



PGEU SUBMISSION

Commission consultation on the
Green Paper: “Improving the mental
health of the population: Towards a
strategy on mental health for the
European Union”

The Pharmaceutical Group of the European Union (PGEU) represents the community pharmacists of 29 European Countries. The Members of the PGEU are the professional bodies and pharmacists' associations in EU Member States, EU candidate countries and EEA Member States.

PGEU objective is to promote the role of the pharmacists as key players in healthcare systems throughout Europe and to ensure that the views of the pharmacy profession are taken into account in the EU decision making process. In addition PGEU provides its members with an ideal platform to facilitate exchange of information, collecting and disseminating best practices. PGEU also encourages its members to further develop new projects aiming at anticipating and responding to society's needs, in the broader context of Public Health.

Thus, PGEU has a leading and motivational role in awareness raising and actions' coordination within its members.

PGEU welcomes the opportunity to respond to the Commission's Green Paper on this important Public Health topic.

Introduction

Community pharmacies are recognised by members of the public as a vital, integral part of the health services in their country. They are also known to be conveniently accessible places where sound, objective advice on health issues can be obtained¹, from a knowledgeable health professional, in an informal environment in which they feel relaxed, without the need to make an appointment. In brief, pharmacies are obvious centres in every community for the effective transmission of messages designed to encourage healthy lifestyles. This has already been recognised by the health departments of governments in many Member States which have ensured that pharmacies are included in a structured way, in Public Health initiatives.

The World Health Organization (WHO) has recognised including pharmacists as active members of the health care team as one approach to improving psychotropic medication use.²

Community pharmacists are, therefore, ideally located to make a valuable contribution, in some cases in collaboration with colleagues in other health professions, in the implementation of national strategies both to promote mental health and wellbeing and address related issues. It is probably true to say that the full potential of the involvement of community pharmacists, and their well trained support staff, through the pharmacies network, has yet to be tapped in some Member States. The Commission may have a key role in promoting the exchange of information between Member States on successful initiatives run by community pharmacists associations' to contribute to a positive public health agenda. The PGEU would be glad and willing to provide all necessary information to make this possible.

¹ Several European wide and national surveys show that pharmacists are highly trusted for their professional services (i.e. Reader Digest "Most trusted Professional services, 2005"). Moreover, the Council of Europe Resolution ResAP(2001)2 concerning the pharmacist's role in the framework of health security recognizes that pharmacists provide added value to the healthcare system both through their scientific and pharmaceutical expertise and in term of ethics.

² **Improving access and use of psychotropic medicines.** Geneva, World Health Organization; 2004.



PGEU's Comments

In this submission the PGEU will focus only on the questions which are more relevant to the community pharmacy sector and to the activities of the PGEU. We feel to these we can provide a more constructive input.

Pharmacies are already directly involved in health promotion, for example in encouraging smoking cessation, promoting the value of immunisation against infectious diseases and in helping those with long term medical conditions to maintain as high a quality of life as possible. Similarly, involvement in initiatives to promote mental wellbeing is therefore natural and already ongoing in many countries throughout the EU.

In promoting mental health and addressing mental ill health through preventive action, it is necessary to target the messages to specific groups. The prevalence rates, e.g., for depression, are greatly influenced by gender, age and marital status. Therefore the approach proposed in the Green Paper to focus on building mental health in infants, children and adolescents as well as promoting health in the working population and to older people is seen as relevant and needed.

Community pharmacies are recognised by members of the public as a vital, integral part of the health services in their country. They are also known to be conveniently accessible places where sound, objective advice on health issues can be obtained³, from a knowledgeable health professional, in an informal environment in which they feel relaxed, without the need to make an appointment. In brief, pharmacies are obvious centres in every community for the effective transmission of messages designed to encourage healthy lifestyles and ensure the population about the safety, quality and efficacy of the medicines they use. In many member states, pharmacies have developed confidential areas where advice and personalised information can be given without exposing the patient to unnecessary discomfort when addressing delicate health issues such as those related to mental health.

