

***Statement of Mental Health Care Capabilities
for Pharmacists 2009***

**Application of the
Competency Standards for Pharmacists in Australia 2003
to the provision of Mental Health Care**

Disclaimer

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The mental health care capabilities are intended to build on the *Competency Standards for Pharmacists in Australia 2003* and there is no presumption, actual or implied, that the capabilities should replace those Standards. They are intended to provide evidence guides or exemplars which are specific to the provision of mental health care by pharmacists, and thus have followed the nomenclature and format used for the *Competency Standards for Pharmacists in Australia 2003* e.g. use of patient rather than client.

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1. About this document

The Australian Pharmacy Council (APC) and the Committee of the Heads of Pharmacy Schools in Australia and New Zealand (CHPSANZ) have undertaken a project to develop a statement which sets out the expected mental health care capabilities of pharmacists in Australia. This statement is based on the units and elements set out in the *Competency Standards for Pharmacists in Australia 2003*¹. It extends selected performance criteria and evidence guides to make them relevant to mental health care. The Statement has been developed in response to an Australian Government commitment to improve access to mental health services and to provide additional support to patients with mental illness, their families and their carers.

The statement will be used by CHPSANZ to guide the content and conduct of both the pharmacy programs at Australian universities and the programs undertaken by pharmacy graduates in their subsequent intern year, thus supporting the 'Mental Health in Tertiary Curricula' initiative contained in the *National Action Plan on Mental Health 2006-2011*.² It will also be used by the APC in the process associated with the accreditation of pharmacy schools and intern training programs in Australia and New Zealand. This process aims to ensure that future pharmacists have a sound

¹ Competency Standards for Pharmacists in Australia. Pharmaceutical Society of Australia, 2003. Canberra, Australia 2003

² Council of Australian Governments. National Action Plan on Mental Health 2006-2011. Available at http://www.coag.gov.au/coag_meeting_outcomes/2006-07-14/docs/nap_mental_health.pdf

understanding of mental health care that they act to ensure the appropriate use of psychotropic medications, that they understand the role of the multidisciplinary team in mental health care and that they continue to provide appropriate mental health care.

The Capability Statement is also designed to inform pharmacists, other health professionals, and the Australian community more generally of the roles expected of pharmacists in the provision of mental health care.

The document describes the required knowledge and methods of application to enable pharmacists in Australia to be capable of providing appropriate care to patients with mental illness. It assumes that pharmacists are competent to practise pharmacy in the manner described in the *Competency Standards for Pharmacists in Australia 2003*. Importantly, this Capability Statement is a supplementary document to the *Competency Standards for Pharmacists in Australia 2003*, and is not intended to replace those Standards but instead seeks to provide direction and information as to how the Competency Standards should be applied in the mental health care context. The capabilities have been mapped to the core competencies in this document.

The capabilities described are applicable to a range of practice settings including community pharmacy, hospital pharmacy and in consultant/clinical pharmacy roles. This document uses the same glossary of terms as the *Competency Standards for Pharmacists in Australia 2003*.

2. Background

'Mental illness' is a term used to describe a number of diagnosable disorders that significantly interfere with an individual's cognitive, emotional or social abilities. These may *inter alia* include depression, bipolar disorder and schizophrenia. The severity of mental illness may range from brief, to persistent and disabling episodes. Although mental illness should be diagnosed by qualified mental health professional, pharmacists (particularly community pharmacists) are often the first health professional to identify signs and symptoms which may be indicative of a mental illness. They are expected to act in a way appropriate to each patient's specific circumstances. Since mental illness is complex and its presentation is variable and often unpredictable³, pharmacists, like all health professionals, need to provide appropriate care in a sensitive and empathetic way and draw on the expected capabilities set out in this document.

As educated health care professionals jointly entrusted with responsibility for the care of patients with mental illness (many of whom are affected by profound stigma and social disadvantage), pharmacists have a moral, ethical and professional obligation to provide their services in compliance with the requirements of the Privacy Act and in a context that facilitates

³ Yager J, Gitlin MJ. Clinical Manifestations of Psychiatric Disorders. In: Kaplan & Sadock's Comprehensive Textbook of Psychiatry / editors, Benjamin J. Sadock, Virginia A. Sadock.– 8th ed. 2005 Lippincott Williams & Wilkins Philadelphia, 530 Walnut Street, Philadelphia, PA 19106 USA

dignity, respect, and a right to access the treatment most likely to alleviate suffering and to optimise quality of life for the patient.

3. Enabling knowledge and understanding

This Capability Statement assumes the need to have a knowledge and understanding of the following:

- *disease states* – a sound understanding of mental disorders, especially the more common;
- *drug therapy* – a sound knowledge of modern clinical psychopharmacology and its limitations; and
- *relevant legal, ethical, cultural, communication and sociological issues* – a recognition that these play a significant role in psychiatric illness.

3.1 Disease states

For each of the more common mental illnesses, pharmacists must be capable of integration and application of knowledge of disease states, drug therapy and the legal, cultural and sociological issues; applying them in accordance with the *Competency Standards for Pharmacists in Australia 2003*.

The range of relevant and more common mental illnesses expected to be encountered by pharmacists in practices include:

- major depressive disorder (including criteria for major depressive episode);

- anxiety and associated disorders (including subsyndromal anxiety disorders, adjustment disorder with anxious mood, generalised anxiety disorder, panic attack, panic disorder, obsessive compulsive disorder, phobic disorders, acute stress disorder, post-traumatic stress disorder);
- sleep disorders (including insomnia, sleep apnoea, parasomnias, and jet lag);
- cognitive disorders (including delirium and common dementia illnesses);
- schizophrenia;
- bipolar affective disorder (including criteria for manic episode);
- substance abuse disorders (including alcoholism and illicit and licit drug abuse);
- psychiatric syndromes occurring as a result of adverse reactions to medicinal drugs;
- personality disorders; and
- attention deficit hyperactivity disorder.

It is expected that pharmacists have a more detailed working knowledge of common mental illness than those which are less likely to be encountered in everyday practice, or where pharmacotherapy is initiated by psychiatrists.

The knowledge required by pharmacists to understand the more common illnesses includes:

- prevalence & epidemiology of the illness in the Australian practice setting;
- aetiology and pathogenesis where known;
- main diagnostic features and diagnostic criteria;
- differential diagnoses;
- issues relating to the medical care provided in connection with common co-morbidities;
- criteria used to assess treatment outcomes; and
- key factors likely to impact upon the provision of routine pharmacy care.

Knowledge required by pharmacists to understand the less common mental illnesses should be the same as that stated previously together with the following:

- key diagnostic features of the illness; and
- key factors likely to impact upon the provision of routine pharmacy care.

Pharmacists may need to provide health care services for patients affected by a range of other mental illnesses that are not specifically addressed in this Capability Statement, e.g. some eating disorders. In these circumstances, pharmacists should adopt a professional approach to developing an appropriate level of understanding that facilitates the provision of safe and effective treatment.

*The Diagnostic and Statistical Manual of Mental Disorders*⁴ provides a useful reference for pharmacists working with patients with mental illness.

3.2 Drug therapy

Clinical psychopharmacology needs to be integrated with relevant cultural factors and co-morbidities.

It is common for psychotropic drugs to be used in the treatment of more than one type of mental illness, e.g. antidepressants are often used in the management of anxiety disorders.

The drug therapy knowledge required by pharmacists for mental illness is the same as that for other illnesses and includes, for each medicine:

- usual dose of the medicine, route(s) of administration, and common duration of therapy;
- special precautions that should be considered prior to commencing treatment;
- common adverse effects that can reasonably be expected in the context of routine treatment;
- other adverse effects that are less common but are particularly serious or troublesome;

⁴ Diagnostic and Statistical Manual of Mental Disorders. American Psychiatric Association 1994. 4th ed. DSM-IV, American Psychiatric Association, Washington, DC

- drug interactions including those with complementary therapies, or with a pharmacokinetic or pharmacodynamic basis;
- pharmacokinetic issues including delay in onset of action, 'washout' periods, and issues related to discontinuation of therapy;
- possible effects of treatment upon co-morbid medical or psychiatric conditions;
- requirements for modified approach to treatment in the context of advanced age, renal impairment or severe hepatic dysfunction;
- use of drugs in special cases (pregnancy, during breast-feeding, perioperative use); and
- critical patient counselling issues.

The minimum level of understanding should be consistent with that provided in the current edition of the *Australian Medicines Handbook*.⁵

3.3 Legal, ethical, cultural, communication and sociological issues

Pharmacists should be able to apply an understanding of the following key sociocultural issues and to use this understanding to help them communicate effectively with their patients, carers and staff. These issues include:

⁵ Australian Medicines Handbook 2009. Australian Medicines Handbook Pty Ltd, Adelaide, South Australia.

- social stigma and the impact it has on patients with mental illness and their ability to manage their illness;^{6,7}
- the need for privacy e.g. conversations held with patients, or family / carers of patients;
- barriers to effective communication with patients, including those arising from cultural, religious and linguistic issues, as well as those specific to intercurrent stressors and characteristic diagnostic features of the illness;⁸
- knowledge of the principles applicable in multidisciplinary assessment and management of mental illness;⁹
- a basic understanding of the place (and risks) of non-drug therapy and complementary medicines including an appreciation of the context for and place of these treatment approaches;
- factors influencing compliance with prescribed therapy and their optimal strategies and approaches;¹⁰
- a basic knowledge of legislation which may impact upon the delivery of treatment for mental disorders;

⁶ National Alliance on Mental Illness. Available at: http://www.nami.org/Content/ContentGroups/Home4/Home_Page_Spotlights/Spotlight_1/AD_S_Center_Spotlights_Anti-Stigma_Programs.htm <accessed 2008>:

⁷ Johnson C, Baxter B, Brough R, Buchanan J. Benzodiazepine Prescribing. Lessons from Interprofessional Dialogue. Aust Family Physician 2007; 36 (4).

⁸ Singh NN, McKay JD, Singh AN. Culture and Mental Health: Nonverbal Communication. J Child Fam Studies 1998; 7: 403 – 9.

⁹ Pirkis J, Herrman H, Schweitzer I, Yung A, Grigg M, Burgess P. Evaluating Complex, Collaborative Programmes: the Partnership Project as a case study. Aust NZ J Psychiatry 2008; 35: 639 – 646.

¹⁰ I McDonald HP, Garg AX, HaynesRB. Interventions to Enhance Patient Adherence to Medication Prescriptions Scientific Review. J Am Med Assoc 2002; 288: 2868-2879.

- an appreciation of the issues relevant to dealing with psychiatrically impaired health care workers and those relevant to dealing with health care workers impaired as a result of the influences of substance abuse;¹¹
- a understanding of the importance of collaborative partnership with patients, carers and other health professionals, particularly the patient's medical practitioner, in the management of mental illness;¹² and
- an ability to interpret and disseminate relevant research addressing the effectiveness of drug therapy to assist patients with mental illness.

Some community pharmacists experience anxiety and a sense of helplessness when trying to communicate with patients who have a mental illness.

Pharmacists need to possess effective communication skills appropriate to the practice setting. Pharmacists also need to have some basic knowledge about strategies for dealing with a patient experiencing acute psychiatric symptoms. A pharmacist communicating with a patient who is perceived to be threatening as a result of possible mental illness features can utilise Mental Health First Aid strategies to facilitate the communication process

¹¹ Kenna GA, Wood M. Prevalence of Substance Use by Pharmacists and Other Health Professionals. J Am Pharm Assoc 2004; 6: 684 – 693.

¹² Bell SJ, Whitehead P, Aslani P, Sacker S, Chen TF. Design and Implementation of an Educational Partnership between Community Pharmacists and Consumer Educators in Mental Health Care. Am J Pharm Educ 2006; 70: 28.

and to provide assistance to the patient (including contacting a mental health crisis team if necessary). These strategies are included in Appendix 1.

Pharmacists must be able counsel patients in an appropriate manner, which ensures privacy.

In addition to these issues, pharmacists need to have an appreciation of the considerations in the provision of pharmacy services for patients of Aboriginal and Torres Strait Islander heritage. These include national and community-based ethical guidelines, protocols and principles of practice applicable to those working with Aboriginal and Torres Strait Islander peoples and communities.

