

Prescribing Competency Implementation Guidance for Mental Health



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Foreword

When prescribed and used effectively, medicines have the potential to significantly improve the quality of lives and improve patient outcomes. However, the challenges associated with prescribing the right medicines and supporting patients to use them effectively, means that much can be done to improve the way that we prescribe and support patients in effective medicines use.

To enable this, we need to ensure that all prescribing health professionals follow clear standards to shape their prescribing behaviour, that include discussion of the risks and benefits of medication, and take into account people's personal preferences, including preventative physical health support and the provision of accessible information to support informed decision-making.

While the Royal Pharmaceutical Society (RPS) *Competency Framework for all Prescribers* (2016), which HEE contributed to the development of, is for all prescribers, it was felt that some additional guidance, support, resources or learning materials specifically related to prescribing in mental health would be a valuable addition. The aim being to further enable mental health professionals who are often called to prescribe in certain settings where genuine coproduction is a challenge, where the patient or prescriber is vulnerable, or where there are additional considerations before a prescription is made.

Working with the RPS and engaging experts in the field, including people with lived experience, HEE has developed this resource to support prescribing in mental health care settings.

Divided into ten main competency themes, it gives pragmatic steps through a format based on top tips, case studies and good practice examples to enable further prescriber capability and deliver improved care outcomes.



Mark Radford

Professor Mark Radford

Chief Nurse

Introduction

Health Education England (HEE) exists for one reason only: to support the delivery of excellent healthcare and health improvement to the patients and public of England by ensuring that the workforce of today and tomorrow has the right numbers, skills, values and behaviours, at the right time and in the right place.

These guidelines are intended to accompany the competencies set by the Royal Pharmaceutical Society (RPS) in their excellent prescribing competency framework. They already robustly cover all those who have the legal right to prescribe, in all settings, and are next due for review in 2020. This document is intended to help contextualise those competencies in mental health settings.

When working collaboratively with patients, service users and families to provide care, clinicians can often consider a wide variety of complex variables to reach shared decision-making. Being able to consider and debate these issues outside of the clinical consultation, either as part of formal learning or professional personal reflection, is a valuable resource.

However, it's important to remember that no educational guidance or resources will ever supersede or replace professional regulations or legal requirements when practising clinically.

The guidance presented here could be used by:

- People living with mental health problems, to understand the prescribing process and help them to get the best outcome from discussions about their medication and treatment.
- Prescribers with limited experience of mental health practice to broaden their understanding of the issues they may encounter and develop their practice.
- Prescribers in mental health services to stimulate reflection on their practice.
- Line managers and service developers to stimulate discussion about how they can support their staff to implement good practice and improve services.
- Educators and training providers to include examples of issues or scenarios in mental health in prescribing training.

To produce this guidance, HEE engaged with experts in the field of prescribing in mental health, including experts by experience, and asked them if any of the RPS's competencies would benefit from additional comments that would enhance understanding and promote discussion and reflection in clinical practice. These were grouped into case studies, good practice examples and top tips, and are presented here in this initial document, under the RPS's competencies.

Top Tip

These are examples of things to think about; often presented as advice from experienced clinicians about how to approach situations, or specific things to consider within a particular domain related to mental health.

Case Study

An example from clinical mental health practice that relates to the domain. All are real life experiences, although some are a mixture of clinical cases that better explain issues related to the competence.

Good Practice

These are examples from local services who are doing things in a way that promotes better practice or highlights an innovative strategy within mental health prescribing.

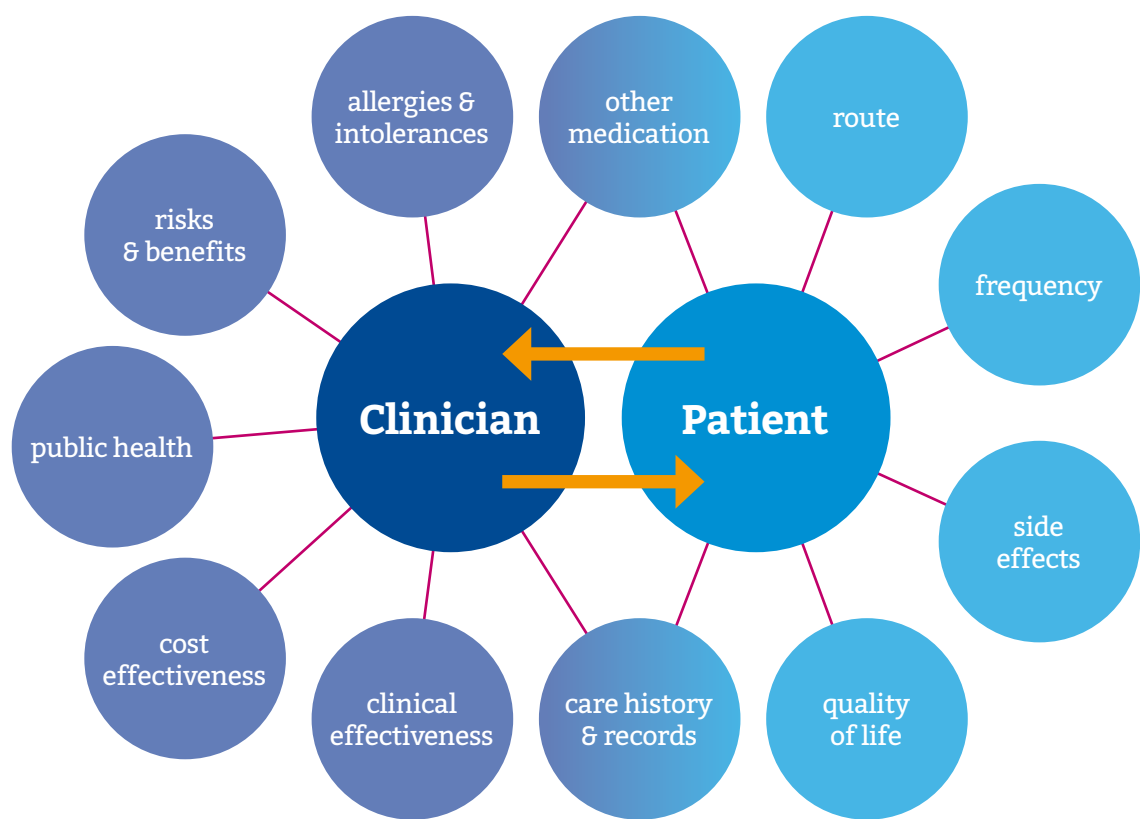
The first are case studies, where a description of a prescribing action is placed in context around other aspects of clinical care. 'Good practice' examples are those where innovation or developments in services have led to enhanced prescribing quality in mental health. Finally, 'top tips' are pointers and considerations that experienced prescribers have found the most useful from their own learning.

We hope you find them useful. You'll note in this first version that not all the competencies have specific mental health prescribing comments alongside them. This doesn't mean that there aren't good examples, top tips or case studies to add – we just haven't heard about them yet!

If you have any questions, comments, feedback or further examples to add to future versions of this guidance document, please feel free to send them to us at mentalhealth@hee.nhs.uk for consideration in the next draft.

Considerations between prescriber and patient

Coproducing this document with everyone involved in making decisions about prescriptions has highlighted the complex considerations that are involved. Even when considering only patient and prescriber, a number of sometimes conflicting interdependencies are shown.



Weighing up the benefits

Service users have told us that overall, the most important measurement of whether medicine is effective is quality of life. Having no distressing symptoms is favourable, but if the cost to an individual is many equally distressing adverse effects, then it may not feel worth it. Crafting a balance along this continuum where someone is comfortable that they have achieved the best outcome for them is pivotal.

Where does the patient feel
their optimum quality of life is?



ASSESS THE PATIENT

In mental health services, the need to engage in trauma informed approaches begins even in assessment. Asking, 'what happened to you?' rather than 'what's wrong with you?' is essential to begin a trauma informed approach to care. However, this can seem at odds with attempting to elicit 'abnormal' symptoms and prescribing a licensed product to 'treat' them. Here, mental health prescribing means the most thorough of holistic assessments, gathering multiple points of view from a variety of sources wherever possible and critically analysing an overall presentation. Some of this critical thinking can mean challenging one's own beliefs about the nature of mental illness and disorder in order to work with the individual to create the best plan for them.



1: Assess The Patient

1.1 Takes an appropriate medical, social and medication history, including allergies and intolerances.

Top Tip

It's appreciated that it can be difficult to access comprehensive information about medicines. Asking about 'anything you may have bought over the counter or from a health food shop?' will highlight potentially important interactions from things such as St. John's wort.

