



Mental Health in Multicultural Australia's submission to:

Pharmaceutical Society of Australia Mental Health Care Project: Developing a framework for pharmacists as partners in the mental health care team

Consultation question 1: Which other audiences should this Framework be targeted towards?

Medicare Locals and GP representative bodies. From a multicultural perspective, other audiences that are relevant to this Framework include multicultural sector organisations in the health and mental health sector such as state based Transcultural Mental Health Centres, peak bodies such as Federation of Ethnic Communities Councils of Australia, National Ethnic Disability Alliance and CALD consumer and carer groups.

Consultation question 2: Are you aware of any specific mental health policy documents which do not appropriately recognise the potential contribution of pharmacists to the provision of mental health care services?

No

Consultation question 3a: As a pharmacist, to what extent are you currently involved in the delivery of mental health care services, for example:

- a. dispensing prescriptions and providing information on medicines to mental health consumers and carers;
- b. undertaking HMR's for mental health consumers;
- c. as part of a multidisciplinary mental health care team;
- d. other (please provide detail)?

N/A

Consultation question 3b: As another health practitioner, do you currently work closely with pharmacists, and if so, in what capacity or setting? If you do work with pharmacists, are their roles covered by what is presented in Figure 1 (p.12)?

N/A

Consultation question 4: Does Figure 1 (previous page) provide you with a good understanding of the range and types of roles and services that pharmacists can fulfil as partners in the mental health care team? Can you identify gaps in the figure?

For pharmacists to be partners in multicultural mental health care they need to be culturally aware and responsive. There is considerable evidence that there are numerous issues in regard to the dispensing of medication and their appropriate usage across CALD communities. Medication compliance and adherence is a major issue for people of CALD backgrounds who have differing explanatory models of mental health and illness. In multicultural mental health an important role for the pharmacist is clarifying with the consumer the appropriate administration of medicines by utilising the free access to interpreters available to pharmacists and utilising translated information. Bilingual pharmacists may be key contacts in certain CALD communities in regards to health care information. The Multicultural Information on Depression website, for example, has a good section on ethnopsychopharmacology (link below) which expands on these issues.

<http://www.midonline.com.au/content.php?lang=1&info=h&pgid=32&ulid=8&parentulid=none>

The website provides the following points which pharmacists could address in their contacts with consumers from CALD backgrounds.

- **CALD clients may have negative attitudes to taking medication**
- **Ethnic differences in dosage requirements have been found in psychotropic medications**
- **In collectivistic societies family members may be intensely involved in the administration and monitoring of medicines and decisions to continue or not with treatment**
- **Many older CALD people don't understand the nature and use of medications and a patients' social network can influence a patient's compliance**
- **Eating habits, changes in diet and religious beliefs (such as fasting) may lead to changes in intake and dosing of medication (efficacy and toxicity of psychotropics may vary with administration and interaction with food intake)**
- **It is not uncommon for older CALD people to offer prescribed medications to others whom they believe to have the same condition as themselves**

In regards to Figure 1 on page 12, relating to direct service delivery: Health Promotion and Early Detection and Intervention, MHiMA would like to see more emphasis on the inclusion of at risk groups, such as CALD migrants, refugees, and their families, and in particular CALD older people and adolescents.

The use of professional interpreters, translated resources and cultural responsiveness skills are vital in communicating and interacting with CALD communities more effectively.

In regards to Figure 1: Minimising Illness and Maximising Recovery we emphasise the need to take into consideration the effects of ethnicity on psychopharmacology. An understanding of ethnicity and its psychopharmacological and psychobiological correlates is vital for ensuring quality psychiatric care for ethnic minority populations².

Even though research in this field is still in development and many questions can not yet be answered, some important progress has been made which raises the need for pharmacists to receive further training in the effects of ethnicity on psychopharmacology, particularly dosage. In particular because pharmacists have a vital role and are well positioned to assist clients by identifying drug interactions, helping to manage and avoid side-effects and to provide ongoing support to maintain medication adherence or monitor for early warning signs of a relapse of a consumers' mental illness.

Consultation question 5: In relation to Figure 2 (above), what other enablers would be important in facilitating and consolidating the pharmacist's role as a partner in the mental health care team?

MHiMA views the addition of awareness of language issues as equally important for pharmacists to be able to work more effectively with clients from CALD backgrounds. MHiMA emphasises the need for cultural awareness and cultural responsiveness skills needed to enable effective transcultural interactions between pharmacists and migrants, refugees and their families from CALD backgrounds.