A local orientation and cultural awareness program may be necessary before engaging with the Aboriginal and Torres Strait Islander community.

Guidelines and protocols may necessitate permits to enter communities, and provide rules governing behaviour, use of photographs, permission to attend ceremonies, and the use of alcohol.

Pharmacists should recognise that work with Aboriginal and Torres Strait Islander communities has to be undertaken in consultation and collaboration with Aboriginal Health Services staff members.

Pharmacists should understand and apply the principles relevant to their provision of pharmacy care to people of Aboriginal and Torres Strait Islander heritage to a level consistent with the specifications provided by the Royal Australian and New Zealand College of Psychiatrists¹³.

¹³ <http://indigenous.ranzcp.org>.

4. Pharmacist capabilities in relation to mental illness

The following table outlines:

1. The actions of which a pharmacist should be capable with respect to knowledge of diseases states, drug therapy and cultural issues,
2. The way in which a pharmacist should be able to respond, and
3. Examples illustrating methods of response cross referenced to the *Competency Standards for Pharmacists in Australia 2003*.

It is important to note that there are many situations where assisting a patient with a certain mental illness requires specialist skills generally possessed by specialist mental health pharmacists. Nevertheless, in whichever practice setting they work, pharmacists should be capable of responding to patients requiring assistance in the ways set out in the table, given they have the appropriate knowledge and experience which this document describes.

The focus of the table is functional areas where mental health requires more specific capabilities which are:

- Functional Area 3 – Promote and contribute to optimal use of medicines;
- Functional Area 4 – Dispense medicines;
- Functional Area 6 – Provide primary health care; and
- Functional Area 7 – Provide medicines and health information and education.

Consistent with the competency standards, the notation '**S**' refers to supplementary performance criteria. The evidence guides associated with these criteria therefore describe the capability expected of those who practise at an enhanced level of responsibility or with extra expertise in their particular workplace.

In some cases the evidence guides are those taken directly from *The Competency Standards for Pharmacists in Australia 2003* because they apply across all aspects of health care, not specifically to mental health care. These are indicated by a grey text box.

Functional Area 3: Promote and contribute to optimal use of medicines

Competency Unit 3.1: Participate in therapeutic decision making		
Element	PERFORMANCE CRITERIA	EVIDENCE GUIDE <u>as it relates to mental health care</u> . Note: this is for illustrative purposes only and is designed to be a guide to expected capabilities. This is not an exhaustive list of examples.
1. Obtain patient history	1 Accesses the records held of the patient's medication history and/or current medication treatment record.	<ul style="list-style-type: none"> • Ability to access individual patient's medication records (applicable to all aspects of primary health care and disease state management, including mental health care).
	2 Obtains additional relevant clinical and medication related information from patients and/or carers or other health professionals (with patient consent).	<ul style="list-style-type: none"> • Ability to recognise / enquire regarding possibility of pregnancy for a female patient of child-bearing age presenting a first prescription for sodium valproate, phenytoin and/or carbamazepine.
	3 Uses readily available information sources as needed to clarify or confirm information or meet additional information needs.	<ul style="list-style-type: none"> • Ability to use effectively specific information sources such as <i>Therapeutic Guidelines – Psychotropic</i>.
	4S Selects relevant information sources from a broad range of information sources to meet specific information needs.	<ul style="list-style-type: none"> • Ability to use effectively relevant information which gives detailed information and guidance on mental health care issues, such as textbooks on the clinical manifestations of psychiatric disorders.
2. Review medication treatment	1 Understands the purpose of reviewing the medication treatment regimen and medication management by the patient and/or carer.	<ul style="list-style-type: none"> • Ability to check for occurrences such as symptoms of diabetes insipidus after the initiation of lithium, drug-drug interactions in relation to serotonin syndrome, compliance with antidepressants.
	2 Understands the pathophysiology of the medical conditions/diseases of patients whose medication is reviewed and how it may influence optimal choices of medicines.	<ul style="list-style-type: none"> • Ability to understand the role of serotonin in major depressive disorders and the medication/drug options which are consequently possible.
	3 Understands the pharmacological and/or therapeutic basis for the medication treatment regimen of individual patients.	<ul style="list-style-type: none"> • Ability to recognise the potential for dependence by patients on medicines (e.g. patients who have been taking hypnotics to aid sleep for more than 4 to 6 months are likely to have become unwittingly dependent) and to work with other health professionals (e.g. medical practitioners) to assist patients in this situation.

Competency Unit 3.1: Participate in therapeutic decision making		
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	S4 Accesses or develops and uses tools and resources that assists the conduct of review of medications.	<ul style="list-style-type: none"> • Ability to interpret various instruments to measure severity of mental illness such as the Hamilton Depression Rating Scale and others.
	5S Reviews specialised charts and records that relate to the treatment of individual patients.	<ul style="list-style-type: none"> • Ability to review charts such as those associated with BASIS-32 and ASSIST.
	6 Evaluates the significance of common laboratory tests and investigations performed on individual patients.	<ul style="list-style-type: none"> • Ability to understand the significance of, for example, thyroid function tests for patients taking lithium; full blood examination for patients taking clozapine; blood glucose and lipid levels for patients taking atypical antipsychotics such as olanzapine.
	7 Considers the appropriateness of use of each medicine in the current medication treatment of individual patients.	<ul style="list-style-type: none"> • Ability to recognise that a dose of a tricyclic antidepressant for an elderly patient should be adjusted to prevent avoidable toxicities. • Ability to recognise that the use of selective serotonin reuptake inhibitors (SSRIs) may influence the metabolism of some opioid agents. • Ability to understand and check for a history of renal impairment before the commencement of lithium treatment.
	8 Identifies clinically significant potential or actual drug related problems in the current medication treatment.	<ul style="list-style-type: none"> • Ability to identify the potential for lithium toxicity for patients using over-the-counter (OTC) ibuprofen. • Ability to recognise the potential onset of the serotonin syndrome when certain opioids, antidepressants and/or 5HT₁ agonists are used in combination.
	9 Identifies factors likely to adversely affect adherence to medication treatment regimen.	<ul style="list-style-type: none"> • Ability to recognise that the dose of a tricyclic antidepressant may contribute to the likelihood of delirium in an elderly patient.
	10 Applies evidence based treatment guidelines to evaluate the treatment regimen of individual patients.	<ul style="list-style-type: none"> • Ability to recognise that the dose of a SSRI may be different for use in the management of obsessive compulsive disorder (OCD), compared with depression.

Competency Unit 3.1: Participate in therapeutic decision making		
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	11S Applies advanced pharmaceutical and therapeutic knowledge to consideration of whether medication use is indicated, appropriate, safe and effective.	<ul style="list-style-type: none"> • Ability to conduct medication reviews in which major issues centre on drugs used in mental health care.
3. Recommend treatment changes	1 Prioritises the care needs of patients based on the identified drug related problems and issues likely to have an adverse effect on adherence.	<ul style="list-style-type: none"> • Ability to recognise and act on drug-related problems associated with the use of SSRIs, such as sedation and sexual dysfunction.
	2 Demonstrates a logical approach to developing a strategy or deciding a course of action for preventing, resolving or minimising the impact of identified drug related problems and issues likely to affect adherence.	<ul style="list-style-type: none"> • Ability to identify escalating benzodiazepine use in the context of an anxiety disorder.
	3 Assesses treatment options and selects the most appropriate option (including preferred drug, dosage form and dosing regimen where relevant) for addressing the therapeutic needs of individual patients.	<ul style="list-style-type: none"> • Raise the possibility of an alternative antipsychotic drug for a patient with diabetes prescribed olanzapine.
	4 Recommends to prescribers, other health professionals/facility personnel and carers as appropriate, alternate treatment options for resolving or minimising drug related problems and/or issues affecting adherence with prescribed medicines.	<ul style="list-style-type: none"> • Ability to identify drugs in a medication regimen which might contribute to the possibility of iatrogenic depression (e.g. interferon, mefloquine), or iatrogenic mania (e.g. corticosteroids), or iatrogenic psychosis (e.g. levodopa, bromocriptine), or iatrogenic delirium (e.g. anticholinergic drugs).
	5S Formulates recommendations for changes to medication treatment against the latest evidence and information on new medicines.	<ul style="list-style-type: none"> • Ability to conduct medication reviews in which major issues centre on drugs used in mental health care.
	6S Provides additional advice on desirable adjustments to therapy that are informed by the results of relevant tests and investigations.	<ul style="list-style-type: none"> • Ability to recommend dosage modifications where appropriate for elderly patients (e.g. lower dose of tricyclic antidepressants) and for patients with impaired hepatic function (e.g. associated with heavy alcohol use).

Competency Unit 3.1: Participate in therapeutic decision making		
Element	PERFORMANCE CRITERIA	EVIDENCE GUIDE as it relates to mental health care . Note: this is for illustrative purposes only and is designed to be a guide to expected capabilities. This is not an exhaustive list of examples.
4. Assist self management by patients	1 Initiates action, in consultation with prescribers, other health professionals/facility personnel and/or patients, to address issues impacting on adherence.	<ul style="list-style-type: none"> • Ability to provide basic information about the risks associated with untreated manic episode. • Ability to counsel patients on the importance of adherence to antidepressants when first commenced.
	2 Works with patients and/or carers, and other health professionals/facility personnel where required, to support and assist patients to make lifestyle changes to improve health outcomes.	<ul style="list-style-type: none"> • Refer patients with signs of mood disorder to other health professionals for psychological techniques such as structured problem-solving or stress management.
	3 Assists patient understanding of their medical condition and/or medication treatment.	<ul style="list-style-type: none"> • Ability to have a conversation with the patient, providing basic information about the nature of mental illness (e.g. depression) and the medication prescribed.
5. Facilitate patient follow-up	1 Maintains accurate and up-to-date medication records for patients consistent with professional standards and conventions.	<ul style="list-style-type: none"> • In addition to an ability to record all dispensed medications, an ability to record the purchase of OTCs and complementary medicines, such as extracts of St Johns wort, which can interfere with other drugs used to treat depression.
	2 Maintains accurate and complete records of clinical decisions and therapeutic recommendations made to prescribers, other health professionals/facility staff and patients and/or carers and their associated outcomes.	<ul style="list-style-type: none"> • Ability to use the 'notes' sections available on dispensing software to record circumstances where misuse of benzodiazepines is suspected or known.
	3 Identifies patients in need of follow-up.	<ul style="list-style-type: none"> • Ability to identify symptoms that suggest loss of insight in relation to symptoms of mania, which might in turn contribute to compromised adherence to prescribed therapy. • Ability to identify possible parental diversion of stimulants prescribed for a child's attention deficit hyperactivity disorder (ADHD).
	4 Works with the patient and/or carer and other members of the health care team to formulate an ongoing care plan.	<ul style="list-style-type: none"> • Ability to identify behavioural disturbances of dementia as a differential diagnosis for elderly patients who appear to have psychotic features and to work with family / carers to assist the patient.

Competency Unit 3.1: Participate in therapeutic decision making		
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	5 Ensures the patient and/or carer understands the reasons for the plan.	<ul style="list-style-type: none"> • Ability to explain clearly the need for ongoing blood tests (thyroid function tests) when treatment with lithium is initiated.

Competency Unit 3.2: Provide ongoing pharmaceutical management		
ELEMENTS	PERFORMANCE CRITERIA	EVIDENCE GUIDE <u>as it relates to mental health care</u> . Note: this is for illustrative purposes only and is designed to be a guide to expected capabilities. This is not an exhaustive list of examples.
1. Follow up selected patients	1 Confirms that medications can be administered as intended.	<ul style="list-style-type: none"> • Ability to ensure that personnel in residential aged care facilities understand and adhere to the complex dosing schedule associated with the use of varenicline by residents for smoking cessation.
	2 Confirms that the medication treatment is well tolerated by the patient.	<ul style="list-style-type: none"> • Ability to check with patients who begin taking tricyclic antidepressant drugs about the occurrence of any unpleasant side-effects (e.g. dry mouth, blurred vision, constipation).
	3 Investigates whether undesirable clinical effects may be related to medication treatment.	<ul style="list-style-type: none"> • Ability to identify heavy OTC analgesic use as a possible cause of a new psychiatric syndrome.
	4 Records suspected or confirmed adverse drug reactions (ADRs) or allergies.	<ul style="list-style-type: none"> • Ability to check for an increase in blood glucose levels in patients taking atypical antipsychotics. • Ability to monitor the symptoms of drug-induced mania in a patient with bipolar disorder who is prescribed antidepressants.
2. Initiate interventions	1 Assists patients' understanding of their medical condition and/or medication treatment.	<ul style="list-style-type: none"> • Ability to explain to patients that insomnia can be primary and secondary and that drug treatment could be quite different for the two different types.

