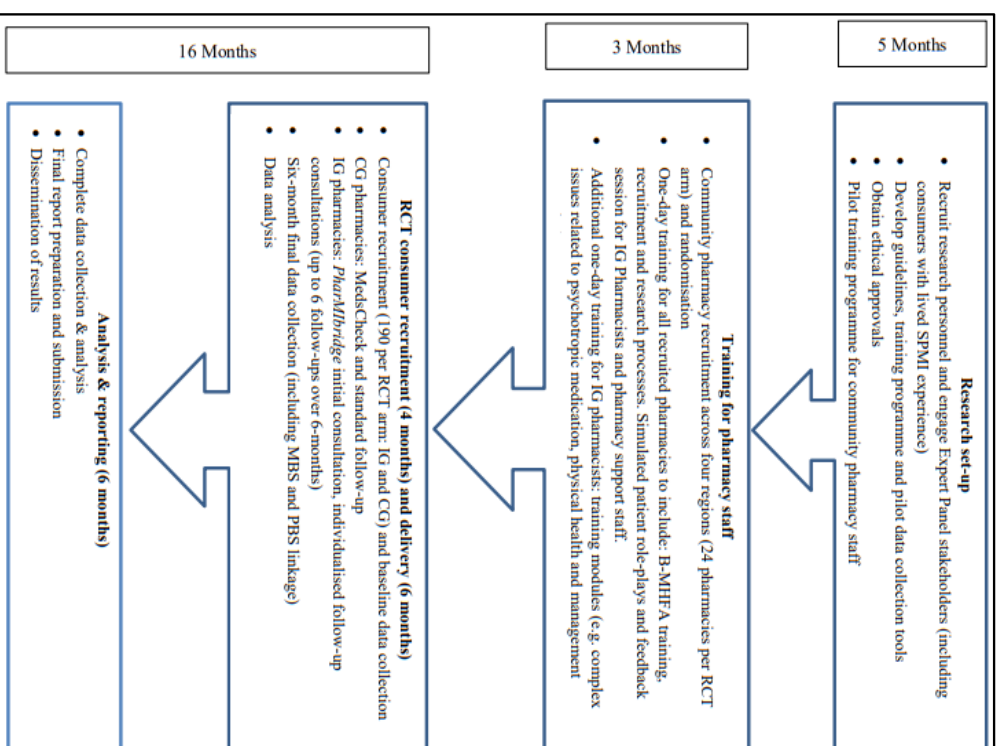
- **Training Working Group**

- oversee development of training content
- health professional and consumer representation



# Study timeline

- Pending COVID-19 delays
- Ethics approved and expert panel endorsed
- ACT and HNE pharmacies trained in Sept/Oct 2020
  - 29 pharmacies participating
  - 128 consumers participating (Jan 2020)
- Training for Regional Victoria pharmacies planned for 8-9<sup>th</sup> February



# Acknowledgements

## Partners

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  - Ms Victoria Stewart
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  - Dr Sarira El-Den
  - Dr Jack Collins
  - Ms Ricki Ng
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- **Pharmaceutical Society of Australia**
  - Hannah Loller
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The Pharmacy  
Guild of Australia



THE UNIVERSITY OF  
SYDNEY



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# BMJ Open Bridging the gap between physical and mental illness in community pharmacy (*PharMbridge*): protocol for an Australian cluster randomised controlled trial

Amanda J Wheeler <sup>1,2</sup>, Claire L O'Reilly <sup>3</sup>, Sarira El-Den <sup>3</sup>, Joshua Byrnes,<sup>1</sup> Robert S Ware,<sup>1</sup> Sara S McMillan <sup>1,4</sup>

 Twitter: @HelenaRoennfelz