A good therapeutic relationship will also allow discussions about behaviours that people know are inappropriate but need to be shared for safe prescribing. For example, sharing other people's prescriptions, buying substances from the Internet, or taking medicines other than in the way they were originally prescribed.



1.2 Undertakes an appropriate clinical assessment.

Top Tip

Advanced statements and decisions about medicine choices are an important way of people feeling in control and sharing in treatment decisions and should be carefully recorded and checked for.

Case Study – Assessing with reference to patient preference

Although it's not recommended routinely, Ben had expressed a wish that if he was ever admitted again in a grossly psychotic state, he wanted to be prescribed and administered zuclopenthixol acetate. He was aware of the risks but had found on a previous admission that although he was sedated for some time, his recovery was quicker, required less intervention and better retained his dignity overall. He preferred it to the slow, careful management with low doses of antipsychotics and benzodiazepines that had been attempted on another admission. This method was considered best practice in the acute management of the secure setting he's been in.

Top Tip

Appropriate clinical assessments in mental health often are, by necessity, the most global and holistic of clinical assessments. Sometimes referred to as 'bio-psychosocial' in nature, practical issues like employment, housing and finances can have such a significant impact on mental health that it's remiss not to include them in a full assessment. Equally, medication can't be expected to fundamentally address these issues, which can require collaboration with multiple agencies and professionals to provide the correct type of support.

1.3 Accesses and interprets all available and relevant patient records to ensure knowledge of the patient's management to date.

Good Practice

Several trusts around the country have afforded joint access to the pathology results system between the acute and specialist mental health provider. This allows clinicians real-time access to blood and other test results that impact on their prescribing activities. This helps to combat the problem that people's physical health is managed in one place and their mental health in another. But knowledge of both is required to provide comprehensive and safe care.

1.4 Requests and interprets relevant investigations necessary to inform treatment options.



Top Tip



Many people still experience stigma around diagnosis. The way in which treatment is described is vitally important so that it's understood and a plan is coproduced.

Good Practice

In both mental health and learning disability settings, the issue of 'diagnostic overshadowing' can be a real problem. This is where health professionals have wrongly assumed that a symptom is related to a mental illness or learning disability. The person therefore receives delayed, inappropriate or inadequate treatment.



Lots of mental health and learning disability services are investing significant resources in physical healthcare for their patients and collaborating more with their acute health colleagues. Community teams often offer physical health checks as part of their medicines optimisation work, and physical healthcare staff are sometimes employed as part of the mental health team itself. Careful organisation of the environment and facilitating good quality communication is vital. Ensuring advocacy and assistance when patients need to visit other healthcare facilities can be helpful too.



1.5 Makes, confirms or understands, the working or final diagnosis by systematically considering the various possibilities

Case Study - Being careful not to use potentially stigmatising diagnostic vocabulary

Susan has been referred to the home-based treatment team after experiencing hallucinations and delusions that she'd been trying to cover up for some time. They were now posing a risk to herself and her family.

One prescriber tries to offer a treatment plan by discussing with Susan that the team have comprehensively assessed her and found she has schizophrenia. Ideally she would take medicine to treat it along with other support medicines she may need to take in the long term. Susan refuses treatment and becomes quite distressed, and her family ask the team to leave the house.

Later, they accept a further home visit. Another prescriber visits and suggests that Susan's symptoms are those of 'psychosis'. They talk about upset and distress meaning that it's difficult for her to interpret reality and have clarity of thought. They suggest a medicine that may help with those symptoms that if she tries, will be monitored and reviewed carefully – as there are others which may be effective too. Susan agrees to a trial of this treatment.

The first prescriber feels as if they failed and needs to discuss this in their clinical supervision. What's to learn here?

1.6 Understands the condition(s) being treated, their natural progression and how to assess their severity, deterioration and anticipated response to treatment.

Top Tip

Mental health conditions have influence over all aspects of a person's life and functioning. Equally, social, emotional, financial and other practical changes can have huge impacts on prospects for the management of illness. Holistic assessment, and a global view of the individual's version of what constitutes recovery and quality of life, are as important as identifying and treating symptoms with medication in mental health services.



1.7 Reviews adherence to and effectiveness of current medicines.



Top Tip

Mental health prescribers should be able to identify and recognise the difference between adherence, compliance and concordance.

Equally, effectiveness cannot be considered solely in a reduction of symptoms. Many people describe an ability to function as preferable to the 'mental fog' they sometimes talk about when doses of medicine are optimised to enable them to be symptom-free.

1.8 Refers to or seeks guidance from another member of the team, a specialist or a prescribing information source when necessary.

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Where does the patient feel
their optimum quality of life is?

minimal
medication



minimal
symptoms

CONSIDER THE OPTIONS

In prescribing mental health medication, it's often the case that someone may choose not to be prescribed a medicine even though there's evidence that it may benefit them. They may prefer to use only non-pharmacological options even when there are a range of potential medicines available. The evidence that there's still stigma regarding taking mental health medication, and the impact on people's lives in order to adhere to treatment regimes, can all be powerful influencers. Equally, the faith that people may potentially put in medicines to improve their overall quality of life can be misplaced. It's essential for prescribers to sensitively explore all these options with an individual and anyone else they ask to be involved in their care.



2: Consider The Options

2.1 Considers both non-pharmacological (including no treatment) and pharmacological approaches to modifying disease and promoting health.

Case Study – Use of ‘social prescribing’ as an option

Shilpa reflected that in her career as a psychiatrist, she had often felt powerless to ‘help the patient’ if they declined a prescription for very obvious symptoms. Their condition sometimes deteriorated over the course of several appointments despite her attempts to persuade them. However, she reflected that engagement with the MDT meant that a collaborative approach could involve team ‘prescriptions’ for recovery college courses, visits from a CPN, a course of online CBT, help with joining a gym, and other interventions. Shilpa was able to access CPD to improve her knowledge of all these interventions. This enabled her to offer better clinical leadership to the team coordinating care, and therefore better overall care for her patients.

2.2 Considers all pharmacological treatment options including optimising doses as well as stopping treatment (appropriate polypharmacy, de-prescribing).

Good Practice

Some mental health prescribers have altered their verbal explanations of prescriptions for benzodiazepines by explaining to people that they can have a specified number of tablets over a number of days – but that the responsibility for how and when to take them is completely up to the user. For example, when offering a short-term hypnotic benzodiazepine for severe insomnia related to trauma, a small number of tablets can be prescribed. The prescriber could offer the patient the option of retaining the tablets for emergencies, taking them every night or using them on alternate nights, making it clear that no further prescriptions can be obtained until review. This could be a comforting and collaborative way to afford a person control over their own symptoms.



Case Study – Managing the effects of withdrawal

It's now known that withdrawing from some medicines can cause withdrawal effects. For some people, these can be disabling and extremely distressing symptoms that can cruelly mimic some of the reasons the medicine was prescribed in the first place.

Prescribing pharmacist Paul, discussed with his patient that when she decided to stop taking her anti-anxiety medicine, he would recommend that the formulation be changed from tablets to liquid. This coupled with an oral syringe in small increments meant that reducing doses by tiny amounts over several weeks was easy, something that would never have been possible with tablets. An additional positive side effect was that the patient reported of feeling in control of the tapering process (asking some weeks for smaller reductions). This was very reassuring to her.

2.3 Assesses the risks and benefits to the patient of taking or not taking a medicine or treatment.

Top Tip

When assessing risks and benefits, it's important in mental health services to assess wider risk – to the person themselves, the public and society.

Some people may choose not to have medicine, but this leaves them vulnerable to symptoms which can make that person a threat to themselves and others because of their mental state.

There is, of course, a risk of low mood leading someone to feel life isn't worth living. Choosing not to take medicine or treatment for a long period can make someone vulnerable to a more chronic and intractable form of their illness, when early assertive intervention could have prevented further deterioration. Coproduction to assess risks and benefits is important here.

Choosing not to take medicine can also mean someone is at risk of endangering other people as a result of their behaviour, whether intentional or not. Weighing up the need to act in the public interest whilst respecting the wishes of the individual is a relatively routine problem in mental health prescribing – but is an extremely complex one.

Collaboration with MAPPA (multi-agency public protection arrangements) and other criminal justice agencies can sometimes be involved in these cases.

2.4 Applies understanding of the mode of action and pharmacokinetics of medicines and how these may be altered (e.g. by genetics, age, renal impairment, pregnancy).