Competency Unit 3.2: Provide ongoing pharmaceutical management		
ELEMENTS	PERFORMANCE CRITERIA	EVIDENCE GUIDE <i>as it relates to mental health care</i> . Note: this is for illustrative purposes only and is designed to be a guide to expected capabilities. This is not an exhaustive list of examples.
	2 Recommends to patients and/or carers, prescribers and other health professionals/facility personnel actions to improve drug use and effectiveness.	<ul style="list-style-type: none"> • Ability to identify and discuss with prescriber the possibility of the need for antipsychotic dose adjustment or the introduction of benztropine for a patient who describes extrapyramidal side effects (EPSE). • Ability to identify the influence of naltrexone on the efficacy of post-operative analgesia, in advance of planned elective surgery. • Ability to suggest simplification of medication regimens in the context of advanced dementia (e.g. recommend cessation of statins).
	3 Recommends therapeutic drug monitoring (TDM) where indicated.	<ul style="list-style-type: none"> • Ability to propose monitoring of or an alternative mood stabiliser to lithium for a patient with a history of variable or poor renal function.
	4 Ensures required TDM is performed according to therapeutic guidelines.	<ul style="list-style-type: none"> • Ability to make recommendations regarding therapeutic drug monitoring when drugs such as lithium are prescribed.
	5S Provides advice on dosing adjustments indicated by the results of TDM.	<ul style="list-style-type: none"> • Ability to recommend dosage modifications based on serum levels of drugs such as sodium valproate and lithium.
	6S Participates in the assessment of whether medication treatment is achieving therapeutic goals/outcomes.	<ul style="list-style-type: none"> • Ability to identify sub-optimal compliance with thyroid hormone replacement therapy as a possible cause of hypothyroidism, and ability to relate this to a presentation that appears similar to major depression.
	7S Makes recommendations to assist ongoing patient management based on consideration of test/investigation results and clinical parameters or outcomes.	<ul style="list-style-type: none"> • Ability to conduct medication reviews in which major issues centre on drugs used in mental health care.

Competency Unit 3.2: Provide ongoing pharmaceutical management		
ELEMENTS	PERFORMANCE CRITERIA	EVIDENCE GUIDE <i>as it relates to mental health care</i> . Note: this is for illustrative purposes only and is designed to be a guide to expected capabilities. This is not an exhaustive list of examples.
	8 Refers patients to their usual doctor or other health professional when their expertise is needed.	<ul style="list-style-type: none"> • Ability to recognise possible new cognitive impairment and to suggest that the patient make an appointment to see their general practitioner to have a 'check-up'. • Ability to obtain a patient's consent for pharmacist to provide a written referral to the patient's GP documenting signs and symptoms of concern to the pharmacist, and outlining key information about the severity and apparent duration of the features suggestive of illnesses such as a manic episode, psychosis, significant substance use, acute delirium, depressed mood, possible anxiety disorder. • Ability to refer patient to their medical practitioner for comprehensive assessment in the context of escalating OTC analgesia use in patients with anxiety disorders drug related psychiatric syndromes.
3. Manage patient records	1 Maintains accurate and up-to-date medication records consistent with professional standards and conventions.	<ul style="list-style-type: none"> • Ability to record non-prescription medications which have the potential to influence the ongoing treatment of patients with mental health conditions, such as the use of OTC sedatives and some analgesics.
	2 Documents the advice and recommendations provided and the outcomes achieved.	<ul style="list-style-type: none"> • Ability to note in computerised patient records (such is in the 'notes' section) a record of advice given about the changeover of antidepressants.
	3 Ensures continuity of care can be provided.	<ul style="list-style-type: none"> • Ability to use the 'notes' section on dispensary software to inform all involved in dispensing at a particular pharmacy about situations where there is a rationing of supply of benzodiazepines to particular patients.
	4S Establishes and maintains a secure patient record storage system.	<ul style="list-style-type: none"> • The Evidence Guide contained in the <i>Competency Standards for Pharmacists in Australia 2003</i> for this Performance Criteria is applicable to many aspects of mental health care.

Competency Unit 3.3: Promote rational drug use		
ELEMENTS	PERFORMANCE CRITERIA	EVIDENCE GUIDE <i>as it relates to mental health care</i> . Note: this is for illustrative purposes only and is designed to be a guide to expected capabilities. This is not an exhaustive list of examples.
1. Understand and contribute to knowledge of trends in drug use	1 Understands trends in drug use (in the context of disease states and/or population health factors) within their area of practice.	<ul style="list-style-type: none"> • Ability to detect and act upon trends in the prescribing of opioid drugs which could be indicative of overuse.
	2 Maintains data relevant to understanding existing and evolving trends in drug use.	<ul style="list-style-type: none"> • Ability to detect and act upon trends in the prescribing of benzodiazepines, by reviewing medication histories, which could be indicative of overuse.
	3 Contributes to information on frequency and nature of adverse drug reactions associated with drug use.	<ul style="list-style-type: none"> • Ability to use formal adverse drug reaction reporting systems to appropriately notify adverse events associated with psychotropic drugs.
	4 Understands the application of formal review processes for improving trends in drug use.	<ul style="list-style-type: none"> • Ability to use drug audit data, such as a National Prescribing Service (NPS) drug audit, to make specific recommendations on the withdrawal of benzodiazepines in cases of misuse.
2. Assess trends in drug use	1 Recommends a formal review of trends in drug use where it is considered that improvements can or should be achieved.	<ul style="list-style-type: none"> • Ability to recognise situations where excessive use of benzodiazepines may be occurring in a residential aged care facility and recommend a formal review of the use of this class of medication.
	2 Participates in processes for review and evaluation of trends in drug use.	<ul style="list-style-type: none"> • Ability to collect data on the use of benzodiazepines accurately and work in consultation with relevant prescribers to analyse and interpret results.
	3S Selects optimal information sources for supporting a specific review process.	<ul style="list-style-type: none"> • Ability to utilise up-to-date information from the National Prescribing Service and/or other relevant information sources to support a review of the use of benzodiazepines in a residential aged care facility.
	4S Applies a systematic search strategy for identifying key documents and/or material needed to support the development and conduct of a specific review process.	<ul style="list-style-type: none"> • Ability to use Medline and/or other appropriate databases, such as the Cochrane Collaboration, to access clinical documentation required to support a review of benzodiazepine use in a residential aged care facility.

Competency Unit 3.3: Promote rational drug use		
ELEMENTS	PERFORMANCE CRITERIA	EVIDENCE GUIDE <i>as it relates to mental health care</i> . Note: this is for illustrative purposes only and is designed to be a guide to expected capabilities. This is not an exhaustive list of examples.
	5S Applies best practice research methodology to the design and conduct of reviews.	<ul style="list-style-type: none"> • Ability to use <i>MedsIndex</i> or other ways of checking medication compliance to evaluate the use of antidepressants to enable a comparison to be made with criteria set out in <i>Therapeutic Guidelines – Psychotropic</i> or equivalent guidelines.
3. Share findings and recommendations to improve trends in drug use	1S Enlists the support of relevant authorities, experts and/or ‘champions’ of change for specific reviews.	<ul style="list-style-type: none"> • Ability to organise an educational function to inform pharmacists and other health care professionals on the inappropriate use of psychotropic medicines such as the combination use of antipsychotics
	2S Interprets review data to formulate conclusions and recommendations.	<ul style="list-style-type: none"> • Ability to apply current evidence to make specific medication recommendations on the management of anxiety (refer to the National Institute for Health and Clinical Excellence www.nice.org.au).
	3S Knows the types of dissemination tools/strategies that can be used to share information on review findings and recommendations for change.	<ul style="list-style-type: none"> • Ability to submit a medication review case study to a journal to illustrate the potential for antipsychotics to cause diabetes.
	4S Shares review findings and recommendations with pharmacy and other professional colleagues.	<ul style="list-style-type: none"> • Ability to organise a case conference meeting to inform local health care professionals on the inappropriate use of psychotropic medicines such as the combination use of antipsychotics.
	5S Promotes practice changes that arise from specific reviews.	<ul style="list-style-type: none"> • Ability to present an illustrative case study at a multidisciplinary function on medicines with anticholinergic effects.
	6S Works collaboratively with clinicians to prepare or revise medication treatment protocols, guidelines, criteria and/or standards.	<ul style="list-style-type: none"> • Ability to contribute to the development of a protocol for pro re nata use of benzodiazepines.

Functional Area 4: Dispense medicines

Competency Unit 4.1: Assess prescriptions		
ELEMENTS	PERFORMANCE CRITERIA	EVIDENCE GUIDE <i>as it relates to mental health care</i> . Note: this is for illustrative purposes only and is designed to be a guide to expected capabilities. This is not an exhaustive list of examples.
1. Validate prescriptions	1 Checks the authenticity of prescriptions and the identity of prescribers.	<ul style="list-style-type: none"> • Ability to recognise signs of fraudulent prescriptions for benzodiazepines or opioids.
	2 Confirms that written prescriptions comply with all legal requirements and professional conventions.	<ul style="list-style-type: none"> • Ability to comply with the requirements of the Clozapine Patient Monitoring Service.
	3 Verifies that prescriptions received orally or electronically comply with legal requirements and professional conventions.	<ul style="list-style-type: none"> • Ability to describe or demonstrate a verification/confirmation process for prescriptions received orally (e.g. by telephone) or electronically.
	4 Acts to ensure fraudulent or illegal prescriptions are not dispensed.	<ul style="list-style-type: none"> • Ability to describe the actions to take when a fraudulent prescription for opioids or benzodiazepines is suspected.
	5S Provides documentation and systems that support prescription validation.	<ul style="list-style-type: none"> • Ability to develop, review and maintain documentation, including standard operating procedures, for prescription validation (e.g. list of local prescribers and their signatures, PBS claims rules, contacts for suspected fraudulent prescriptions).
2. Clarify medication orders	1 Reads prescriptions carefully to ensure they are accurate and complete and clearly communicate the prescriber's intended treatment.	<ul style="list-style-type: none"> • Ability to identify deficiencies in information provided on the prescription.
	2 Clarifies required drug, dosage form, dose, frequency and/or duration of treatment with prescribers where these are in doubt.	<ul style="list-style-type: none"> • Ability to annotate clearly on the prescription essential information about the prescribed medicine/dosing regimen that has been obtained from the prescriber. • Ability to maintain professional rapport with the patient/carer and prescriber when making enquiries relevant to assessment of the prescription.

Competency Unit 4.1: Assess prescriptions		
ELEMENTS	PERFORMANCE CRITERIA	EVIDENCE GUIDE as it relates to mental health care. Note: this is for illustrative purposes only and is designed to be a guide to expected capabilities. This is not an exhaustive list of examples.
	3 Identifies required drugs and ingredients by Australian approved name, generic or common name, or brand name.	<ul style="list-style-type: none"> Ability to identify drugs by a variety of names, or to readily access this information in reference sources.
	4 Obtains additional information required to safely dispense medicines from the prescriber or patient/carer.	<ul style="list-style-type: none"> Ability to identify and justify the need for additional information (eg. age or weight of patient) to be obtained from patient/carer or prescriber. Ability to maintain professional rapport with the patient/carer and prescriber when making enquiries relevant to assessment of the prescription.
	5 Annotates prescriptions in accordance with legal requirements and professional conventions.	<ul style="list-style-type: none"> Ability to describe and/or demonstrate compliance with legal requirements (including those applicable within jurisdiction of practice and specifically applicable to controlled or restricted substances) and professional conventions relating to prescription annotations (eg. annotations are clearly distinguishable from the writing of the prescriber and their source identified).
3. Confirm availability of medicines	1 Establishes any special circumstances or supply arrangements impacting on availability of the prescribed medicine.	<ul style="list-style-type: none"> Ability to describe the requirements (including legal requirements where relevant) applicable to medicines with specific terms of supply (eg. PBS and private prescriptions, Section 100 supplies, Special Access Scheme (SAS) and emergency supply medicines, hospital formulary versus non-formulary medicines).
	2 Identifies suitable products held in stock or available from a supplier.	<ul style="list-style-type: none"> Ability to interpret brand bioequivalence notes in PBS Schedule of Benefits for products from different manufacturers. Ability to use authoritative reference sources and supplier catalogues to clarify required product and its availability.
	3 Liaises with prescribers to identify suitable alternative products where supply difficulties are apparent.	<ul style="list-style-type: none"> Ability to identify and recommend a therapeutic alternative where a prescribed product cannot be obtained. Ability to maintain professional rapport with the patient/carer and prescriber when making enquiries relevant to assessment of the prescription.

