How was it done?

The main obstacle to the introduction of this initiative was establishing a relationship with patients, as visible pharmacist interventions were new to patients on the PICU. In order to overcome this obstacle, the pharmacist was required to be present on the unit and regularly meet patients to enquire about their experience of taking medicine for their mental health and provide information as required.

- The pharmacist hosts a weekly medicines information group on the unit where; medicines are discussed openly, patients are provided with medicines information leaflets and medication charts detailing all of their current medicines and what they are for, and those taking antipsychotics are systematically assessed for side-effects using validated rating scales.

- The pharmacist develops new patient-centred guidelines for use on the PICU, such as the guidelines on the pharmacological prevention and management of violence or aggressive behaviour.

- The pharmacist carries out a regular clinical pharmacy review where medication charts are clinically assessed and any interventions are relayed to the relevant consultant psychiatrist and registrar.

What was achieved?

A liaison pharmacist was assigned to the psychiatric intensive care unit (PICU) at Saint John of God Hospital to provide both a clinical pharmacy service including regular medication chart review and development of patient-centred clinical guidelines, and to provide medicines information and support directly to patients.

What next....

Now that the pharmacist is a well-established member of the patient-care team on the psychiatric intensive care unit, future research will look at the impact this has on patient experience with psychotropic medicine and whether patient-centred pharmacist interventions improve attitude, adherence and ultimately outcome.