Top Tip

Antipsychotic medicines are often given as a depot injection intramuscularly. These are deep injections, and it's wise to check that the patient has sufficient muscle mass in the appropriate site to make safe and effective administration possible.



2.5 Assesses how co-morbidities, existing medication, allergies, contraindications and quality of life impact on management options.

Top Tip

Adverse metabolic effects of some mental health medicines are now well documented. However, unfortunately historically in lots of circumstances common practice was to accept weight gain as an unfortunate but inevitable part of treatment. This should never be the case and patients should be given lots of support and advice about the potential effects of taking medication on their weight. This will help them to be aware of it, and to plan strategies to minimise these effects.

2.6 Takes into account any relevant patient factors (e.g. ability to swallow, religion) and the potential impact on route of administration and formulation of medicines.



Top Tip

When discussing a prescription with someone, remember that the route of administration can be a pivotally important consideration. Never assume that someone would be comfortable receiving a gluteal injection regularly (the availability of the deltoid injection site has improved dignity for many people). Equally, others may choose injections as the least invasive option compared to remembering to take daily doses of tablets.

Top Tip

Be mindful about excipients in medicines and their suitability for the patient. For instance, advice about lactose in tablets can be sought from the Vegan Society. Those of Muslim or Jewish faith commonly wouldn't take capsule medication as they may contain animal-derived ingredients.

Case Study – Vegan patient – pharmacy advice

A prescriber on an acute mental health ward was able to check with the pharmacy and ensure that his vegan patient could have aripiprazole after all.

Although the tablets (both regular and orodispersible) were found to contain lactose, the liquid didn't, and so was suitable for the patient. Additionally, there was some further reassurance that should aripiprazole not prove effective, then risperidone would have been suitable too.



2.7 Identifies, accesses, and uses reliable and validated sources of information and critically evaluates other information.

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2.8 Stays up-to-date in own area of practice and applies the principles of evidence-based practice, including clinical and cost-effectiveness.

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2.9 Takes into account the wider perspective including the public health issues related to medicines and their use and promoting health.

Good Practice

Prescribers should routinely advise and caution against their patients buying medicines from sources that are not clearly identified as reputable – more recently those online.

It's understood that the anonymity, apparent convenience, lack of enquiry into personal matters and feelings of stigma when using medicines for mental health issues may make the Internet seem an attractive place to get medicines from. But the safety concerns about product quality alone means that there's an urgent need to counsel patients about acquiring medicines from clearly identified reputable sources.

Sensitive and non-judgemental enquiries about anything the patient may have 'bought or borrowed from anywhere else' allow a prescriber to make a full assessment of anything that may be being used.

Good Practice

Several specialist mental health trusts now offer resource tools and even specialist services that signpost healthcare professionals and service users to sources of information about healthy eating, local support groups and activity groups in the area. This has proved useful particularly in antipsychotic weight management.

Case Study – STOMP – deprescribing for quality of life

A patient was referred to a pharmacist prescriber for a STOMP (stopping over medication of people with a learning disability, autism or both) review. He'd been prescribed risperidone for several years to try and help calm his anger and aggression. He had become sedated, demotivated, and had gained 7 stone in weight since being on risperidone. He spent all day playing computer games and rarely left the house.

The prescriber worked with the patient and his dad to cautiously challenge this prescription – given his side effect burden, including raised prolactin and metabolic syndrome. They also involved the behavioural team and occupational therapist to understand his needs in a more functional way and to develop an interest in activity including exercise and leaving the house.

As the dose lowered, he became less sedated, more driven and had increased energy levels. After 4 months, he joined the local gym, being supported by a community team member, and began to lose weight. He also started walking and joined a local gardening project for people with a learning disability.

After 6 months he had successfully stopped the risperidone. He had lost 6 stone and all blood results were now within range. His metabolic syndrome had normalised, and he was occupied in meaningful community work. He now has plans to apply to join the army given his new-found levels of motivation, physical fitness and well-being.

2.10 Understands antimicrobial resistance and the roles of infection prevention, control and antimicrobial stewardship measures.

Top Tip

The competence here highlights antimicrobial resistance as a huge public health issue which, of course, is wholly appropriate. However, we must also consider the amount of hypnotic use, and the potential withdrawal issues and physical health monitoring of longer-term treatment of some mental health medications. These can be considered a public health issue too.

REACH A SHARED DECISION

The expert in a particular condition is a person who has it. The prescriber has a great deal to offer in terms of technical knowledge, skills and abilities, honed over sometimes decades of careful clinical practice, supervision and research. They may even have lived experience themselves – but they're not the person receiving potential treatment, and their experiences can never be the same. Genuine co-production involves all parties being equipped with all the information they need to make the best decision for them.



3: Reach A Shared Decision

3.1 Works with the patient/carer in partnership to make informed choices, agreeing a plan that respects patient preferences including their right to refuse or limit treatment.

Top Tip



In mental health prescribing, mental capacity (including capacity and other mental health law) and the overall risks and benefits this brings to recovery, can be complex considerations for prescribing. Agreeing a plan that balances these issues with respecting patient preferences and wishes is key. This is one of the elements of coproduction. In order for patients to best communicate their needs and explore their wishes, it's advisable to consider advocacy and further support from elsewhere to reduce any bias.

Good Practice



In child and adolescent services, colleagues routinely start treatment by assessing 'Gillick Competence'. Although parents and guardians can give permission to start treatment in young children, as they mature, the young person themselves can have greater involvement. Subsequently, they can take over more decision-making over time.

Good Practice



People often have very different support systems. All prescribers and other clinicians should explore carefully who the patient feels are in their 'family' and who their 'carers' are. And, vitally, who they give permission to be involved with plans for their care and treatment.

Concepts of 'next of kin' and 'nearest relative', remain important legal definitions currently (some of which are being challenged). However, they often don't reflect the myriad communities and support systems that people have in the modern world, and it's these which need to be mapped in every case.

Case Study – Collaboration and coproduction

A community prescriber is working with Robert, a 25-year gentleman with a diagnosis of autism. He communicates predominantly in single word answers and can care for himself with prompts and support from his mum.

Recently he's become 'stuck' when initiating tasks due to increased anxiety. Any interventions are viewed as interference and lead to threats of physical aggression towards his mum.

His family have a negative view of medication use and have always promoted non-pharmacological ways of supporting Robert. The family also cited poor interaction between professionals previously, so they were nervous coming to clinic.



The prescriber met with Robert and his mum on several occasions, explored his presentation, needs and concerns in relation to ongoing support. After individually researching all the options and then discussing them together, an antidepressant was prescribed. The decision was arrived at by communicating with Robert in a simplified format using simple language and pictorial aids. Robert didn't have full capacity to make a fully independent decision and couldn't understand all the implications about medication use. But he was included as much as possible in the process. This was of great comfort to his mum, who disclosed that prescribers, 'talking over Robert and not to him', had been one of the family's difficulties with previous professionals.

As Robert's prescription was optimised and he became less withdrawn and anxious, his ability to engage and communicate about his treatment also increased. It was important for the prescriber to be aware of and encourage this in subsequent reviews.

3.2 Identifies and respects the patient in relation to diversity, values, beliefs and expectations about their health and treatment with medicines.

Top Tip

Some people find that taking a medicine for their mental health condition can help validate that their illness is 'real', requires practical treatment, and isn't their fault nor some type of 'character flaw'. Other people take the wholly opposite view; that accepting treatment with medicines is a negative thing. They feel that they've succumbed to an illness that they consider a weakness of character.

Both these polar opposite points of view can be expressed about the same diagnosis and treatment options by different people! Both are equally valid expressions of people's cultural and social view of medicines in mental health and their values, belief and expectations about treatment. Understanding, exploring and respecting these very different points of view is necessary when considering how a potential treatment will affect someone.

3.3 Explains the rationale behind and the potential risks and benefits of management options in a way the patient/carer understands.

Top Tip

It's understood that a prescriber can never be categorical about what response to treatment will be in an individual case. Neither can they be certain of the impact of not trying a treatment option.

However, it can be useful to start with immediate effects on the individual, before exploring the impact on family, friends, and the wider community. These are often considerations that are part of the prescriber's rationale for suggesting treatment but are sometimes not discussed in the same detail.



Case Study - Wider risks of Impulsive Behaviour

Kelly is a CPN discussing treatment options with Francesca, whose disinhibition means that she's been driving without due care and attention. Francesca feels that the sedative effects of treatment with medicine aren't something she can tolerate. She also worries that accepting treatment will mean the DVLA may impose restrictions on her licence. Francesca is clear that, as an adult with capacity, she can refuse to accept the diagnosis and can drive however she pleases. She said 'if I smash my car up, that's my problem, and the police can deal with me – if they catch me'.