Building mental health in infants, children and adolescents

School health promotion can be effective, particularly in improving mental health and in promoting healthy eating and physical activity. However, it is by no means always effective, and programmes to prevent substance misuse are among those that are least effective. Therefore, programmes that promote mental health may present a better investment than programmes on preventing substance misuse. It can be argued, on the basis of evidence, that mental health should be a feature of all school health promotion initiatives and that effective mental-health promotion is likely to reduce substance misuse and improve other aspects of health-related lifestyles that may be driven by emotional distress. Given the evidence of the relative ineffectiveness of programmes on preventing substance use, programmes that promote mental health may represent a better investment for schools and health authorities than the former programmes. Programmes on healthy eating and physical activity are also among the most effective health promotion programmes.⁴

As PGEU recently stated in its submission to the Commission Green Paper on Healthy Diets and Physical Activity, in some Member States, pharmacists, with support from their professional organisations and teacher organisations, visit schools to convey to children health messages. However, this tends to depend on local initiatives. The practice should be co-ordinated at national level, through a code of best practice and this be possibly disseminated at European level. Pharmacists could, as part of their presentations, reinforce the healthy eating and adequate physical exercise messages that are being promoted by others. The same applies in the area of mental health. This is something that can be easily done and with very low costs associated as pharmacists are already trained to convey this kind of message. Instead, training teachers to do so would be a more costly solution.

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⁴ **What is the evidence on school health promotion in improving health or preventing disease and, specifically, what is the effectiveness of the health promoting schools approach?**, WHO Europe, HEN, March 2006.



Promoting mental health in the working population and in older people

Over 10 million people visit the community pharmacies in EU Member States every working day. Those who visit pharmacies most often include mothers of young children and patients with long-term medical conditions. Others seek advice on general health issues. All are clear target groups for messages designed to encourage mental wellbeing.

It is also interesting to note that research consistently shows that men engage in fewer health-promoting behaviours and have less healthy lifestyles than do women. There is evidence that community pharmacists have a significant impact on motivating men to see a physician for follow-up care once a potential health risk has been identified.⁵

Additionally, it is important to underline that people with mental illnesses frequently report their dissatisfaction with the quality and quantity of information about their medications provided by their health professionals. In our opinion, it is fundamental to reinforce non-verbal and written communication with oral communication to patients, family and carers and pharmacists are well trained and accessible to provide additional advice, thus adding value to interventions in Public Health, in particular in this complex area.

There is also work to be done to address discrimination in mental health care. People from some ethnic groups may be at a higher risk of receiving inappropriate medicines or doses. By ensuring medicinal treatment is in accordance with current basic principles of good practice, pharmacists can play their part in preventing discrimination in mental health.⁶

Early identification of depression signs

Services provided by community pharmacists include those provided directly to the population, and those provided to other health care professionals. Much of the burden of mental illness goes unrecognised. Community pharmacists have a potentially important role in early identification of possible cases of depression and referral of those affected to other appropriate health professionals.

Moreover, pharmacists can both prevent the misuse and abuse of anti-depressants, and inform about and monitor the use of medicines which use could lead to depressive states.

Reducing substance misuse disorders

While promoting healthier lifestyles and the correct use of medicines, pharmacists are highly contributing to prevent diseases and injuries. This encompasses monitoring polipharmacy in the elderly, the use of antidepressants and sleeping pills, and the association of medicines and alcohol, leading to many preventable injuries.

In this specific area, and although there are several initiatives at community pharmacies level in relation to drugs and alcohol consumption and abuse, we would like to draw attention to the fact that appropriate use of medications is also central to the effective management of mental illnesses.

There is evidence that psychotropic medications are often used inappropriately.⁷ Elderly people are especially sensitive to the effects of psychotropic medications, and may be susceptible to adverse reactions including cardiac toxicity, confusion and unwanted sedation.⁸ Psychosocial problems, the emergence of side effects, and the delayed onset of action of anti-depressant medications, may be contributing factors in high rates of medication nonadherence.^{9,10} This can

⁵ Boyle TC, Coffey J, Palmer T: **Men's Health Initiative Risk Assessment Study: Effect of Community Pharmacy-Based Screening.** *J Am Pharm Assoc* 44(5):569-577, 2004.

⁶ **Pilot sites will address racism in mental health care**, *The Pharmaceutical Journal*, Vol 274 No 7344, 9 April 2005

⁷ Mort JR, Aparasu RR: **Prescribing of psychotropics in the elderly: Why is it so often inappropriate?** *CNS Drugs* 2002, **16**:99-109.