Competency Unit 4.1: Assess prescriptions		
ELEMENTS	PERFORMANCE CRITERIA	EVIDENCE GUIDE as it relates to mental health care. Note: this is for illustrative purposes only and is designed to be a guide to expected capabilities. This is not an exhaustive list of examples.
	4 Accepts responsibility for advising patients/carers of any issue likely to cause a delay to medicines being dispensed.	<ul style="list-style-type: none"> • Ability to maintain professional rapport with the patient/carer and prescriber when making enquiries relevant to assessment of the prescription. • Ability to describe how a system would be devised to follow up on delayed medicines supplies.

Competency Unit 4.2: Evaluate Prescribed Medicines		
ELEMENTS	PERFORMANCE CRITERIA	EVIDENCE GUIDE as it relates to mental health care. Note: this is for illustrative purposes only and is designed to be a guide to expected capabilities. This is not an exhaustive list of examples.
1. Consider prescribed medicines	1 Understands the therapeutic use(s) or pharmacological rationale for use of prescribed medicines.	• Ability to understand the use of some antidepressant medications as adjuvants in the management of severe pain.
	2 Considers patient, drug and dosage form factors likely to impact on the efficacy or safety of treatment.	• Ability to identify that the use of disulfiram for alcohol dependence may be dangerous if the patient is using medications containing ethanol.
2. Examine prescribed medicines in the context of medication history and current treatment	1 Uses a systematic approach to access and review the patient medication history and current treatment regimen.	• Ability to act to prevent the concurrent use of tramadol and monoamine oxidase inhibitors, tricyclic antidepressants, or selective serotonin reuptake inhibitors.
	2 Obtains additional essential medication related information from patients and/or carers or the prescriber.	• Ability to identify possible sub-optimal compliance (e.g. with prescribed antidepressants, antipsychotics, mood stabilisers) and institute appropriate counselling.
	3 Uses readily available information sources as needed to clarify or confirm information or meet additional information needs.	• Ability to use the <i>Therapeutic Guidelines—Psychotropic 2008</i> to obtain information about the withdrawal of anti-depressants from the medication regimen of specific patients.

Competency Unit 4.2: Evaluate Prescribed Medicines		
ELEMENTS	PERFORMANCE CRITERIA	EVIDENCE GUIDE <i>as it relates to mental health care</i> . Note: this is for illustrative purposes only and is designed to be a guide to expected capabilities. This is not an exhaustive list of examples.
	4 Considers the appropriateness of the dose, dose form, dosing regimen, route of administration and duration of treatment of the prescribed medicine.	<ul style="list-style-type: none"> • Ability to enquire about and estimate the consumer's renal function when lithium is initiated or the dose is changed.
	5 Identifies clinically significant potential or actual drug related problems created by the provision of the prescribed medicine.	<ul style="list-style-type: none"> • Ability to identify possible drug-induced anticholinergic effects in consumers being treated with cholinesterase inhibitors for dementia. • Ability to monitor liver function tests for patient taking carbamazepine.
	6 Identifies factors likely to adversely affect adherence to treatment with the prescribed medicine or dosing regimen.	<ul style="list-style-type: none"> • Ability to check for significant weight gain (defined as > 7% of initial body weight) after the initiation of a new psychotropic drug. • Ability to check for gastro-intestinal side effects after the commencement of a cholinesterase inhibitor (anticholinesterases).
3. Promote optimal medication treatment	1 Demonstrates a logical approach to deciding a course of action for resolving or minimising the impact of identified drug related problems and issues likely to affect adherence.	<ul style="list-style-type: none"> • Ability to describe the requirements applicable to the supply of selective serotonin reuptake inhibitor. • Ability to describe the plan for addressing any significant adherence issues associated with antidepressants by individual patients.
	2 Recommends alternate treatment options to prescribers for resolving or minimising drug related problems and/or issues affecting adherence.	<ul style="list-style-type: none"> • Ability to describe the rationale behind recommended changes to treatment involving psychotropic drugs which are metabolised by CYP450 enzymes.
	3 Initiates action, in consultation with prescribers and/or patients, to address issues impacting on adherence.	<ul style="list-style-type: none"> • Ability to identify possible extrapyramidal adverse effects after commencement of an antipsychotic drug and discuss with the prescriber.
	4 Records prescription interventions.	<ul style="list-style-type: none"> • Ability to use a systematic recording system for prescription interventions.
	5S Establishes systems for recording prescription interventions.	<ul style="list-style-type: none"> • Ability to record the restricted supply of tricyclic antidepressants when dispensed to patients considered to be at risk of overdose.

Competency Unit 4.2: Evaluate Prescribed Medicines		
ELEMENTS	PERFORMANCE CRITERIA	EVIDENCE GUIDE as it relates to mental health care. Note: this is for illustrative purposes only and is designed to be a guide to expected capabilities. This is not an exhaustive list of examples.
	6S Monitors and analyses prescription interventions to elicit emerging patterns.	<ul style="list-style-type: none"> • Ability to establish patterns of intervention and actions required to promote improvements (e.g. liaison with prescribers about dosing instructions).

Competency Unit 4.3: Supply Prescribed Medicines		
ELEMENTS	PERFORMANCE CRITERIA	EVIDENCE GUIDE as it relates to mental health care. Note: this is for illustrative purposes only and is designed to be a guide to expected capabilities. This is not an exhaustive list of examples.
1. Apply a systematic dispensing procedure	1 Uses professional judgement to determine the priority order in which prescription medicines are dispensed.	<ul style="list-style-type: none"> • Ability to decide a priority order for prescribed medicines, taking account of factors such as the urgency of clinical need, professional activities involved (e.g. compounding and recording), patient safety and legal requirements.
	2 Maintains a logical, safe and disciplined dispensing procedure.	<ul style="list-style-type: none"> • Ability to operate computerised dispensing and software packages used to record dispensed medicines and patient medication profiles. • Ability to apply a planned approach to dispensing such as that suggested in the APF or a <i>Guide to Good Dispensing</i> (Pharmaceutical Defence Limited). • Ability to demonstrate a dispensing process where there is evidence of sequential checks for accuracy being made throughout the process. • Ability to select product, dosage form and required quantity accurately.
	3 Considers factors likely to compromise product efficacy and stability when repackaging medicines out of their original containers/packaging.	<ul style="list-style-type: none"> • Ability to identify the needs for the appropriate dispensing and storage of sodium valproate and the considerations required when re-packaged.

Competency Unit 4.3: Supply Prescribed Medicines		
ELEMENTS	PERFORMANCE CRITERIA	EVIDENCE GUIDE <i>as it relates to mental health care</i> . Note: this is for illustrative purposes only and is designed to be a guide to expected capabilities. This is not an exhaustive list of examples.
	4 Applies legible, comprehensible and complete labels to dispensed medicines.	<ul style="list-style-type: none"> • Ability to produce labels in which the type face is large enough and dark enough to be easily read, instructions are expressed in readily understandable English (including those occasions where a pharmacist adds a foreign language label that they fully understand), are adapted to meet specific patient needs (eg. poor sight) and all the information specified by the prescriber is included. • Ability to select a site for the label that does not cover important information provided by the manufacturer such as expiry date, storage requirements or dosing information.
	5 Incorporates relevant cautionary and advisory directions into the labelling of dispensed medicines consistent with legal requirements and professional conventions.	<ul style="list-style-type: none"> • Ability to recognise the need for warning against the abrupt withdrawal of antidepressants.
	6 Ensures dispensed medicines and their labelling directly correlates to prescribed medicines and dosing regimen.	<ul style="list-style-type: none"> • Ability to use the prescription as the primary source for checking that both the label and dispensed medicine exactly correlate to the prescribed medicine(s).
	7 Accepts responsibility for ensuring dispensed medicines are issued (and administered for supervised dosing in the pharmacy) to the correct patient.	<ul style="list-style-type: none"> • Ability to demonstrate checking of patient/dosing details (e.g. name and address) with those on the prescription at the time prescription medicines are supplied - this includes those for which there is supervised dosing (e.g. benzodiazepines).
	8 Takes prompt action to minimise the impact of dispensing errors on patients.	<ul style="list-style-type: none"> • Ability to identify 'near miss' and actual errors in own dispensing. • Ability to describe the steps necessary to minimise the impact of dispensing errors on patients.
	9 Accepts responsibility for the accuracy of prescription medicines dispensed with the assistance of unregistered personnel.	<ul style="list-style-type: none"> • Ability to demonstrate a rigorous and systematic checking process for supervising the work of unregistered personnel.

Competency Unit 4.3: Supply Prescribed Medicines		
ELEMENTS	PERFORMANCE CRITERIA	EVIDENCE GUIDE <i>as it relates to mental health care</i> . Note: this is for illustrative purposes only and is designed to be a guide to expected capabilities. This is not an exhaustive list of examples.
	10S Establishes systems and documentation that support the application of a rigorous dispensing procedure.	<ul style="list-style-type: none"> • Ability to develop, review and maintain a working environment and standard operating procedures that promote and support the application of a rigorous dispensing process. • Ability to describe operational arrangements in terms of factors known to be associated with dispensing errors (eg. separate stock with similar corporate packaging, minimise interruptions).
2. Maintain records	1 Maintains prescription records for dispensed medicines, including controlled substances, that include prescription annotations and are consistent with legal requirements.	<ul style="list-style-type: none"> • Ability to describe the recording requirements for prescription medicines, including controlled substances. • Ability to demonstrate maintenance of prescription records that include prescription annotations and comply with legal requirements.
	2 Maintains accurate, up-to-date and complete medication records for patients consistent with professional standards and conventions.	<ul style="list-style-type: none"> • Ability to describe and/or demonstrate compliance with professional conventions in relation to maintenance of medication profiles. • Ability to promptly access additional guidance from professional guidelines and standards.
	3 Maintains accurate records of dispensing errors (including those that are intercepted before they reach the patient) and the actions taken to minimise their effect on patients and/or to prevent their recurrence.	<ul style="list-style-type: none"> • Ability to describe appropriate recording and response requirements for dispensing errors such as provided in <i>Procedure to follow in case of a dispensing error</i> (Pharmaceutical Defence Limited). • Ability to demonstrate compliance with workplace procedures for documenting and responding to dispensing errors.
	4S Establishes systems for reporting and responding to medication errors.	<ul style="list-style-type: none"> • Ability to describe error reporting systems and documentation in terms of key information elements needed to respond to an error to prevent or minimise the risk of recurrence (eg. what happened, what were the contributing factors, what action has already been taken).