However, Kelly is able to explore with Francesca a way of expanding on the wider risk of her behaviour. They're able to discuss the horror, guilt and trauma she and other members of the community would experience were she to cause an accident that injured someone else. Francesca realises that, when thinking about medicines, she believed the risk to herself was something she was prepared to take, but the risk to others wasn't.

3.4 Routinely assesses adherence in a non-judgemental way and understands the different reasons non-adherence can occur (intentional or non-intentional) and how best to support patients/carers.

Case Study – Supporting adherence as a part of quality of life

Matthew has had bipolar for the majority of his adult life. He's well aware that treatment with Lithium therapy isn't only effective in controlling his symptoms but means that he can have more stable relationships with family and friends. However, he frequently doesn't take his medication or attend for routine blood monitoring. He has on occasion been admitted acutely to mental health units, floridly unwell and a risk to himself and others.

It's easy for the admitting professional to write 'relapse of bipolar affective disorder' and commence a treatment plan to re-establish Lithium. They will then discharge Matthew several weeks later very much recovered, to a welcoming family home, and feel that this is a good outcome.

However, this cycle of relapse is only halted when a review of his care and treatment affords him a plan of psychosocial interventions alongside routine medicines optimisation.

Matthew is given time and space with a professional 1:1 to discover that he's never truly accepted his diagnosis. He often pretends he isn't unwell by not taking medicine. The fleeting time that he's only mildly hypomanic unnaturally reinforces how great he could potentially feel – if only he could stay this way. Of course, his debilitating illness means he can't. The increase in manic symptoms and risk to himself and others means he's forcibly admitted – something he sees as evil, punitive and paternalistic. Although he's grateful when he gets better for the help he receives, Matthew associates having to attend a mental health outpatient clinic for blood tests as stigmatising. It reminds him that he's mentally ill and will never 'get away' from services – so he doesn't turn up.

Matthew's new community care plan means that he negotiates his Lithium dose at the lower end of the therapeutic scale with his prescriber. This means he doesn't feel as much of an 'emptiness' inside like he did before. He's arranged with a local chemist to have his medicine delivered to him. When his community nurse visits, they go out for coffee in town instead of having home visits. Matthew's CPN drops him home after some appointments so he can take a sample of blood before he leaves and send it off to the lab. This means Matthew doesn't have to queue and wait. Matthew also knows that his blood tests are a vital measure of his kidney, liver and thyroid functions – a good measure of his overall health.

Top Tip

In mental health prescribing, it can be very frustrating for the prescriber when they believe that a treatment will be incredibly effective and improve quality of life, but the individual prescribed it is non-adherent. As the competence indicates, non-adherence can be extremely complicated for a variety of reasons.



3.5 Builds a relationship which encourages appropriate prescribing and not the expectation that a prescription will be supplied.



Top Tip

The psychological effects of prescribing, (or not) are especially important in mental health services for a number of reasons. Not least, these can be issues related to:

- Wider expectations of family or other informal carers – expecting physiological ‘treatment’ for their loved one, and an immediate outcome.
- The individual, family or wider society’s lack of understanding about mental health issues, stigma, and effective help.
- To have a disease ‘validated’ as not being weakness of character.
- A desperate urge for both patient and prescriber to do something now, especially in the face of a potential delay in accessing psychological therapies.

3.6 Explores the patient/carers understanding of a consultation and aims for a satisfactory outcome for the patient/carer and prescriber.

Top Tip

It’s important for mental health prescribers to appreciate the understanding of mental ill health and the outcomes of treatment wider than the individual they’re currently engaged in consultation with.

Good Practice

Ward rounds can be daunting places. Attempts to limit the number of professional attendees for one patient is always balanced with everyone’s opportunity for involvement to make the best plans.

Most inpatient consultants from time to time discuss in ward rounds the possibility of taking medicine as part of a treatment plan. However, many also don’t prescribe then and there. Instead, they offer written information, the opportunity to speak to other staff 1:1 outside of ward rounds, advocacy involvement and time to liaise with carers and family. Then they regroup and make a decision together. This also allows the patient some ‘breathing space’ as well as more information and support. This means they can be sure that they’ve reflected on their wishes.

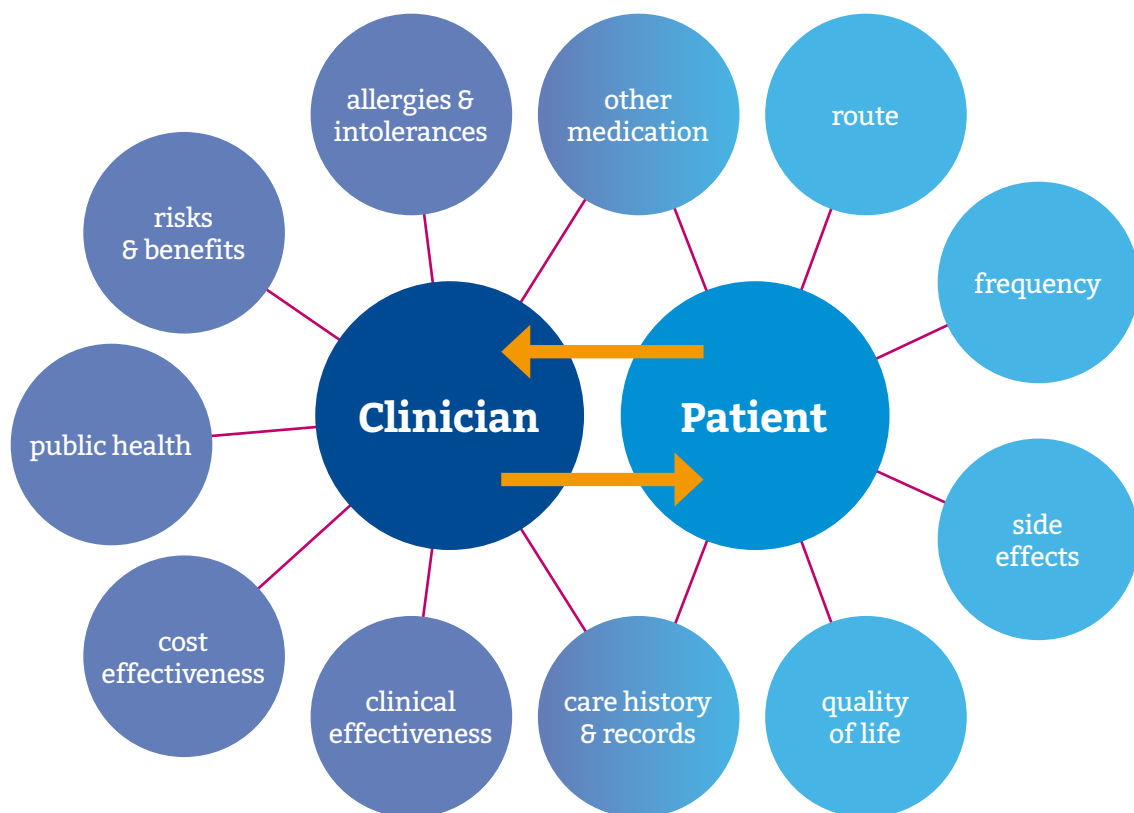
Case Study – Giving options

Rob's an advanced nurse practitioner working in primary care reviewing people's mental health. As a nurse prescriber he often provides consultations with patients for new prescriptions of medication.

He always frames his consultation options like a 'risk benefit' analysis to make sure that all options are considered. He always, no matter how unsuitable he personally considers it may be, gives the option of 'no treatment'.

Right from before the initial prescription, he talks about how the medicine will be reviewed and potentially discontinued.

He believes this is the only way to genuinely coproduce a medicines optimisation plan.



PRESCRIBE

It's often argued that working with patients experiencing mental health conditions is an art as much as a science. This is because it combines humanistic approaches with scientific skills and abilities. In this domain more than most, strict adherence to the technical aspects of legal and system requirements involved in providing a prescription are vital for the prescriber. This is especially true in the complex care pathways that exist in mental health services. It's common to cross providers, settings and sometimes multiple prescribers in a single individual's care. Communication is key.



4: Prescribe

4.1 Prescribes a medicine only with adequate, up-to-date awareness of its actions, indications, dose, contraindications, interactions, cautions, and side effects.