⁸ **Drug use in the elderly. Prescribing practice review.** Sydney, National Prescribing Service Ltd; 2004.

⁹ Lambert M, Conus P, Eide P, Mass R, Karow A, Moritz S, Golks D, Naber D: **Impact of present and past antipsychotic side effects on attitude toward typical antipsychotic treatment and adherence.** *European Psychiatry* 2004, **19**:415-422.

¹⁰ Rettenbacher MA, Hofer A, Eder U, Hummer M, Kemmler G, Weiss EM, Fleischhacker WW: **Compliance in schizophrenia: psychopathology, side effects, and patients' attitudes toward the illness and medication.** *Journal of Clinical Psychiatry* 2004,



lead to unnecessary re-admission to hospital. Medical co-morbidity is also common, and polypharmacy increases the risk of drug-drug interactions and medication misadventure.¹¹

Evidence shows that inter-professional meetings to discuss prescribing of antidepressant medications result in a significant reduction in the prescribing of highly anticholinergic antidepressants to elderly people (40% reduction compared to a control group of practitioners that did not receive the prescribing support).¹²

A recent review of the international literature highlights the range of pharmaceutical services provided by community pharmacists that are potentially well suited to assisting patients and prescribers to optimise the use of medications for mental illness. These data show that medication counselling and treatment monitoring conducted by pharmacists can improve medication adherence among people commencing antidepressant therapy. Pharmacist conducted medication reviews and resulting recommendations to optimise medication regimens may reduce the numbers of potentially inappropriate medications for mental illness prescribed to elderly people. This review of the available published evidence supports the continued expansion of pharmaceutical service delivery to people with mental illness.¹³

Preventing suicide

Among the several measures that can be mentioned for suicide prevention, such as restricting access to the means of suicide, PGEU wishes to stress those that directly impact in the misuse of medicines.

It is often stated that where potentially lethal medications are concerned, strict monitoring of prescriptions by doctors and pharmacists, reducing the quantity of medicines prescribed and packaging medications in plastic blisters, are some possible ways of reducing the risk.^{14,15} Within these lines of action, and in our opinion, medicines available without prescription should not be overlooked. There is evidence that legislation restricting pack sizes of paracetamol and salicylates has had substantial beneficial effects in reducing mortality and morbidity associated with self-poisoning using these drugs.¹⁶

On the other hand, there is common agreement on the need to reduce the amount of unused medicines in the community and to prevent the problems associated with this situation. We are well aware of the effects of uncontrolled disposal of medicines into the environment, and the potential for accidental poisoning where there are medicines stored in the home. The issue of self harm due to overdose is well documented.¹⁷ While it is common for several drugs to be taken in the same act, minor tranquilisers, paracetamol and anti-depressants are often involved in a very high percentage of the cases. In the light of this evidence, it is important to note that systems of collection and disposal of unused and out of date medicines through pharmacies are already established in most of the EU member states. All systems allow patients to return un-used or out of date medicines to pharmacies and guarantee the safe and efficient disposal of these medicines. At a time when the European legal framework on waste is under discussion, we consider that efforts should be made to simplify the legal requisites under which community pharmacies may provide waste collection and storage services.

Community pharmacists throughout Europe are committed to making a major contribution to improving public health. This includes seeking to ensure that people derive maximum therapeutic

65:1211-1218.

¹¹ Lambert TJR, Velakoulis D, Pantelis C: **Medical comorbidity in schizophrenia.** *Medical Journal of Australia* 2003, **178**:S67-S70.

¹² van Eijk MEC, Avorn J, Porsius AJ, de Boer A: **Reducing prescribing of highly anticholinergic antidepressants for elderly people: Randomised trial of group versus individual academic detailing.** *British Medical Journal* 2001, **322**:654-657.

¹³ Bell S, McLachlan AJ, Aslani P, Whitehead P, Chen TF: **Community pharmacy services to optimise the use of medications for mental illness: a systematic review.** *Australia and New Zealand Health Policy* 2005, **2**:29

¹⁴ **World Suicide Prevention Day 2004 press release,** International Association for Suicide Prevention (IASP). 10 September 2004.