Competency Unit 4.3: Supply Prescribed Medicines		
ELEMENTS	PERFORMANCE CRITERIA	EVIDENCE GUIDE <i>as it relates to mental health care</i> . Note: this is for illustrative purposes only and is designed to be a guide to expected capabilities. This is not an exhaustive list of examples.
3. Assist patient understanding and adherence	1 Identifies patient specific information needs and circumstances likely to adversely impact on adherence.	<ul style="list-style-type: none"> • Ability to recognise the possible value of and provide advice on a dose administration aid to assist with adherence in consumers taking psychotropic medicines. • Ability to recognise that the provision of CMI for antiepileptic medicines (e.g. carbamazepine) may not reflect the indicated use as a mood stabiliser.
	2 Clarifies changes to medication treatment and changes in the appearance of a medicine or its packaging.	<ul style="list-style-type: none"> • Ability to identify circumstances where a change in appearance of medicine or its packaging (e.g. as a result of brand substitution or changes in corporate packaging) needs to be discussed with patients/carers.
	3 Explains the indications for use, expected benefits and any particular precautions to be observed when using the medicine, using written patient information resources as required for further clarification.	<ul style="list-style-type: none"> • Ability to recognise that the use of olanzapine may not indicate that the consumer has a diagnosis schizophrenia or related psychoses.
	4 Reinforces the storage and dosing requirements with specific reference to administration technique (if applicable), dose, frequency, timing in relation to food, and duration of treatment.	<ul style="list-style-type: none"> • Ability to describe and/or demonstrate administration technique for commonly used medicines, including inhalers, eye ointments, and eye, ear and nose drops.
	5 Informs the patient of the most likely adverse effects and actions to take should they occur, using written patient medicines information resources as appropriate.	<ul style="list-style-type: none"> • Ability to inform consumers who are commencing treatment with olanzapine of the potential to cause weight gain.
	6 Checks that patients understand why the medicines have been prescribed, what benefits to expect and how they are to be used/administered.	<ul style="list-style-type: none"> • Ability to recognise when a consumer may lack insight into their mental health condition and not comprehend the need for the medicine.

Competency Unit 4.3: Supply Prescribed Medicines		
ELEMENTS	PERFORMANCE CRITERIA	EVIDENCE GUIDE <i>as it relates to mental health care</i> . Note: this is for illustrative purposes only and is designed to be a guide to expected capabilities. This is not an exhaustive list of examples.
	7 Addresses issues likely to adversely impact on adherence with the patient and/or their carer or other members of the health care team as appropriate.	<ul style="list-style-type: none"> • Ability to describe patient factors likely to adversely impact on adherence. • Ability to identify circumstances where an aid/appliance would be beneficial. • Ability to demonstrate the use of aids/appliances (e.g. inhaler spacer, tablet cutter, single dose packaging).

Functional unit 6: Provide primary health care

Competency Unit 6.1: Assess Primary Health Care Needs		
ELEMENTS	PERFORMANCE CRITERIA	EVIDENCE GUIDE <i>as it relates to mental health care</i> . Note: this is for illustrative purposes only and is designed to be a guide to expected capabilities. This is not an exhaustive list of examples.
1. Elicit relevant clinical information	1 Seeks information on the nature of the condition or symptoms of concern when a patient presents or is referred for assistance.	<ul style="list-style-type: none"> • Ability to conduct an assessment of sleep disorder through taking an accurate sleep–wake history, and a thorough exploration of possible psychiatric and medical factors that may disturb sleep, including drugs such as alcohol, antihistamines, nicotine replacement, caffeine, selective serotonin reuptake inhibitors (SSRIs), venlafaxine, beta-blockers and stimulants.
	2 Accesses records held of the patient’s history and current medication treatment.	<ul style="list-style-type: none"> • Ability to access individual patient’s electronic or hard copy medication records held in the pharmacy/institution.
	3 Obtains additional essential health and medication related information from patients and/or carers or (with patient consent) other health professionals.	<ul style="list-style-type: none"> • Ability to structure and conduct an interview with the patient and/or carer without engendering concern, resistance or other adverse reaction.

Competency Unit 6.1: Assess Primary Health Care Needs		
ELEMENTS	PERFORMANCE CRITERIA	EVIDENCE GUIDE <i>as it relates to mental health care</i> . Note: this is for illustrative purposes only and is designed to be a guide to expected capabilities. This is not an exhaustive list of examples.
	4S Uses additional information sources to obtain information required to create a comprehensive medication history and complete record of current medication treatment.	<ul style="list-style-type: none"> • Ability to identify and access (with patient consent) all medicine related information from a local community mental health team about a patient.
2. Identify management options	1 Assesses the presenting symptoms or condition in the context of the clinical information gathered about the patient.	<ul style="list-style-type: none"> • Ability to interpret clinical information gathered from the patient to identify a possibly undiagnosed mental illness.
	2 Identifies possible pharmacological and non-pharmacological treatment strategies and options.	<ul style="list-style-type: none"> • Ability to recognise and advise patients of the possible need for thiamine supplementation for a patient who describes alcohol intake at higher than recommended limits. • Ability to recommend non-pharmacological management of sleep disorders such as educating the patient in sleep hygiene (e.g. regular time of arising, regular daytime exercise, taking a hot bath before bedtime) to encourage habits that promote good sleep and avoiding those that may inhibit sleep.
	3 Assesses the potential for inappropriate use of selected or recommended products or treatments.	<ul style="list-style-type: none"> • Ability to identify risk factors for substance use disorders in a patient with previous history of PTSD.
	4 Considers the need to involve other health professionals.	<ul style="list-style-type: none"> • Ability to identify and access (with patient consent) all medicine related information from a local community mental health team about a patient.
	5 Responds to enquiries or events involving ingestion of toxic doses or exposure to toxic substances.	<ul style="list-style-type: none"> • Ability to interpret clinical information gathered from the patient to identify a possibly undiagnosed mental illness.

Competency Unit 6.1: Assess Primary Health Care Needs		
ELEMENTS	PERFORMANCE CRITERIA	EVIDENCE GUIDE <i>as it relates to mental health care</i> . Note: this is for illustrative purposes only and is designed to be a guide to expected capabilities. This is not an exhaustive list of examples.
3. Initiate the involvement of and work cooperatively with other health professionals and organisations	1 Explains to patients the need to seek advice/assistance from other health professionals.	<ul style="list-style-type: none"> • Ability to identify and access (with patient consent) all medicine related information from a local community mental health team about a patient.
	2 Undertakes onward referral of patients in a manner consistent with professional standards and conventions.	<ul style="list-style-type: none"> • Ability to provide advice and/or onward referral (e.g. to assist the partner of the patient with obstructive sleep apnoea who presents complaining that loud snoring is keeping them awake).
	3 Liaises with other health professionals to whom patients have been referred.	<ul style="list-style-type: none"> • Ability to demonstrate the use of a written or oral referral to another health professional that informs them of your concerns of suspected PTSD in a patient and provides them with your contact information for further discussion.
	4 Acts to ensure patients in need of emergency medical care are promptly directed to the most appropriate source of care.	<ul style="list-style-type: none"> • Ability to promptly refer a patient to the mental health crisis team or police when they are having a psychotic episode and may be at risk of self-harm or possibly harming others.
	5S Maintains a network with individuals and organisations that are able to provide complementary input in the provision of primary health care services.	<ul style="list-style-type: none"> • Ability to liaise with and know the expertise of mental health care professionals in the local area.
	6S Collaborates with other health professionals and organisations in the delivery of primary health care services.	<ul style="list-style-type: none"> • Ability to collaborate with psychiatrists and other mental health workers in the care of patients with a mental illness.

Competency Unit 6.2: Address Primary Health Care Needs of Patients		
ELEMENTS	PERFORMANCE CRITERIA	EVIDENCE GUIDE <i>as it relates to mental health care</i> . Note: this is for illustrative purposes only and is designed to be a guide to expected capabilities. This is not an exhaustive list of examples.
1. Facilitate supply of appropriate medicines	1 Provides advice on the appropriateness of treatments or products self selected by the patient.	<ul style="list-style-type: none"> • Ability to advise that concurrent use of sertraline and St John's Wort may lead to additive serotonergic effects. • Ability to explain that <i>Gingko biloba</i> is safe to use but that current evidence, such as in the Cochrane Database of Systemic Reviews, indicates no difference between <i>Gingko biloba</i> and placebo in the prevention or treatment of cognitive impairment and dementia.
	2 Selects medicines suitable for use by the patient.	<ul style="list-style-type: none"> • Ability to select doxylamine, diphenhydramine or valerian to assist patients manage sleep disturbance but to also have the ability to advise these patients that such medicines may only have limited effectiveness.
	3 Recommends the optimal medicine, dose form and dosing regimen to meet the patient's therapeutic need.	<ul style="list-style-type: none"> • Ability to understand that herbal medicines, such as passionflower extract, are popularly used worldwide for treating anxiety but also an ability to explain to patients that a lack of studies make it impossible to draw any conclusions on the effectiveness or safety of <i>passiflora</i> in the treatment of anxiety disorders.
	4S Develops and maintains procedures for the supply of medicines.	<ul style="list-style-type: none"> • Ability to clearly explain to staff in a community pharmacy why it is necessary to monitor a patient's ongoing use of pharmaceutical products containing a combination of doxylamine, paracetamol and codeine, and why each supply should be recorded.
2. Provide advice to support the use of selected or recommended medicines	1 Explains the use, effects and precautions to be observed for the selected/recommended medicine, using written patient information resources as required for further clarification.	<ul style="list-style-type: none"> • Ability to recognise that the issue of standard Consumer Medicines Information leaflets may not be an effective communication strategy for patients affected by possible drug-related psychiatric syndrome or for some drug therapy approaches used in the management of PTSD (e.g. anticonvulsant mood stabilisers).
	2 Suggests other actions that may enhance the efficacy of the selected treatment.	<ul style="list-style-type: none"> • Ability to advise patients how to make contact with self-help and support organisations, such as PanDA for women affected by peri natal depression, so that there is not a reliance on OTCs/CAMs or prescription medication alone for treating mental health conditions.

Competency Unit 6.2: Address Primary Health Care Needs of Patients		
ELEMENTS	PERFORMANCE CRITERIA	EVIDENCE GUIDE <i>as it relates to mental health care</i> . Note: this is for illustrative purposes only and is designed to be a guide to expected capabilities. This is not an exhaustive list of examples.
	3 Ensures that the patient understands how the medicine is to be used/administered.	<ul style="list-style-type: none"> Ability to ensure that staff working in a community pharmacy inform patients who self-select CAMs containing <i>Valeriana officinalis</i> (valerian) about the risks of driving or operating machinery whilst taking this medication.
	4 Offers follow-up of selected patients to monitor progress and/or outcomes.	<ul style="list-style-type: none"> Ability to follow-up with patients who self-select CAMs to treat depression so that an assessment of their condition can be recommended if required.
3. Maintain appropriate records for supply of selected or recommended medicines	1 Records supply of medicines consistent with pharmacy registering authority guidelines and legislative obligations.	<ul style="list-style-type: none"> Ability to explain to staff in a community pharmacy why it is necessary to record the supply of some products containing pseudoephedrine, doxylamine and/or diphenhydramine, and why this requirement may change from time to time and vary from state to state.
	2 Updates patient's medication profile in a manner consistent with professional standards and conventions.	<ul style="list-style-type: none"> Ability to record a patient's use of doxylamine and products containing doxylamine as part of preparing comprehensive medication profiles, such as by way of the <i>Patient Medication Profile</i> (PMP) scheme.
	3 Maintains documentation sufficient to allow follow-up of selected patients.	<ul style="list-style-type: none"> Ability to record repeated supply of doxylamine, diphenhydramine or valerian to specific patients to assist them sleep so that follow-up can be initiated.
	4S Adopts a systematic approach to maintaining complete and accurate records for patients provided with primary health care services.	<ul style="list-style-type: none"> Ability to utilise systems, such as the Patient Medication Profile Program, to regularly update the medications used by selected patients, particularly OTCs and CAMs with claims of psychotropic activity.
4. Select and provide advice on the use/care of other health care products and devices/equipment	1 Selects suitable health care products and devices/equipment.	<ul style="list-style-type: none"> Ability to discuss issues relevant to any devices sold through pharmacies, which may include air ionization and light therapy delivery, and also an ability to discuss issues related to evidence for the efficacy of such devices.
	2 Assesses the patient's need for information about the product or device/equipment.	<ul style="list-style-type: none"> Ability to determine if a patient needs additional information or instruction about any device sold through pharmacies which claim efficacy in preventing/treating mental illnesses.