Top Tip

It's important to consider that there are established customs and practices in the use of medicines outside of their licenses for use in mental health. Prescribers will often have local formularies as well as policies and procedures to operate within in the course of their work. Overall, the Royal College of Psychiatrists' document on unlicensed medicine use is also really helpful: <https://www.rcpsych.ac.uk/improving-care/campaigning-for-better-mental-health-policy/college-reports/2017-college-reports/use-of-licensed-medicines-for-unlicensed-applications-in-psychiatric-practice-2nd-edition-cr210-dec-2017>



Case Study - The importance of discussing possible side effects

Jesse is prescribed clozapine. Compared to some of the previous medicines they've tried, this is much better. Their overall quality of life has improved significantly and they're even thinking about looking for a part-time job after a long time away from employment.

The medicine has been titrated and reviewed, apparently without incident. However, Jesse hasn't mentioned the grossly excessive salivation they're experiencing, especially at night, which soaks their pillow.

Given previous side effects, which have been severe and disabling, Jesse didn't even really think to mention this. Even if they'd thought it was a side effect of antipsychotic medication, it was unlike any other they'd ever had.

Had Jesse's care been managed by a team that routinely asked about this side effect as part of an overall management plan, it could've been picked up and addressed with an adjunctive medication.

4.2 Understands the potential for adverse effects and takes steps to avoid/minimise, recognise and manage them.

Top Tip

Recognising the traumatising effects of enforcing medicine is really important in mental health prescribing. Although this is especially prevalent in restraints and when medicine is given IM, it can equally be the case in oral administration.

It's therefore important to consider these potential effects at the point of prescription. An holistic approach about the whole patient journey and experience can enhance a more compassionate understanding.

Where does the patient feel
their optimum quality of life is?

minimal
medication



minimal
symptoms

Good Practice

Clozapine has now been prescribed to good effect for a long time in the UK. It was often associated with the requirement for an inpatient stay to titrate and monitor it, which some people found intrusive and limiting to their lifestyles.



Outpatient monitoring services have improved greatly over the years, and many now offer a fully integrated service. People prescribed clozapine can attend a clinic, get basic health checks and advice and have their blood monitored and analysed there and then. Then they can leave with fresh supplies of their medicine – all in one appointment. Adverse effects like constipation and hypersalivation are now routinely enquired about, providing a much more preventative and holistic service.



Case Study – Quality of life versus symptom free?

Jo doesn't like taking medicines and has a long history of horrible psychomotor side effects that mean feeling violently tormented and restless. This means not hearing voices isn't worth the pain.



However, Jo's prescriber knows that these days, it's quality of life that's the goal. They negotiate with Jo a dose of medicine that means the hallucinatory experiences don't go away, but they're not intrusive, demanding and distracting. It will be possible for Jo to ignore them when concentrating. In return, Jo takes an amount of medication that affords the opportunity to feel rested and at ease, without the disabling and distressing inner restlessness.



Good Practice

It's pivotal to have an open and honest discussion with anyone considering taking a mental health medication if there are potential unwanted effects of taking it that can have a severe and disabling effect on quality of life, however rare. Recent work by the Money and Mental Health Policy Institute has highlighted the risks around the potential for some dopaminergic medicines to cause impulsive behaviour, like gambling and excessive spending.



Although the medicine may still be prescribed and very appropriate (as the benefits outweigh the risks), a lot of risk mitigation can be done with everyone involved having increased awareness. This can be psychologically, by people being more careful when monitoring their spending behaviours, and practically, e.g. organising gambling blocks on bank accounts or reducing credit limits. Like some of the physiological side effects, such as weight gain, prevention is always better than cure.

4.3 Prescribes within relevant frameworks for medicines use as appropriate (e.g. local formularies, care pathways, protocols and guidelines).



Top Tip

Local formularies can often improve patient care by reducing inappropriate variations in clinical care and supporting effective management and supply of medicines. Sometimes this is right across the healthcare economy as primary and secondary care can make agreements about starting and continuing medicines.

It's always important when these are developed that local committees have a clear process about the review and adoption of other guidelines (NICE and others) within their formularies. It's equally important to have a mechanism for reviewing and reconsidering decisions in light of new evidence or differing local needs.

4.4 Prescribes generic medicines where practical and safe for the patient and knows when medicines should be prescribed by branded product.

Top Tip

Prescribing a medicine generically enables pharmacy staff to dispense an appropriate product, but from a suitable generic or brand, increasing availability and often offering better value.

However, there are times when the bioavailability of various products can vary. The traditional example of this in mental health is Lithium. Patients will have their own brand, titrated to a therapeutic dose for them. This shouldn't be changed, unless the same precautions are followed as if starting again.

There are also psychological issues to consider when choosing generic or branded. For some patients, anxiety or confusion over a change in appearance or taste can be much worse than simply prescribing the brand they're used to. There are risks of non-adherence or self-administration errors which must be considered.



4.5 Understands and applies relevant national frameworks for medicines use (e.g. NICE, SMC, AWMSG and medicines management/optimisation) to own prescribing practice.

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4.6 Accurately completes and routinely checks calculations relevant to prescribing and practical dosing.

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4.7 Considers the potential for misuse of medicines.

Top Tip

It's important to consider here that there can be an assumption of what 'misuse' means. Apart from the more obvious potential trading of medicines and contact with the criminal justice system, There's the potential for other harm. Harm to oneself and others can come from leaving medicines where vulnerable people like children may access them, and many mental health medicines can often be used in excess. Covert administration and all administration conducted by a person other than the individual themselves can give rise to the potential for misuse.

Case Study – Unusual forms of misuse of medicines

Salma is a CPN visiting Sheela at home. Sheela has been discharged from hospital to continue her recovery from post-natal psychosis. Sheela's medicine is taken care of by her husband, who tells Salma that Sheela can't remember to take her own medicine, so he does it for her. In fact, Salma finds it difficult to assess Sheela's mental health when she visits, as she's often asleep in bed. Family members are visiting and taking care of Sheela's baby.

It takes some sensitive and careful enquiries by Salma on more than one visit to ascertain that Sheela's husband is giving Sheela her antipsychotic medicine in one large dose during the day rather than in the afternoon and the majority at night as prescribed. This is so that she's sedated and 'doesn't interfere' when the family are there in the day caring for the baby. He reports that when she can't sleep at night, she sometimes helps him bottle feed the baby, which he finds useful. Sheela's husband feels that since the baby is cared for and Sheela isn't visibly distressed, he's acting in everyone's best interests. But he hasn't thought about the risks of sedating Sheela during the day and the impact of her being nocturnal. This will affect her ability to bond with her baby and establish a pattern and routine with the support of her family.

4.8 Uses up-to-date information about prescribed medicines (e.g. availability, pack sizes, storage conditions, excipients, costs).

Top Tip

As well as considering limiting the amount of medicines someone keeps at home for risk and cost reasons, it's essential that mental health prescribers make use of the SPC and BNF online content to inform their decisions.

For many years, specialist mental health pharmacists have lobbied that prescribers should consider 'dispense in compliance aid' no substitute for good quality medicines management. In fact, dosette boxes and other such devices can often not be a solution at all. Considering safe storage at home also involves consideration of children and other family members, as well as the individual themselves.

Good Practice

Good quality medicines optimisation practices often involve appreciation that sensitive understanding of the perception of medicines to individuals prescribed them can have a great impact.

In specialist mental health trusts, local pharmacists often warn professionals and patients when a medicine supplier or branded product changes. They understand that a change in size, shape, colour etc. can be very worrying for those with cognitive impairment or psychotic experiences.

Likewise, even though professionals know that 300mg of one medicine can be equivalent to 50mg of another in the same class, this often isn't the way it may appear to a lay person or someone without technical knowledge of pharmacology. They may worry that treatment effects will be different too.

Top Tip

The Specialist Pharmacy Service has a list of medicines that are currently in short supply, or are discontinued: www.sps.nhs.uk/category/shortages-discontinuations-and-expiries/

4.9 Electronically generates or writes legible, unambiguous and complete prescriptions which meet legal requirements.

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4.10 Effectively uses the systems necessary to prescribe medicines (e.g. medicine charts, electronic prescribing, decision support).

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4.11 Only prescribes medicines that are unlicensed, 'off-label', or outside standard practice if satisfied that an alternative licensed medicine would not meet the patient's clinical needs.

Top Tip

As in competence 4.1, the Royal College of Psychiatrists' document on unlicensed medicines is a useful resource: www.rcpsych.ac.uk/improving-care/campaigning-for-better-mental-health-policy/college-reports/2017-college-reports/use-of-licensed-medicines-for-unlicensed-applications-in-psychiatric-practice-2nd-edition-cr210-dec-2017



4.12 Makes accurate legible and contemporaneous records and clinical notes of prescribing decisions.

Good Practice

Consultations, especially if you're unwell and decision-making is complex, can be easily misinterpreted or forgotten by both parties. To aid access and afford comprehensive recording and review, some providers are undertaking consultations by Skype. The recordings are made available for both patient and clinician.