In regards to approaches to care, MHiMA advocates the need for pharmacists to promote the use of telephone interpreters when interacting and communicating with consumers who have limited English language skills. Pharmacists have access to free telephone interpreting services via TIS National and this could be further promoted within pharmacies. The use of professional interpreters is of particular importance as they can provide an objective and confidential service which meets professional quality standards. This is of vital importance to ensure quality care in information provision to these clients and to prevent incidences of miscommunication, which is essential when dispensing medication.

Consultation question 6: In Figure 2 (p.16) and subsequent section on 'Barriers', which barrier is the most important to you or your organisation (i.e. needs to be addressed with the highest priority)? Can you identify any other important barriers which are not listed or mentioned?

A major barrier not listed is awareness of the cultural and ethnicity issues

² Lin K.M., Poland, R.E. & Nakasaki, G, eds (1993) *Psychopharmacology and Psychobiology of Ethnicity*. Washington DC: American Psychiatric Press, Inc.

associated with medication (as discussed in question 4 above). The enabler here is education and training in regard to knowledge, attitudes and understanding. The other key barrier for CALD people is often the language barrier. The fact that pharmacists are able to access telephone interpreters free of charge needs to be promoted to CALD communities.

Pharmacists are also ideally positioned to take on a lead role in providing CALD consumers with translated materials and in making sure consumers have understood the messages re appropriate use of medication. Health workers confirm that an ongoing issue of concern is that consumers with low English language proficiency might indicate they have understood information provided to them, even if they have not. Having the consumer repeat back vital information to demonstrate that this important information is actually understood by CALD consumers is required.

The Pharmaceutical Society of Australia would also be well positioned to take on a lead role in developing plain English information about medication used to treat mental illnesses.

In regards to innovative and more effective approaches in the field of health literacy, MHiMA advocates for an approach which includes the use of ethnic media to provide information to CALD consumers and their family members and inclusion of consumer participation and input into translated material.

Consultation question 7: Do Figure 2 (p.16) and the section on ‘Enablers’ (from p.18) provide a good explanation of the skills and knowledge pharmacists have or need to develop

Yes, except for the addition of awareness of language issues as a barrier to communication. See answer to question 5 and 6.

Consultation question 8: Which part of the Framework document is of particular relevance or interest to you or your organisation?

Of particular practical interest to MHiMA and CALD clients from migrant and refugee backgrounds, are the project deliverables related to resources to assist with communication and advocacy by pharmacists on mental health care and information sheets about the role of pharmacists.

In order to be able to communicate effectively with clients from CALD backgrounds with low English proficiency, resources are needed which have been translated into a broad range of languages other than English. The MHiMA website makes available multilingual tools for mental health workers such as brochures with information about mental illnesses and the role of carers in mental health etc, which could also be useful for pharmacists when interacting with bilingual consumers.

MHiMA would be interested in further exploring opportunities for collaboration with the Pharmaceutical Society of Australia in these areas in the future, which would be beneficial to both our goals and would ultimately benefit migrants and

refugee consumers from CALD backgrounds. For example, pharmacists taking on a lead role in providing consumers with translated materials and in the process of developing and updating quality translations in key community languages.

We are currently developing a Framework for Mental Health in Multicultural Australia, targeted at Mental Health workers in public sectors as well as in the private and community sectors, which would also be of use to pharmacists working across multicultural mental health.

MHiMA will be developing and making available transcultural training modules and tools through a database which could be of assistance as education material for pharmacists.

Consultation question 9: How do you think this Framework could assist you or your organisation to provide enhanced services to consumers and carers?

MHiMA envisages this Framework could assist in providing enhanced services to CALD consumers and carers by being able to better inform them about the role of pharmacists and by empowering them in their knowledge of medication and the management of their mental illness, using multilingual resources and telephone interpreters and by enhancing the cross-cultural skills of pharmacists.

Consultation question 10: How will this Framework assist you in developing collaborative models of mental health care delivery which includes pharmacists?

Consultation question 11: In stage 2 of this project, the development of educational materials and practice support tools for pharmacists is planned. How would you or your organisation wish to be part of this process?

See the answer to question 8

Consultation question 12: As a pharmacist, do you wish to or plan to have a greater role in providing services to mental health consumers and carers?

N/A

Consultation question 13: As a pharmacist, how would this Framework assist you in your current practice or in any future role you wish/plan to undertake?

N/A

Consultation question 14: Can you suggest any other key resources which should be included in this list?

The National Cultural Competency Tool

Thank you.

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MHiMA Contact details:

Executive Officer: Hamza Vayani
Tel: 1300 136 289
Email: exec@mhima.org.au

Postal Address: P O Box 6623, Upper Mt Gravatt,
QLD, 4122

Residential Address : 519 Kessels Rd, Macgregor,
QLD, 4109

Website: www.mhima.org.au