Competency Unit 6.2: Address Primary Health Care Needs of Patients		
ELEMENTS	PERFORMANCE CRITERIA	EVIDENCE GUIDE <i>as it relates to mental health care</i> . Note: this is for illustrative purposes only and is designed to be a guide to expected capabilities. This is not an exhaustive list of examples.
	3 Provides advice on the correct use and/or care of products and devices/equipment.	<ul style="list-style-type: none"> • Ability to demonstrate the use of any device sold through pharmacies which claim efficacy in preventing/treating mental illnesses.
	4S Selects a range of health care products and devices/equipment for use by patients.	<ul style="list-style-type: none"> • Ability to liaise with self-help and support organisations to discuss health care products and/or devices, such as the “Blokes and Sheds” initiative associated with Alzheimer’s Australia.
5. Provide advice on non-medical management options	1 Explains reasons for advising against the use of drug treatments.	<ul style="list-style-type: none"> • Ability to explain the principles, the nature and the place of cognitive behavioural therapy (CBT) in treating mental health disorders, and an ability to explain why CBT can be used with or without concurrent pharmacotherapy.
	2 Recommends non-medical interventions or actions to assist management of symptoms/conditions.	<ul style="list-style-type: none"> • Ability to recommend that an assessment of depression, such as by way of the Diagnostic and Statistical Manual (DSM) of the American Psychiatric Association, is undertaken before continuing with the use of CAMs such as Bach flower remedies and St John’s Wort.
	3 Measures and fits patients with health care items for individual use.	<ul style="list-style-type: none"> • Ability to supply patients with surgical aids and/or specialised equipment specific to mental health disorders, such as CPAP equipment used in conjunction sleep disorders.
	4 Offers suggestions for other possible sources of support or assistance.	<ul style="list-style-type: none"> • Ability to utilise information resources, such as MIMS and the Australian Medicines Handbook, to locate self-help and support organisations relevant to mental health care.
6. Provide direct care consistent with the role of a pharmacist	1 Provides treatment for minor injuries.	<ul style="list-style-type: none"> • Ability to describe the nature of post-traumatic stress disorder, in its acute and chronic manifestations, and the roles of cognitive behavioural therapy and pharmacotherapy in treatment.
	2 Provides advice on the selection and use of dressings and bandages.	<ul style="list-style-type: none"> • Ability to select wound dressings appropriate for use on patients with dementia.
	3 Applies emergency first aid measures consistent with professional role and expertise.	<ul style="list-style-type: none"> • Ability to provide mental health first aid consistent with training conducted by the Mental Health First Aid (MHFA) Training and Research Program.

Competency Unit 6.3: Promote Good health in the Community		
ELEMENTS	PERFORMANCE CRITERIA	EVIDENCE GUIDE <i>as it relates to mental health care</i> . Note: this is for illustrative purposes only and is designed to be a guide to expected capabilities. This is not an exhaustive list of examples.
1. Provide information on and participate in public health strategies directed at the prevention or early detection of disease	1 Discusses public health issues relevant to prevention or early detection of disease.	<ul style="list-style-type: none"> • Ability to discuss public health issues where relevant e.g. post natal depression screening with a client who may be at risk.
	2 Participates in public health campaigns that are primarily directed at disease prevention and/or harm minimisation.	<ul style="list-style-type: none"> • Ability to participate in promoting relevant public health campaigns such as the Community Methadone Program.
	3S Identifies health promotion information needs of groups within the local community.	<ul style="list-style-type: none"> • Ability to identify health promotion needs of the community by conducting surveys and questionnaires e.g. in depression.
	4S Plans and implements public health education and awareness raising campaigns with other health professionals.	<ul style="list-style-type: none"> • Ability to join other health professionals e.g. community mental health nurses to promote mental health awareness e.g. bipolar affective disorder.
	5S Undertakes relevant public health screening processes for early disease detection consistent with the role of a pharmacist.	<ul style="list-style-type: none"> • Ability to acquire suitable training in order to undertake screening of diseases such as depression.
	6S Delivers information on disease prevention and early detection to community groups that is based on the latest scientific information and evidence.	<ul style="list-style-type: none"> • Ability to provide relevant and up to date information on mental health needs to the community using local specialist mental health pharmacist where available.
	7S Promotes the role of the pharmacist and their own capacity to participate in health promotion activities to the community, local government and other health professionals in the area.	<ul style="list-style-type: none"> • Ability to promote health promotion activities with other stakeholders e.g. Beyond Blue, Mental Health Week and the health department.
2. Assist patient efforts to manage risk factors and	1 Understands the role of risk factors in influencing the incidence and/or severity of common diseases.	<ul style="list-style-type: none"> • Ability to recognise how risk factors such as family history and substance abuse can influence the progression of common diseases.

Competency Unit 6.3: Promote Good health in the Community		
ELEMENTS	PERFORMANCE CRITERIA	EVIDENCE GUIDE <i>as it relates to mental health care</i> . Note: this is for illustrative purposes only and is designed to be a guide to expected capabilities. This is not an exhaustive list of examples.
monitor disease states	2 Discusses the potential benefits of risk factor reduction with patients.	<ul style="list-style-type: none"> • Ability to provide counselling to encourage moderation of alcohol intake during antidepressant treatment, or regarding smoking cessation to reduce the likelihood of tobacco-related comorbidities in patients with bipolar disorder. • Ability to provide dietary advice to assist with prevention of weight gain after implementation of antipsychotic drug therapy.
	3 Understands the public health infrastructure that exists for providing specialised information and advice.	<ul style="list-style-type: none"> • Ability to describe the services and information provided by organisations (e.g. Diabetes Australia, National Asthma Council, National Heart Foundation, Alcohol and Drug Foundation) for individuals or groups within the community.
	4 Works in cooperation with other health professionals in delivering responsible advice about risk factor and disease management.	<ul style="list-style-type: none"> • Ability to recognise the appropriate time to commence counselling regarding smoking cessation for patients who have recently commenced antidepressant therapy.
	5S Provides disease monitoring assistance in a manner consistent with professional standards and conventions and accepted clinical guidelines.	<ul style="list-style-type: none"> • Ability to utilize ratings scales, such as the Cohen-Mansfield Agitation Inventory and the Cornell Scale for Depression in Dementia, to monitor the use of antidepressants and antipsychotic medications in residential aged care facilities.
	6S Supports patients' efforts at self-management of their disease/condition through monitoring.	<ul style="list-style-type: none"> • Ability to monitor a patient's use of antidepressants by the use of medication adherence tools, such as <i>MedsIndex</i>, in order to optimise drug therapy.
3. Gather information required to improve the effectiveness and relevance of primary health	1 Follows up patients to confirm and reinforce behavioural changes made to modify their risk factor exposure.	<ul style="list-style-type: none"> • Ability to utilise a follow up mechanism for patients, when dispensing prescription repeats for example, and provide health promotional material to reinforce a healthy lifestyle e.g. substance abuse.
	2 Confirms patients' understanding of and ability to effectively monitor their disease/condition.	<ul style="list-style-type: none"> • Ability to develop a rapport with the patient or carer that ensures information given is understood. This can be done by asking the patient questions that will reveal how much they know about their illness and treatment.

Competency Unit 6.3: Promote Good health in the Community		
ELEMENTS	PERFORMANCE CRITERIA	EVIDENCE GUIDE as it relates to mental health care . Note: this is for illustrative purposes only and is designed to be a guide to expected capabilities. This is not an exhaustive list of examples.
care activities	3 Participates in assessment of the effectiveness of public health education campaigns.	<ul style="list-style-type: none"> • Ability to develop questionnaires to assess the effectiveness of the public health campaigns.
	4S Seeks feedback on the effectiveness of health promotion sessions delivered to groups or in the community.	<ul style="list-style-type: none"> • Ability to use tools such as questionnaires to seek feedback following presentation of health promotion material to groups.
	5S Accesses new and extended primary health care information.	<ul style="list-style-type: none"> • Ability to stay in touch with a keen interest in mental health by joining special interest groups in order to confidently access new information.
	6S Monitors the primary health care needs of the community to detect new or changing needs.	<ul style="list-style-type: none"> • Ability to keep aware of the nature of mental health issue affecting the community in the area e.g. drug, alcohol or postnatal depression if there are lots of young families.

Functional Area 7: Provide medicines and health information and education

Competency Unit 7.1: Retrieve Information		
ELEMENTS	PERFORMANCE CRITERIA	EVIDENCE GUIDE as it relates to mental health care . Note: this is for illustrative purposes only and is designed to be a guide to expected capabilities. This is not an exhaustive list of examples.
1. Maintain information reference base	1 Assesses the adequacy of readily available information sources and any other resources used to retrieve information.	<ul style="list-style-type: none"> • Ability to recognise the limitations of CMI with respect to off label use of haloperidol for anxiety.
	2S Assesses the adequacy of resources held for the types of information usually provided.	<ul style="list-style-type: none"> • Ability to analyse the information reference base in terms of the range of the information provided and the frequency with which different types of information are provided.

Competency Unit 7.1: Retrieve Information		
ELEMENTS	PERFORMANCE CRITERIA	EVIDENCE GUIDE <i>as it relates to mental health care</i> . Note: this is for illustrative purposes only and is designed to be a guide to expected capabilities. This is not an exhaustive list of examples.
	3S Evaluates new resources for inclusion in information reference base.	<ul style="list-style-type: none"> Ability to explain the criteria applied to establish the relative value of information sources, including those resources accessed off-site, in respect of cost, content, application and limitations.
	4S Develops and maintains an information storage system.	<ul style="list-style-type: none"> Ability to describe the storage conventions and to access information previously stored.
2. Clarify required information	1 Identifies research needs and/or opportunities in the workplace.	<ul style="list-style-type: none"> Ability to identify a significant increase in benzodiazepine supply to a residential care facility, and to develop a research question to identify possible causes.
	2 Determines the form and level of complexity of information needed and any specific circumstances impacting on information needs.	<ul style="list-style-type: none"> Ability to ask questions, listen and restate requirements to ensure clarity and agreement on information needs. Ability to concisely describe the information required.
	3S Maintains accurate and complete records of requests for information.	<ul style="list-style-type: none"> Ability to demonstrate the use of a standardised data set for recording information requests.
3. Undertake Research	1 Applies research techniques to gather relevant information.	<ul style="list-style-type: none"> Ability to access and utilise evidence based information, such as through the Cochrane library, about the use of complementary medicines (such as St John's Wort) in the treatment of mental health conditions.
	2S Works with others to develop research projects.	<ul style="list-style-type: none"> Ability to work with others to prepare research applications to organisations that fund mental health research.
	3S Applies best practice research methods.	<ul style="list-style-type: none"> Ability to collect, collate and analyse data to answer the research question(s).
4. Identify sources of information	1 Identifies the most useful of the readily available information sources for providing the required information.	<ul style="list-style-type: none"> Ability to compare and contrast the usefulness and limitations of legally required or recommended texts for the provision of information about drugs used to treat sleep disorders.
	2 Knows what other information sources can provide relevant information.	<ul style="list-style-type: none"> Ability to access and recognise the value of the Maudsley prescribing guidelines for medicines used to treat mental health conditions.

Competency Unit 7.1: Retrieve Information		
ELEMENTS	PERFORMANCE CRITERIA	EVIDENCE GUIDE <i>as it relates to mental health care</i> . Note: this is for illustrative purposes only and is designed to be a guide to expected capabilities. This is not an exhaustive list of examples.
	3 Consults other sources of information when workplace resources are inadequate.	<ul style="list-style-type: none"> • Ability to recognise limitations of knowledge about the 'off-label' use of some medicines, such the use of clonidine and TCAs for treating ADHD in children. • Ability to access appropriate other reference sources (hard copy and electronic) both directly and indirectly via other locations.
	4S Demonstrates knowledge of an extended range of information sources, including electronic abstracting and indexing services and databases.	<ul style="list-style-type: none"> • Ability to describe availability, scope and usefulness of a range of indexing and abstracting services and electronic databases.
	5S Selects optimal information sources for the required information and presenting circumstances.	<ul style="list-style-type: none"> • Ability to explain the variability of electronic information resources for the provision of information about bipolar disorder and recommend an electronic resource best suited to the audiences' need.
	6S Maintains a medicines and health information contact network.	<ul style="list-style-type: none"> • Ability to demonstrate engagement with a broad mental health care team such as psychiatrists, general practitioners, community health staff or specialist pharmacists.
5. Access relevant information	1 Uses information sources to find medicines and health information relevant to conditions/diseases and medicines that are regularly encountered in the workplace.	<ul style="list-style-type: none"> • Ability to demonstrate the use of available information sources to locate relevant information.
	2 Selects relevant material from information retrieved.	<ul style="list-style-type: none"> • Ability to understand and explain the medical and pharmacological terminology used in reference sources. • Ability to extract relevant information and to justify the selection.
	3 Stores retrieved information in a logical and systematic manner.	<ul style="list-style-type: none"> • Ability to apply a systematic approach to storage of information.
	4 Accepts responsibility for retrieving information in a timely manner.	<ul style="list-style-type: none"> • Ability to access required information in a timeframe consistent with need.