4.13 Communicates information about medicines and what they are being used for when sharing or transferring prescribing responsibilities/information.

Top Tip

This is a pivotal area for mental health, as medicines are sometimes used off-label and outside of licence with specific intent.

Case Study – Use of medicines off-licence – and potentially stigmatised assumptions!

Bill, a rehabilitative patient from a long-stay community unit was escorted by his primary nurse to the specialist dental surgical unit at the hospital. Unfortunately, he required multiple extractions, and this could only be conducted under general anaesthesia.

His primary nurse gave a clear and comprehensive handover that Bill had long standing bipolar affective disorder with bouts of behavioural agitation. However, the carbamazepine and benzodiazepines on his medicine card led to the dental surgeon recording that he had performed surgery on an 'anxious epileptic patient this morning'.

PROVIDE INFORMATION

Information is required by individuals in different ways at different times – and this can change for a variety of reasons. Those who prescribe for mental health conditions are used to patients electing to know little about their medicines other than the information given to them by the prescriber. They're equally used to others keen to conduct their own enquiries from a variety of sources before even discussing the potential prescription of a product. It should be remembered that these types of medicines are often prescribed in times of confusion and distress, as they're some of the symptoms they're intended to treat. Therefore, providing information in a variety of forms (e.g. written and verbal), and in a manner which can be understood and retained, is important.



5: Provide Information

5.1 Checks the patient/carer's understanding of and commitment to the patient's management, monitoring and follow-up.

Top Tip

Consideration of all goals is important, particularly in mental health services. The service user's goal may be described as quality of life, whereas for the prescribing clinician, symptom reduction can be a primary aim. It's also important to consider, wherever possible, the needs and wishes of everyone involved in care. When a patient has an informal carer(s), they can form a particularly pivotal part of medicines optimisation plans. Their carer's understanding of the management plan and follow-up arrangements can be the difference between success and failure for the service user. However, carers and wider support networks should only be involved if appropriate, and with everyone's explicit and informed consent.

Where does the patient feel
their optimum quality of life is?



5.2 Gives the patient/carer clear, understandable and accessible information about their medicines (e.g. what it is for, how to use it, possible unwanted effects and how to report them, expected duration of treatment).

Top Tip

It's still worth noting that the Summary of Product Characteristics (SPC) and BNF remain key information sources for safe and effective prescribing behaviours.

Good Practice

In recent years, there's been a huge expansion of available resources to support service user and carer understanding of medicines and how to use them.

In particular, most specialist mental health providers use the 'Choice and Medication' resources <https://www.choiceandmedication.org/>, which are comprehensively reviewed, accessible (available in a wide variety of languages) and evidence based.

Young Minds have developed a resource to help children and young people, and those assisting them, to understand more about mental health medicines. This can be found at <https://youngminds.org.uk/find-help/medications/>

It's also worth noting that, the general public can access the NICE guidance and associated support material <https://www.nice.org.uk/guidance> to enable them to make collaborative and coproduced decisions about their care.



5.3 Guides patients/carers on how to identify reliable sources of information about their medicines and treatments.

Top Tip



Much up-to-date information available online means that it's easier to access. However, the plethora of online content means that it's necessary to exercise caution and use careful judgement when choosing which information sources to rely upon. Service users and carers who haven't navigated this information previously may need help and support to do so. An advocacy service can be useful here.

5.4 Ensures that the patient/carer knows what to do if there are any concerns about the management of their condition, if the condition deteriorates or if there is no improvement in a specific time frame.

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5.5 When possible, encourages and supports patients/carers to take responsibility for their medicines and self-manage their conditions.

Top Tip



Ongoing review of medicines requires accessing timely feedback from services users and carers. This depends on an honest and frank exchange of experiences and wishes. It's important that service users don't simply attempt to reassure the prescriber that they're 'doing as they should' with their prescription.

Many community visits from mental health services have found large stores of unused medication retained at home addresses. Likewise, they've found evidence of medicines taken by an individual and in a manner not prescribed. Only with a full and clear account of what's actually being done can a plan be made for medicines optimisation.

Case Study – Prescribing for self-management of insomnia

Joan has taken benzodiazepines on and off for a number of years to combat the tension and insomnia associated with her generalised anxiety disorder. Over the years, Joan has been aware of the risks of dependence, but finds having multiple short courses of sedation gives her too brief a respite. The psychological anxiety of 'running out and not being able to have any more' contributes to her symptoms as much as her underlying diagnosis does.



Andrew, Joan's new psychiatrist, negotiates a different management plan when he sees her in outpatients. They negotiate together that he'll write a prescription for a number of tablets but leave the administration completely up to Joan. Being clear that no prescriptions will be forthcoming for a number of weeks, Joan can choose to use them alternate days, only at weekends or save a number for emergencies if it's comforting. Andrew also writes to Joan's GP advising that, for now, all prescribing will be done in one place – the outpatient clinic.

As a prescribing professional, Andrew knows there's a risk that Joan's anxiety may make it tempting for her to use her medication at the beginning of the prescription period. She could then be left with none, or even take the medication to excess and potentially cause herself harm. However, he's discussed these risks with Joan and they've agreed that it affords her control over her life. This is something that she's aware she needs to have in order to begin to combat her anxiety at a deeper level, rather than just symptomatically.

MONITOR AND REVIEW

Many medicines for mental health conditions are prescribed for significant periods of time. It's important that they're routinely and comprehensively reviewed, even when someone moves from specialist to more universal care as they recover. An individual's lifestyle and life experiences can have a dramatic apparent effect on the effectiveness of some medicines. All have several potential and actual adverse effects which need to be balanced against an overall quality of life. Prescribers of these medicines need to be prepared to review treatment plans often, even when treatment may potentially be long term.



6: Monitor And Review

6.1 Establishes and maintains a plan for reviewing the patient's treatment.

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6.2 Ensures that the effectiveness of treatment and potential unwanted effects are monitored.

Top Tip



It's essential that the physical care of service users is seen as just as important as managing their mental healthcare by everyone involved, including those prescribing. Comprehensive physical health checks should be a routine part of overall packages of care and support.



Good Practice



Physical health screening clinics for those with SMI are providing a 'one stop shop' for blood tests, weight management and other interventions that are important when people are prescribed these medications.

6.3 Detects and reports suspected adverse drug reactions using appropriate reporting systems.

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6.4 Adapts the management plan in response to on-going monitoring and review of the patient's condition and preferences.

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PRESCRIBE SAFELY

Prescribing for mental health conditions is a complicated area. No one prescriber is able to be an expert in all conditions or client groups. It's therefore essential to define one's own scope of practice, its limitations, and be prepared to seek the assistance of others in order to prescribe safely. Medicines in this field are often prescribed alongside others taken by the person for physical health problems (or to combat some of the adverse effects of mental health medicines). Thus, it's accepted and should be acknowledged where one's scope of practice ends.

There's also a strategic responsibility within services to set up processes and procedures that support prescribing safely. This should include an opportunity to make full and frank disclosures of untoward incidents, so that they can be reviewed, and lessons learnt.



7: Prescribe Safely

7.1 Prescribes within own scope of practice and recognises the limits of own knowledge and skill.

Top Tip

It's vital not just to consider individual scope of practice, but to look at the team/service/organisation as a whole.



Case Study – Defining scope of practice when transcribing

Rebecca is an advanced practitioner in mental health and a non-medical prescriber within an adult acute mental health ward. Her qualification as an RN(MH) means she's comfortable negotiating treatment plans for service users for their mental health conditions and prescribing/amending treatment for those in collaboration with everyone involved.

However, medicines management on the ward means that she's often asked to transcribe to new medicines administration records. This often includes medicines for physical conditions alongside mental health. Rebecca's aware that some of these conditions are outside of her scope of practice. She's really careful within her role description and in supervision to outline a formulary around which she feels comfortable, and those products which she's only transcribing under the direction of the consultant medical practitioner. This enables her to afford continuity of care.