¹⁵ Robinson D, Smith AMJ, Johnston DG: **Severity of overdose after restriction of paracetamol availability: retrospective study.** *BMJ* 2000;**321**:926-927

¹⁶ Hawton K, Townsend E, Deeks J, Appleby L, Gunnell D, Bennewith O, Cooper J: **Effects of legislation restricting pack sizes of paracetamol and salicylate on self poisoning in the United Kingdom: before and after study.** *BMJ* 2001;**322**:1203 (19 May)

¹⁷ The 4th Annual Report on the National Parasuicide Registry, launched by Minister O'Malley in December 2005



benefit, and encounter minimum untoward side effects, from medicines. They can therefore make an important contribution in the field of suicide prevention by ensuring appropriate provision and dispensing of medicines, through the network of pharmacies. Also, pharmacists can detect early signs of possible suicidal tendencies and assist by referring to other health professionals.

Cross-information between physicians and pharmacists in relation to patients' antidepressant treatments could also effectively contribute to reduce suicide rates. It is relevant to mention that pharmacies are already highly digitalized and could play an important role in this area. Additionally, pharmacists, through the network of pharmacies, act as a crossing point of information, linking information coming from different sources such as specialists, GPs and patient's self-medication. Therefore improving pharmacists' access to electronic patient records specifically relating to medications could also be considered in order to identify better possible adverse reactions, non-adherence to therapies, and abusive intake of medicines. At a time when the Commission is investing highly in developing eHealth solutions, the PGEU wishes to focus attention on this important aspect and underline the benefits that could accrue from such development.



Conclusions

As already indicated, PGEU considers that **community pharmacies have an important role to play in improving the mental health of the population, preventing illness and disease, promote health information and education, and reducing drug-related damage. The expertise of pharmacists and the existing network of pharmacies throughout national territories are ready available and should be fully utilised.**

Strategies for mental health must, of course, be country specific, recognising cultures, and other relevant factors. However the European Union and the Commission, in particular, have important responsibilities in relation to regulatory aspects that can contribute to improving the mental health of the population. In addition, the supporting role of the Commission in promoting a high level of public health is an important element that can greatly contribute to promote a positive public health agenda.

One of the key instruments that the Commission has to pursue this objective is the Public Health Programme. The Programme is a key financial instrument which allows the Commission to support campaigns and activities which have as final objective the promotion of Public Health. A number of important projects have been carried out by stakeholders and Member States under the auspices of the Programme, particularly in the specific area of nutrition and healthy living. In light of this, and in our view, such a programme must continue to remain an essential instrument to promote Public Health in Europe. Unfortunately we are aware that in the current debate for the adoption of the new Community Programme for Public Health and Consumer Policy (2008-2013) the financial resources made available to the Commission are likely to be much lower than those requested and insufficient, by far, to respond to the many Public Health challenges the EU is facing today. This was also emphasized by the European Economic and Social Committee.¹⁸

The Commission, if adequately resourced would be well placed to support Members States activities in implementing public health policies to respond to challenges like mental health. For this purpose the newly proposed Public Health and Consumer Programme could be instrumental. The Commission, also through the Programme, could act as a catalyst, by enabling the relevant stakeholders and NGOs to develop and implement a framework for action that can be then adapted in individual Member States, in the light of country-specific factors.

Another important role of the Commission in this area is its activity as catalyst to promote dialogues and discuss possible solutions by tackling the problem in a cross-sector way. The so called EU Platform on Mental Health is, in our analysis, an important initiative. We consider it is important for stakeholders from different backgrounds and representing different sectors to discuss possible ways forward and solutions to face this important Public Health challenge. The PGEU would be ready and willing to contribute with relevant successful examples such as those mentioned throughout this submission.

In the light of Health in all policies, we wish to draw attention to the European legal framework on waste discussion, where we consider that efforts should be made to simplify the legal requisites under which community pharmacies may provide waste collection and storage services and thus contribute for reducing self-harm rates due to overdose. Additionally, and at a time when the Commission is investing highly in developing eHealth solutions, the PGEU wishes to focus attention on this important aspect and underline the benefits that could accrue from such development in systems that could enhance cross-link information in the healthcare continuum.

END

¹⁸ Opinion of the European Economic and Social Committee on the Proposal for a Decision of the European Parliament and of the Council establishing a Programme of Community action in the field of health and consumer protection 2007-2013 COM(2005) 115 final – 2005/0042 (COD) – INT/271 Health and consumer protection, of 14 February 2006, point 3.1.11



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