Competency Unit 7.1: Retrieve Information		
ELEMENTS	PERFORMANCE CRITERIA	EVIDENCE GUIDE as it relates to mental health care . Note: this is for illustrative purposes only and is designed to be a guide to expected capabilities. This is not an exhaustive list of examples.
	5S Develops search strategies for the types of information most usually provided.	<ul style="list-style-type: none"> • Ability to describe the logic in the cascade of information sources cited in specific search strategies.
	6S Establishes conventions for setting information retrieval priorities where multiple searches are routinely handled.	<ul style="list-style-type: none"> • Ability to explain conventions applicable to information retrieval priorities in terms of urgency of need, complexity of information sought, coexisting work requirements and available resources.
	7S Applies a systematic search strategy for responding to complex or unusual information requirements on any drug or health issue.	<ul style="list-style-type: none"> • Ability to describe and apply a logical and appropriate search strategy for complex or unusual information requirements.
	8S Uses a variety of retrieval techniques, including electronic database searches, to access information.	<ul style="list-style-type: none"> • Ability to demonstrate the use of a variety of retrieval techniques.
	9S Uses enhanced pharmaceutical and therapeutic knowledge to select relevant information.	<ul style="list-style-type: none"> • Ability to describe the implications to therapeutic options or dosing regimen that arise from drug or patient factors for drugs used in a specific patient group or area of specialisation (eg. pregnancy and lactation, paediatrics, diabetes, asthma).

Competency Unit 7.2: Evaluate and Synthesise Information		
ELEMENTS	PERFORMANCE CRITERIA	EVIDENCE GUIDE as it relates to mental health care . Note: this is for illustrative purposes only and is designed to be a guide to expected capabilities. This is not an exhaustive list of examples.
1. Clarify research findings	1 Analyses basic qualitative and/or quantitative research data.	<ul style="list-style-type: none"> • Ability to analyse data and apply analytical skills to produce summary results.
	2 Collates, integrates and interprets the results of research to clarify findings.	<ul style="list-style-type: none"> • Ability to apply analytical and clinical reasoning skills to relate research results to the research question to establish the research findings.

Competency Unit 7.2: Evaluate and Synthesise Information		
ELEMENTS	PERFORMANCE CRITERIA	EVIDENCE GUIDE <i>as it relates to mental health care</i> . Note: this is for illustrative purposes only and is designed to be a guide to expected capabilities. This is not an exhaustive list of examples.
	3 Formulates conclusions and recommendations arising from the research.	<ul style="list-style-type: none"> • Ability to explain and justify the conclusions and recommendations in terms of research findings. • Ability to recognise the potential or actual limitations of the research findings.
	4S Documents completed research clearly and completely.	<ul style="list-style-type: none"> • Ability to write a scientific report that encompasses methodology, results, conclusions and recommendations.
2. Assess information	1 Differentiates between information sources regarding their suitability and reliability.	<ul style="list-style-type: none"> • Ability to recognise and explain the differences between advertorial or promotional materials produced by product sponsors compared to independent editorial-based resources (eg. <i>Martindale, Australian Medicines Handbook, AusDI</i>) and peer reviewed published research.
	2 Understands basic concepts and terminologies required to assess information sources.	<ul style="list-style-type: none"> • Ability to describe the differences between the 'levels of evidence' that apply to clinical research such as those applied by the National Health and Medical Research Council (NH&MRC). • Demonstrated understanding of terms such as 'relative risk' and 'absolute risk'.
	3 Uses basic research skills to impartially evaluate and interpret information to assess its accuracy and validity.	<ul style="list-style-type: none"> • Demonstrated understanding of basic research methodologies and statistical techniques.
	4 Uses professional judgement to reconcile divergent or conflicting information.	<ul style="list-style-type: none"> • Ability to determine a course of action/recommendation in the face of divergent or conflicting information.
	5 Identifies areas where selected information does not adequately address information needs.	<ul style="list-style-type: none"> • Ability to recognise any deficiencies in the information accessed for addressing the information requirements. • Ability to recognise limitations of own ability and/or knowledge and to seek advice from other appropriate persons/sources to meet information needs.

Competency Unit 7.2: Evaluate and Synthesise Information		
ELEMENTS	PERFORMANCE CRITERIA	EVIDENCE GUIDE <i>as it relates to mental health care</i> . Note: this is for illustrative purposes only and is designed to be a guide to expected capabilities. This is not an exhaustive list of examples.
	6S Critically evaluates the research findings.	<ul style="list-style-type: none"> • Demonstrated understanding of key economic concepts such as cost effectiveness and cost benefit. • Ability to assess evidence for strength, size of effect and relevance.
	7S Uses primary and secondary information sources to critically evaluate the efficacy and safety of medicines.	<ul style="list-style-type: none"> • Ability to interpret data relating to pharmacology, pharmacokinetics, precautions, administration and dosing, dosage forms and economic issues in primary and secondary information sources.
	8S Critically evaluates the reliability and accuracy of new information in primary information sources.	<ul style="list-style-type: none"> • Ability to explain the impact or significance of new information from primary sources on therapy or dosing decisions. • Ability to apply evidence to clinical/health care situations to determine benefit/harm and cost effectiveness.
	9S Calculates and manipulates clinical data and associated costs accurately.	<ul style="list-style-type: none"> • Demonstrated ability to carry out additional calculations and manipulations accurately.
3. Integrate information	1 Relates information to the specific situation, patient or request.	<ul style="list-style-type: none"> • Ability to explain medical and pharmacological information in terms of the specific situation, patient, request or information need.
	2 Formulates a cohesive, objective and factual summary of findings.	<ul style="list-style-type: none"> • Ability to combine information from multiple information sources to create a clear and logical summary.
	3 Demonstrates a logical approach to problem solving and/or identification of suitable options.	<ul style="list-style-type: none"> • Ability to formulate logical options and choices through balancing the evidence and considering the circumstances.
	4 Differentiates opinion, advice or recommendations from findings identified from information sources.	<ul style="list-style-type: none"> • Ability to separate opinions, advice and recommendations from information findings and to explain or justify them in terms of those findings.
	5S Interprets and integrates research results to formulate conclusions.	<ul style="list-style-type: none"> • Ability to analyse research findings to draw conclusions that are supported by the findings.
	6S Creates a clear and cohesive response for complex or unusual information requests.	<ul style="list-style-type: none"> • Ability to respond to complex or unusual information needs through synthesising and integrating information from diverse sources into a clear and accurate response/summary.

Competency Unit 7.2: Evaluate and Synthesise Information		
ELEMENTS	PERFORMANCE CRITERIA	EVIDENCE GUIDE as it relates to mental health care. Note: this is for illustrative purposes only and is designed to be a guide to expected capabilities. This is not an exhaustive list of examples.
	7S Addresses legal and ethical issues associated with constructing a summary of findings.	<ul style="list-style-type: none"> • Ability to describe ethical and legal issues impacting on the formulation of a summary of findings.
	8 Applies a standardised referencing technique to link information to the evidence.	<ul style="list-style-type: none"> • Ability to produce a fully referenced information summary and use a referencing technique of the type used in scientific writing (eg. the Vancouver System).

Competency Unit 7.3: Disseminate Information		
ELEMENTS	PERFORMANCE CRITERIA	EVIDENCE GUIDE as it relates to mental health care. Note: this is for illustrative purposes only and is designed to be a guide to expected capabilities. This is not an exhaustive list of examples.
1. Apply and share new information	1 Applies research findings to workplace practices or processes.	<ul style="list-style-type: none"> • Ability to propose adjustments to workplace practices in response to research findings.
	2S Shares research findings with pharmacy colleagues and other health professionals/facility personnel whose care processes may be affected.	<ul style="list-style-type: none"> • Ability to undertake dissemination of research findings relevant to the ongoing treatment of dementia with health care professionals in health care facilities.
2. Provide information to assist patient care	1 Adopts a partnership approach to assisting patient care through the provision of information.	<ul style="list-style-type: none"> • Ability to provide appropriate verbal counselling for a patient commencing treatment with a new antidepressant medication, discontinuing treatment or changing to another antidepressant medicine.
	2 Explains the content of the information provided.	<ul style="list-style-type: none"> • Ability to clearly explain medicines or health care information to health professionals/facility personnel and patients/carers (either directly or by reference to the information sources used) using additional aids (e.g. patient leaflets, large print, interpreters) as appropriate to assist explanations.

Competency Unit 7.3: Disseminate Information		
ELEMENTS	PERFORMANCE CRITERIA	EVIDENCE GUIDE <i>as it relates to mental health care</i> . Note: this is for illustrative purposes only and is designed to be a guide to expected capabilities. This is not an exhaustive list of examples.
	3 Relates the information to specific patient factors or presenting circumstances.	<ul style="list-style-type: none"> Ability to explain specific dosing protocols or techniques, storage conditions, warnings and precautions that would enhance the safety or efficacy of drug use in a particular patient or circumstance.
	4 Provides explanations for advice, opinions and recommendations.	<ul style="list-style-type: none"> Ability to provide and explain advice in relation to situations which are potentially harmful for patients (e.g. advising patients with severe sleepiness to avoid potentially dangerous activities at home and at work, and not to operate a motor vehicle until sleepiness is appropriately controlled).
	5S Maintains accurate records of information provided and evidence sources.	<ul style="list-style-type: none"> Ability to use a systematic approach to recording the information provided and its evidence base.
3. Educate members of the general public	1 Explains and/or describes the pharmacology and therapeutic use of drugs and promotes their safe and effective use.	<ul style="list-style-type: none"> Ability to describe in written and/or verbal form the pharmacology and therapeutic uses of medicines and to identify issues such as precautions, warnings and specific storage conditions impacting on their safe and effective use. Ability to provide explanations, either written or verbal, to members of the public without using unnecessary technical jargon.
	2 Provides additional health care/disease prevention information appropriate to the situation and the audience.	<ul style="list-style-type: none"> Ability to describe health care/disease prevention strategies for common conditions/diseases.
	3S Applies communication/presentation skills to a variety of media/communication tools to present medicines and health information.	<ul style="list-style-type: none"> Ability to apply education and health promotion principles to provide medicines and health care information in a confident manner using electronic aids (eg. PowerPoint) and/or a variety of print media (eg. newsletters, brochures).
	4S Maintains a systematic process for content planning, presentation and evaluation of disseminated information.	<ul style="list-style-type: none"> Demonstrated understanding of a systems approach to content planning, formatting and evaluation of information and education sessions or materials.

Competency Unit 7.3: Disseminate Information		
ELEMENTS	PERFORMANCE CRITERIA	EVIDENCE GUIDE <i>as it relates to mental health care</i> . Note: this is for illustrative purposes only and is designed to be a guide to expected capabilities. This is not an exhaustive list of examples.
4. Evaluate disseminated information	1 Follows up previously communicated information to check its usefulness and/or appropriateness.	<ul style="list-style-type: none"> Ability to ask appropriate questions of recipients to gauge their satisfaction with the content, level, form of presentation and evidence base for the information provided.
	2 Improves disseminated information using feedback from recipients.	<ul style="list-style-type: none"> Ability to explain issues that impact on the capacity of recipients to understand and/or act on information provided (eg. clarity, relevance and justification).
	3S Addresses legal and ethical issues impacting on the way in which information findings, advice, opinions and recommendations are provided.	<ul style="list-style-type: none"> Demonstrated knowledge of issues impacting on the way findings, advice, opinions and recommendations can or should be presented.
	4S Maintains a formal feedback and analysis process to improve performance.	<ul style="list-style-type: none"> Ability to maintain a comprehensive data set of identified problems and feedback, and the actions taken to improve information provision and to measure improvements.

5. Conclusion

In applying the information described in this document, a pharmacist should be capable of providing services consistent with the elements set out in the *International Pharmaceutical Federation (FIP) guidelines for Good Pharmacy Practice*.¹⁴

In common with the provision of pharmacy care for patients generally, pharmacists providing services for patients affected by mental illness should ensure that:

- the patient's welfare is the first concern in all settings where services are provided
- all possible efforts are made to supply quality medicines and other health care products with appropriate information and monitor of the effects; and
- a substantial role in standard practice is the promotion of rational and economic prescribing and of the appropriate use of medicines.

¹⁴ International Guidelines for Good Pharmacy Practice. International Pharmaceutical Federation. Available <http://fip.org/files/fip/Statements/latest/Dossier%20004%20total.PDF>

Appendix 1. Communication strategies for pharmacists working with patients affected by mental illness

Recent Australian research suggests that some community pharmacists experience anxiety and a sense of helplessness when communicating with patients who have a mental illness. Although standard pharmacy practice would not necessarily require that a pharmacist have specialised communication skills consistent with those required for work in an acute mental health setting, pharmacists need to be able to communicate effectively with patients with mental illnesses to the extent required for standard pharmacy practice (e.g. dispensing a prescription or providing primary care treatment for a minor ailment). Pharmacists also need to have some basic knowledge about strategies for dealing with a patient experiencing acute psychiatric symptoms.

The information provided in this appendix is intended to illustrate some strategies that can be used by pharmacists when communicating with patients with mental illnesses. In large part, these suggested communication strategies have been adapted from the *Mental Health First Aid Manual*, produced by Kitchener and Jorm and published by the ORYGEN Research Centre, University of Melbourne. In this context, Kitchener and Jorm define Mental Health First Aid as 'help provided to a patient developing a mental health problem or in a mental health crisis....given until appropriate professional treatment is received or until the crisis resolves'. The stated aims are to preserve life (in situations where a patient may be a danger to themselves or others), provide help to prevent the mental health problem developing into a more serious state, promote recovery of good mental health, and to provide comfort to a patient suffering a mental illness. Examples of Mental Health First Aid, as applicable to the pharmacy practice context, are as follows:

Communicating with a patient affected by depression:

A pharmacist communicating with a patient who is probably affected by major depression can utilise Mental Health First Aid strategies to facilitate the communication process and provide assistance to the patient. Recommended Mental Health First Aid strategies in this case include:

- assessing risk of suicide or harm (using a tool such as the 'SAD PERSONS' suicide risk assessment tool¹⁵);

¹⁵ Patterson W, Dohn H, Bird J, Patterson G. *Psychosomatics* 1983; 24: 343 – 349.

- listening non-judgmentally, choosing an appropriately private environment for this purpose;
- providing reassurance and information, particularly in relation to the effects of medications;
- encouraging the patients to seek professional help, which namely involves facilitating contact with the patient's GP or other medical services (including a hospital, if necessary); and
- encouraging the use of appropriate self-help strategies.

Communicating with a patient perceived to be threatening:

It is important to remember that the effects of a mental illness may be very disturbing for the patient and that because of these effects it is possible that in a minority of cases the patient may be dangerous to themselves, to others (e.g. dependent children, other customers in the pharmacy), or to staff in the pharmacy. In all cases, it is important to adopt a communication strategy that minimises the likelihood of harm to the patient or to others, and that simultaneously facilitates the linkage of the patient to appropriate services (e.g. medical assessment) and reduces distress and disability.

A pharmacist communicating with a patient who is perceived to be threatening as a result of features of a possible mental illness can utilise Mental Health First Aid strategies to facilitate the communication process and provide assistance to the patient. Recommended Mental Health First Aid strategies include:

- avoiding physical involvement when confronted by violent behaviour, do not attempt to restrain a violent patient, unless this is unavoidable in the context of self-defence;
- call the police, and inform them that a patient in the pharmacy appears to be suffering from a mental illness and requires medical help. Contact a mental health crisis team if possible (the telephone number for the mental health crisis team should be kept on an emergency phone contact list);
- communicate in a calm, non threatening manner. Talk slowly, quietly, firmly and simply. Maintain separation from the patient by a reasonable distance and avoid direct continuous eye contact or touching the patient;
- encourage the patient to sit down, which may assist them to feel more at ease and less likely to be violent;
- avoid attempting to reason with the patient regarding delusions and hallucinations, but acknowledge the patient's emotional distress;
- comply with reasonable requests, allowing the patient to retain a sense of being 'in control'; and
- adopt a neutral stance and a safe position in the area.

Appendix 2. Use of CMI for patients with a mental illness

Patients value the written or verbal medicines information they receive from pharmacists, who have a professional obligation to provide all necessary and up to date information to enable consumers to make informed decisions about their medicines. The use of Consumer Medicine Information can be a valuable tool to assist pharmacists in this process. The Pharmaceutical Society of Australia (PSA) has provided guidelines for pharmacists in relation to CMIs, which state that a pharmacist's duties extend to ensuring CMI content of specific relevance to an individual is brought to their attention and to ensure consumers understand the information. The PSA guidelines provide specific information in relation to the general use of CMI.

CMI can be a useful tool for pharmacists when counselling patients on medicines used for a mental illness. However, there are a range of specific additional considerations that relate to the use of CMI for patients with serious mental illness. The PSA guidelines state that "if a situation arises where in the pharmacist's opinion the consumer's physical or mental health may be harmed by information contained in a CMI leaflet, the pharmacist should consider discussing with the prescriber the possible risks within the overall clinical context." It is important for the pharmacist to consider a range of additional clinical issues that may influence the approach to using CMI when dealing with patients with a mental illness. Factors to consider include, but are not limited to:

- considerable care must be exercised in situations whereby the safety of the patient, staff, or other people is potentially compromised by the use of CMIs;
- standard CMIs may not address the psychiatric (off-label) use of some medications that are commonly used for the management of mental illness;
- impaired cognition, perceptual abnormalities or extreme agitation or depression may compromise a patient's ability or willingness to understand and/or act upon information contained in the CMI; and
- under some circumstances it may be most appropriate that CMIs and associated counselling should be provided (with the patient's permission) to a carer or relative.

Under circumstances where the pharmacist decides to vary their usual approach to the provision of CMIs on the basis of the patient's mental illness or incapacity, it is very important for clear clinical notes to be maintained to document all aspects of this process.

Appendix 3. Further information for pharmacists

The following are some of a number of resources which pharmacists may care to consult to obtain information on issues related to mental illness and mental health. The APC and the authors take reasonable care in selecting linking websites. However, it is the responsibility of the user to make their own decisions about the accuracy, currency, reliability and correctness of information contained in linked external websites. Linkage to websites should not be taken to be an endorsement or a recommendation of the site, its content, the people who run them or any third party products or services offered. To the maximum permitted by law, APC and the authors excludes all liability arising directly or indirectly from using these sites and any information or material available from them.

1. ARAFMI Mental Health Carers and Friends Association (formerly Association of Relatives & Friends of the Mentally Ill): <http://www.arafmi.asn.au>
2. Australian Medicines Handbook: <http://www.amh.net.au/>
3. The Australian Network for Promotion, Prevention and Early Intervention for Mental Health (Auseinet) aims to assist a range of sectors to implement mental health promotion and illness prevention approaches in their respective settings. Auseinet provides a 'Recovery On Line Toolkit' containing information to assist health professionals and others. It is available at: <http://www.auseinet.com/toolkit/index.php>
4. 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. Aust NZ Health Policy 2005; 2:29.
5. *beyondblue*: one of the key goals of *beyondblue* is to help health professionals work better with people with depression, anxiety and related disorders. A range of information for health professionals is available at: http://www.beyondblue.org.au/index.aspx?link_id=7.102#factsheets
6. The College of Psychiatric and Neurologic Pharmacists (CPNP): <http://cpnp.org/about/welcome.htm>
7. Crockett J, Taylor S, Grabham A, Stanford P. The Role of the Community Pharmacist in the Management of Depression. (Unpublished). Pharmacy Guild of Australia. Available at: http://www.guild.org.au/uploadedfiles/Rural_Pharmacy/Grants_and_Scholarships/2003_922%20Final.pdf.
8. Mental Health First Aid: <http://www.mhfa.com.au>
9. MIMS and eMIMS. 'MIMS Assist' provides a state by state listing (including addresses, telephone numbers and web site addresses) of self-help and support services for people with mental illness throughout Australia (membership required).
10. The National Advisory Council on Mental Health website provides links to useful information in regard to mental health: <http://www.health.gov.au/internet/mentalhealth/publishing.nsf/Content/National+Advisory+Council+on+Mental+Health>
11. National Alliance on Mental Illness: <http://www.nami.org>
12. SANE: <http://www.sane.org>
13. The Society of Hospital Pharmacists of Australia, Committee of Specialty Practice in Psychiatric Pharmacy. SHPA Standards for the Practice of Psychiatric Pharmacy. Aust J Hosp Pharm 2000; 30(6): 292-95.
14. Therapeutic Guidelines – Psychotropic: <http://www.tg.com.au/index.php?sectionid=97>
15. UK Psychiatric Pharmacy Group: <http://www.ukppg.org.uk/>

Appendix 4. References

Australian Medicines Handbook 2009. Australian Medicines Handbook Pty Ltd, Adelaide, South Australia.

Bell SJ, Whitehead P, Aslani P, Sacker S, Chen TF. Design and Implementation of an Educational Partnership between Community Pharmacists and Consumer Educators in Mental Health Care. *Am J Pharm Educ* 2006; 70: 28.

Competency Standards for Pharmacists in Australia. Pharmaceutical Society of Australia, 2003. Canberra, Australia 2003

Council of Australian Governments. National Action Plan on Mental Health 2006-2011. Available at http://www.coag.gov.au/coag_meeting_outcomes/2006-07-14/docs/nap_mental_health.pdf

Diagnostic and Statistical Manual of Mental Disorders. American Psychiatric Association 1994. 4th ed. DSM–IV, American Psychiatric Association, Washington, DC

I McDonald HP, Garg AX, HaynesRB. Interventions to Enhance Patient Adherence to Medication Prescriptions Scientific Review. *J Am Med Assoc* 2002; 288: 2868-2879.

International Guidelines for Good Pharmacy Practice. International Pharmaceutical Federation. Available at: <http://fip.org/files/fip/Statements/latest/Dossier%20004%20total.PDF>

Johnson C, Baxter B, Brough R, Buchanan J. Benzodiazepine Prescribing. Lessons from Interprofessional Dialogue. *Aust Family Physician* 2007; 36 (4).

Kenna GA, Wood M. Prevalence of Substance Use by Pharmacists and Other Health Professionals. *J Am Pharm Assoc* 2004; 6: 684 – 693.

National Alliance on Mental Illness. Available at:

http://www.nami.org/Content/ContentGroups/Home4/Home_Page_Spotlights/Spotlight_1/ADS_Center_Spotlights_Anti-Stigma_Programs.htm <accessed 2008>:

Patterson W, Dohn H, Bird J, Patterson G. *Psychosomatics* 1983; 24: 343 – 349.

Pirkis J, Herrman H, Schweitzer I, Yung A, Grigg M, Burgess P. Evaluating Complex, Collaborative Programmes: the Partnership Project As a Case Study. *Aust NZ J Psychiatry* 2008; 35: 639 – 646.

Singh NN, McKay JD, Singh AN. Culture and Mental Health: Nonverbal Communication. *J Child Fam Studies* 1998; 7: 403 – 9.

Yager J, Gitlin MJ. Clinical Manifestations of Psychiatric Disorders. In: Kaplan & Sadock's Comprehensive Textbook of Psychiatry / editors, Benjamin J. Sadock, Virginia A. Sadock.– 8th ed. 2005 Lippincott Williams & Wilkins Philadelphia, 530 Walnut Street, Philadelphia, PA 19106 USA