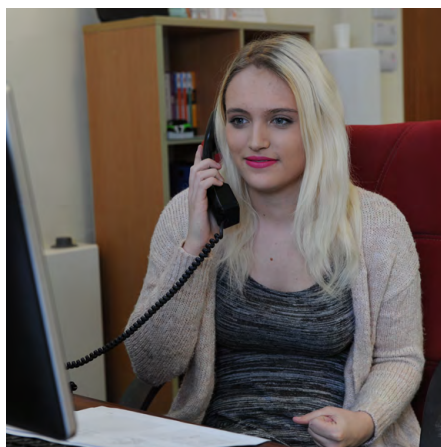
Case Study – Recognising limitations in scope of practice

Bill's a GP working at a busy practice. He sees lots of patients who are prescribed mental health medicines, some of which he's initiated, others are referred for continuation from mental health specialists.

As a primary care practitioner, Bill's caseload (and therefore scope of practice) is the broadest of all the prescribing professionals in his local area. He's very aware that he could never hope to fully understand or appreciate all of the many products available to treat mental health conditions.

Recognising this gap in the depth of his technical knowledge, Bill contacts his local specialist mental health trust and has conversations with the medical director. They agree that Bill may continue to take responsibility for prescribing, but can ask for advice from specialists in the trust when he needs to for people that they share care for. He also formulates a business case with his partners to access an advanced nurse practitioner and specialist mental health pharmacist sessional activity at the surgery. They could offer clinics and medicines optimisation sessions for those with complex prescriptions that need review.

7.2 Knows about common types and causes of medication errors and how to prevent, avoid and detect them.



Top Tip

Treatment with Lithium therapy is considered an important option in the treatment of mood disorders, but it requires careful monitoring and management. All too often it's the traditional errors that are reasons why therapy is discontinued. These include being unclear of which Lithium preparation is used, not being able to carefully review therapeutic levels, and service users being unclear of the effect of good hydration, physical health, etc. on maximising their Lithium treatment's overall benefits and minimising unwanted effects. Good quality Lithium management with a service user held record and clear understanding by all involved of review arrangements are essential.

7.3 Identifies the potential risks associated with prescribing via remote media (telephone, email or through a third party) and takes steps to minimise them.

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7.4 Minimises risks to patients by using or developing processes that support safe prescribing particularly in areas of high risk (e.g. transfer of information about medicines, prescribing of repeat medicines).

Top Tip

The transfer of care between specialist mental health services and primary care is often cited as a risk for medicines optimisation. However, clinicians within mental health services need to be mindful that transfers within specialist services can also require careful thought and planning.

When people need to transfer from children and young people's to adult services (or in older age, to another age appropriate team), there's a risk of issues, not least the need to review doses during the ageing process.



7.5 Keeps up-to-date with emerging safety concerns related to prescribing.



Top Tip

Valproate is an extremely useful mood stabiliser option, but isn't suitable for women of childbearing potential because of the risks of birth defects. This is an enhancement of the more traditional 'not safe in pregnancy' caution that accompanies some medicines. Mental health staff should be able to refer to comprehensive contraceptive advice and assistance, where necessary, to provide suitable care and treatment.

Good Practice



It's good practice to consider and manage the risks of prescribing large amounts of medicine to people who may find it difficult to keep themselves safe. The cost to a patient of repeated relatively small prescriptions is also a factor, of course. Prescribing small amounts with regular reviews is preferable, especially in the early stages of treatment.



Good Practice



Mental health prescribers need, somewhat uniquely, to consider immediate safety concerns to the wider public should a service user not take their medicines as prescribed. Some individuals aren't able to rationally judge when a deterioration in their mental health means that they potentially may become a risk to themselves, or more rarely to others. This means it's necessary for staff to intervene, sometimes in an emergency and using appropriate legal powers, to maintain safety.

Skilled teams including prescribers carefully navigate their duties to protect the public interest. They afford service users every opportunity to coproduce their own treatment plan and negotiate it so everyone's comfortable that opportunity for recovery is maximised.

7.6 Reports prescribing errors, near misses and critical incidents, and reviews practice to prevent recurrence.

Good Practice



In a specialist mental health trust, good medicines optimisation arrangements and governance meant that medicine errors increased!

Actually, this wasn't quite the case; the number of reported errors increased. It was thought that encouragement from the organisation, and a willingness to learn from errors and near misses in a no-blame culture, meant that people felt more able to report mistakes. They could then use them to improve practice.



PRESCRIBE PROFESSIONALLY

Mental health prescribers must ensure that they're acting in the best interests of their patients when making prescribing decisions. Mental health (and intellectual disability) settings have quite rightly come under scrutiny and received negative feedback when mental health medicines have been prescribed for behavioural control, or to make up for a lack of non-pharmacological resources. It's with a view of this that prescribers need to challenge their own practice. They should reflect on it robustly, in supervision of not only their own practice but the environment, services, and teams in which they operate.



8: Prescribe Professionally

8.1 Ensures confidence and competence to prescribe are maintained.

Good Practice



A psychiatrist in the North of England prescribes involvement in football, and other physical activity groups, at the same time as reviewing and prescribing medicines. By doing this, they're promoting parity of esteem of mental and physical healthcare.



Good Practice



Some providers have chosen to co-locate their mental health provision within a 'wellbeing' environment where other health and social care providers offer services. This both improves accessibility and reduces the stigma attached to receiving medicines for mental health. This is because it's seen as an overall component in wellbeing, rather than an independent intervention.

Good Practice



Older people's services that have access to geriatricians as part of their MDT provide more comprehensive services.

8.2 Accepts personal responsibility for prescribing and understands the legal and ethical implications.

Top Tip

Mental health prescribing often involves consideration of wider legal and ethical implications, such as the Mental Health Act and Mental Capacity Act.



More recently, further amendments to mental health law were made to protect service users and staff. The Mental Health Units (Use of Force) Act 2018 offers opportunities to reflect on the use of medicines as a form of 'chemical restraint'. This, and other developments, highlight that the circumstances under which it can be lawful to require someone to take medicines when they haven't agreed to are rare, and a last resort.



8.3 Knows and works within legal and regulatory frameworks affecting prescribing practice (e.g. controlled drugs, prescribing of unlicensed/off-label medicines, regulators guidance, supplementary prescribing).

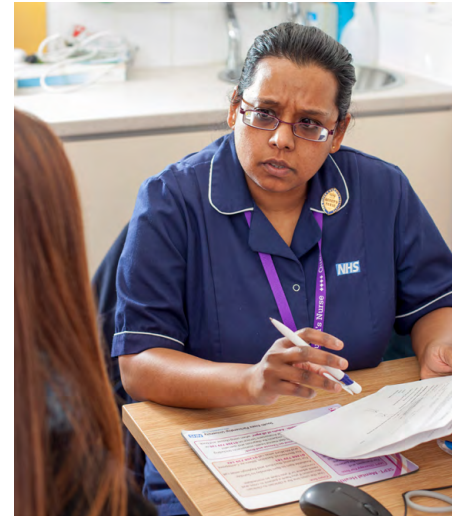
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8.4 Makes prescribing decisions based on the needs of patients and not the prescriber's personal considerations.

Top Tip

The psychological impact of being prescribed mental health medications (or not) can have significant emotional and psychological consequences. These can impact on mental wellbeing in itself. This creates a complex and multifaced presentation of which the prescriber needs to be aware and fully consider.

In addition, the prescriber's personal considerations, particularly their beliefs of the nature of mental illness and disorder from an aetiological point of view and their knowledge skills and expertise in a range of mental health interventions, all play a role in their prescribing behaviours. Awareness of this can be increased with robust and supportive clinical supervision.



8.5 Recognises and deals with factors that might unduly influence prescribing (e.g. pharmaceutical industry, media, patient, colleagues).

Top Tip

Alongside the issues described in 8.4, unconscious bias, the general complexities of prescribing and any safeguarding issues also provide ethical dilemmas at times. Prescribers should be open, honest and transparent with themselves and the service user in reflective discussions about treatment choices.

Case Study – Addressing concerns about not prescribing

Sureen's an advanced nurse practitioner within a busy primary care mental health clinic. One of her patients is unhappy that Sureen isn't going to prescribe further benzodiazepines after they were given an initial two-week supply from the hospital. They accuse Sureen of 'doing nothing to help'.

Sureen explains that the more chronic underlying cause of anxiety in this case means that she'd rather refer her patient for talking therapies. In the meantime, she'll afford extra supportive general appointments whilst a specialist appointment comes through. She confides in her patient that it may seem easier to write a prescription, but this would be short-term symptomatic relief and it's better to deal with the underlying causes. This rationale allows her patient to understand that they're not being refused treatment because a prescription isn't forthcoming; quite the opposite.

8.6 Works within the NHS/organisational/regulatory and other codes of conduct when interacting with the pharmaceutical industry.

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IMPROVE PRESCRIBING PRACTICE

In collaboration with the previous domain about prescribing professionally, mental health prescribers need to use reflections and examinations of their own and others' practice to add to the evidence base for improvement in practice. This includes sometimes the attitudes and behaviours of colleagues or the stigma that exists about having medicine for a mental health issue.



9: Improve Prescribing Practice

9.1 Reflects on own and others, prescribing practice, and acts upon feedback and discussion.

Top Tip

It's useful to refer to the Prescribing Observatory for Mental Health (POMH-UK) improvement programme <https://www.rcpsych.ac.uk/improving-care/ccqi/national-clinical-audits/pomh-uk> to look at overall improvements in mental health prescribing.



On an individual level, all prescribers need to reflect on their prescribing behaviours. The competence framework on which this guidance is based provides an excellent structure to guide reflection. It's particularly helpful for mental health professionals for whom prescribing is only one of a wide range of therapeutic treatment interventions they engage in. All prescribing professionals should consider collecting evidence for their revalidation and making prescribing and psychiatric therapeutics CPD part of their overall development plan.



9.2 Acts upon colleagues' inappropriate or unsafe prescribing practice using appropriate mechanisms.



Top Tip

In mental health prescribing, there can often be a broader spectrum of acceptable prescribing practice within a single diagnosis or presentation. It's therefore more of a nuanced qualitative assessment to question the behaviours of another prescriber. Using POMH-UK data to improve overall practice is useful.

Making treatment plans better quality is often enhanced using a multidisciplinary and interprofessional approach with the service user at the heart of any decision-making. This is equally true of prescribing.



9.3 Understands and uses available tools to improve prescribing (e.g. patient and peer review feedback, prescribing data analysis and audit).

Top Tip

POMH-UK data is available online to member trusts.



Good Practice

Some providers routinely collect service user feedback about prescribing. This can be used to improve prescribing behaviours in clinicians, but also often leads to service improvements. For example, clozapine point of care testing has come about as a result of patient involvement in reviewing services and provision.



PRESCRIBE AS PART OF A TEAM

Working as a team is vital, especially in mental health services. In these teams, professionals and patients can present their assessment of a situation from different viewpoints, and all be correct!

It's important to remember that the use of medicines in mental health, and how useful they are, not only depends on a biological view of the world. It also depends on your own fundamental views on the biomedical model of mental health and the treatment of illness.

Challenging these views to find the best combination of interventions, support and assistance as part of a comprehensive treatment plan is an important part of supervision as a mental health prescriber.



10: Prescribe As Part Of A Team

10.1 Acts as part of a multidisciplinary team to ensure that continuity of care across care settings is developed and not compromised.

Top Tip

Mental health prescribers should always be aware of prescribing occurring outside of their own setting for their service users. This should, of course, include medicines bought over the counter by the service user themselves.

The NHS Long Term Plan has ambitious plans for more cohesive provision of services, particularly across communities. This should help with joined up working.

Good Practice

Areas in which this is already taking shape are the use of specialist mental health staff (including pharmacists) in primary care surgeries, and the availability of Physician's Associates across healthcare.

10.2 Establishes relationships with other professionals based on understanding, trust and respect for each other's roles in relation to prescribing.

Good Practice

In an increasing number of providers, peer support workers and others with lived experience are providing valuable input into the medicines optimisation agenda. Although not prescribers themselves, assisting service users with managing their medicines in a way that works best for them and is most effective is useful in providing enhanced care.



10.3 Negotiates the appropriate level of support and supervision for role as a prescriber.

Case Study – Use of a trust-wide non-medical prescribing policy

An specialist mental health trust, there's a clear set of prescribing policies covering all those who wish to prescribe, from junior medical staff joining the trust on rotation to consultant prescribers. Of particular importance is the non-medical prescribing policy. This details the identification of those whose role would benefit from the addition of prescribing skills, to development and progression through supplementary and independent prescribing preceptorship. It documents scope of practice, and the provision of supervision at an appropriate level throughout. In this way, everyone involved in the process can be clear about their roles and responsibilities.

Top Tip

There have been significant advances in clinical practice over recent years, with changes to legislation allowing various non-medical professionals to prescribe. This has meant that service users are able to receive more holistic care from their care team.

More recent changes have been made to those able to perform the role of 'Designated Prescribing Practitioner' (the supervisors in practice of non-medical prescribers in training). Trainees and new prescribers can now be supervised, supported and assessed in practice by a supervisor from a wider group of professionals.


This means that trainee mental health prescribers should always choose an appropriately specialist designated assessment supervisor whose scope of practice matches their own, and whose competencies are mapped against an appropriate framework. One written specifically for this purpose is the Competency Framework for Designated Prescribing Practitioners, produced by the Royal Pharmaceutical Society.

10.4 Provides support and advice to other prescribers or those involved in administration of medicines where appropriate.

Case Study – Collaboration for a team of carers

Mrs. Khan has a very supportive family who are helping her at home in her recovery from a recent inpatient stay following an episode of psychosis. Mr. Khan, her husband, is taking time off work to support her. Luckily they also have a large, local extended family where everyone is generously visiting and helping.

Mrs. Khan's CPN is happy that such a strong informal network is in place and feels she doesn't have to visit so intensively and intrusively. She knows that the family are quick to make contact with services when they need to. She therefore continues Mrs. Khan's prescription.



What hasn't fully been appreciated is that the Khan family feel that they need to be seen to cope. Although they're quick to call in an emergency, they're not as forthcoming with routine questions. Only the latest generation of the Khan family have English as their first language, and elderly members rely on the younger ones translating for them. They don't like to ask them to translate complicated patient information leaflets about medicines, and the administration directions on the box can be misinterpreted. The amount of people visiting means there's a risk of multiple administrations as Mrs. Khan often forgets whether she's taken that day's dose.

When this becomes known, a 'carer's conference' is held at Mrs. Khan's home. Everyone who wants to, and is identified by Mrs. Khan, is invited so that the overall plan of care can be discussed and agreed. It's quickly agreed that medicine information should be provided in an appropriate language for everyone. A planner is put on the fridge so everyone can see when visits are occurring/meals are planned and medication is taken. Mrs. Khan agrees to take charge of the planner. She will also inform her family when she'd appreciate more or less support as she continues to recover.

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Rebecca Burgess-Dawson MSc PgCert RMN (TCH, V300) FHEA (Lead Author)

National Clinical Lead (Mental Health), Mental Health Nurse and Nurse Prescriber with a special interest in mental health medicines optimisation education, Health Education England

Holly Cameron

Head of Health Influencing, Rethink Mental Illness

David Gerrard

Advanced Pharmacist Practitioner, Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Joanne Goode MFRPSII MRPharmS

Pharmacist Prescriber

Gavin Herrington

Programme Manager – POMH, Royal College of Psychiatrists

Geoff Heyes

Head of Health Policy and Influencing, Mind

Phil Hough

Carer

Simon Hough

Service User

Sarah Hudson BSc(Pharm) MFRPSII MRPharmS

Pharmacist and Medicines Safety Officer, South West Yorkshire Partnership NHS Foundation Trust

Martina Khundakar

Advanced Pharmacist Practitioner – Education and Training, Pharmacist and Prescriber, Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Hannah Lewis FMHC

Senior Policy and Practice Officer, Rethink Mental Illness

Mark Payne

Advanced Clinical Pharmacist, Leeds and York Partnership NHS Foundation Trust

Peter Pratt

Specialist Pharmacist Head of MH & LD Medicines Strategy, NHS England and NHS Improvement

Lucy Schonegeval

Head of Health Influencing, Rethink Mental Illness

Anita Solanki

Lead Pharmacist and Non-Medical Prescriber / Pharmacy NMP Prescribing Lead, Leeds and York Partnership NHS Foundation Trust and North of England Mental Health Training Programme Director, Health Education England

Laura Stavert

Advanced Pharmacist Practitioner – Older Adult Mental Health Services, Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Wing Tang

Royal Pharmaceutical Society

Lucy Thorpe

Head of Policy, Mental Health Foundation

Chris Todd

Specialist Mental Health Pharmacist, Bradford District Care NHS Foundation Trust

Simone Walker RMN, BSc, MSc, Cert Ed

Senior Project Lead for NMP and Advanced Practice, Health Education England, North West

Stephen Wilson

Advanced Pharmacist Practitioner and Pharmacist Independent Prescriber, Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Anthony Young

Lead Pharmacist – Research and Workforce Development and Practising Independent Prescriber, Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust