



YOUR KEY ABILITY AROUND DISABILITY

By Tracey Cheung.

One in five Australians has a disability, or around 4.4 million people, according to the latest Australian Bureau of Statistics figures from 2022, and Life Without Barriers last year estimated that 80 per cent of these individuals have an invisible disability.

Invisible or 'hidden' disabilities are conditions or chronic illnesses that are not immediately visible to others. However, they're common and can significantly impact a person's daily life, activities, or interactions.

The disabilities and conditions considered invisible, as Life Without Barriers outlines, range across physical, mental, or neurological conditions, such as chronic pain and fatigue, foetal alcohol spectrum disorders, brain injuries, autism, ADHD, multiple sclerosis, cognitive and learning disabilities, and mental illnesses such as depression and anxiety.

Challenges accessing pharmacy services

Rebecca McCash is a neurodivergent consultant and founder of FutureTech, a social enterprise offering social and learning programs for neurodivergent youth. As an autistic person, she discusses some barriers to accessing pharmacy services.

"Executive functioning challenges can make it difficult to organise appointments for new prescriptions, and the cost of doctor visits and medications can be a significant hurdle," she said. "Physically accessing a pharmacy can also be difficult. For a time, my local pharmacy was a 30-minute walk away, and I'm unable to drive due to my disability.

"Once inside, the built environment can present further obstacles: pharmacies are often very white, bright, and overwhelming, and finding your way around large stores can be disorienting. It's also not always clear who can assist, as

there's sometimes little distinction between pharmacists and shop staff."

Rechelle Coombes is a disability advocate living with chronic illness, disability, and ADHD. She's the founder of Unitely, a platform that supports people with a disability and chronic illnesses with inclusive employment and entrepreneurship.

"From my experience as a sibling to someone with significant intellectual and physical disabilities, and as a former support worker, physical access barriers are still common, such as cluttered, cramped pharmacies that are difficult to navigate," she said. "However, hidden barriers are just as important and can go unnoticed.

"Those of us with invisible disabilities, like ADHD or chronic illnesses, have additional organisational and cognitive challenges, which creates unnecessary risks and stresses."

Physical accessibility

Ms Coombes continued: "A genuinely disability-friendly pharmacy would prioritise physical, sensory and communication accessibility equally. Pharmacies need clear, wide aisles that can comfortably accommodate wheelchairs and walking aids. The visual environment should be calm and uncluttered, avoiding flashing lights and excessive promotional signage, which can cause sensory overload. A quiet, low-stimulation waiting area with spaced-out seating would make a significant difference, especially for immunocompromised or sensory-sensitive patients."

Ms McCash says that for autistic people, sensory overwhelm can have a major impact on communication.

"Environments like busy, unfamiliar pharmacies can increase anxiety and make it harder to process verbal information," she

said. “I often wear noise-cancelling headphones to manage the sensory environment, but I might not hear my name being called. Visual communication, wherever possible, can help – for example, having a small handheld whiteboard to write the person’s name on and hold up can be a simple but effective strategy.

“Additionally, many autistic people rely on lip reading to help filter out background noise, so it’s important that pharmacy staff face the person when speaking, and avoid covering their mouth if possible.”

She adds that the most important factor in making a pharmacy ‘disability friendly’ is creating a welcoming environment with respectful, supportive staff.

“As a frequent visitor to the pharmacy, small gestures like being greeted by name and being asked how things are going have made a huge difference in making me feel safe to ask questions and seek clarification,” Ms McCash said. “A previous pharmacy I attended did this beautifully, and it built a real sense of trust.

“It’s also critical that pharmacy staff approach interactions with a willingness to listen to and learn from disabled customers, rather than making assumptions or offering unsolicited advice. Respecting the lived expertise of disabled people and trusting that we’re capable of making informed decisions about our own care is fundamental to creating an inclusive, supportive pharmacy environment.”

Towards a person-centred approach

This focus on the patient’s experience and expertise is what Justine Martin, a speaker and resilience coach, refers to as a person-centred model. She has navigated life with multiple sclerosis, an acquired brain injury, and cancer.

She believes a key step for health professionals is shifting from a medical model to a person-centred model that recognises the whole individual, not just their diagnosis.

“Listening with empathy, involving clients in decision-making, and tailoring care plans based on individual goals and lived experiences are essential,” Ms Martin said. “Training in disability awareness and unconscious bias is also crucial, so that health professionals approach each person without assumptions.”

Similarly, for anyone living with a disability or illness, especially one like motor neurone disease (MND), the CEO of MND NSW, Graham Opie, says it’s helpful for health professionals to take a person-centred approach to symptom management and decision-making around care needs.

“The severity of symptoms for someone living with MND can be quite variable, and the speed at which symptoms progress can also be vastly different from one person to another,” he said.

An award-winning author and TEDx speaker, Lisa Cox, said: “Never assume we all have the same needs, even though we may both be in a wheelchair. Speak with the individual, not their carer. Even if you start speaking to the carer, make eye contact with the patient. We want to feel like we’re spoken to, not just about.”

Communication is key

Ms Coombes says that while some pharmacists provide verbal advice, many rely heavily on patients reading tiny labels and printed instructions.

“For people who are neurodivergent, visually impaired, or

experiencing cognitive fatigue, this approach is inaccessible,” she said. “There can be the presumption that prescribing doctors have covered medication risks such as drug interactions or food conflicts, but in reality, critical information can be missed. Without clear and accessible communication, patients may unknowingly place themselves at risk.

“When communicating with someone with a cognitive or communication-related disability, even if a patient nods or appears to agree, it’s important to genuinely check whether they would like more explanation, extra time, or have any questions. It should feel easy and safe for patients to ask for clarification.

“Writing down key instructions or sending them via text can be particularly helpful so that patients, carers and family members can review the information together. This approach supports the individual patient and creates a safer overall healthcare experience.

“In ensuring informed consent when a patient has communication difficulties, pharmacists should consider using visual aids, simplified diagrams, or easy-to-read information sheets. Asking patients to repeat key information in their own words can help confirm understanding. Providing written or digital summaries allows patients to revisit instructions later and make decisions at their own pace, rather than feeling rushed or overwhelmed in the moment.”

Simplifying medication regimens

Medication adherence and management present further difficulties for people with disabilities, says Ms Coombes, particularly for neurodivergent individuals, such as those with ADHD, where executive dysfunction can make following complex medication routines “incredibly difficult” without support.

“Packaging also creates barriers,” she said. “Some capsules cannot be split despite being prescribed at half-doses, and brand or colour changes between pills cause confusion when sorting weekly medications.

“Practical strategies that could significantly support patients managing complex medication regimens include offering colour-coded pill packs, creating visual medication schedules, and preparing weekly medication boxes. Compounded dosing, consistent packaging, or reminder tools would significantly ease the burden.

“These supports should not be reserved only for older or ‘severely’ disabled patients, but should be available to anyone who finds medication management challenging. The assumption that only visibly vulnerable people need help overlooks the reality faced by many people with invisible conditions or neurodivergence.”

Ms McCash says that for autistic and neurodivergent people, differences in executive functioning can impact medication management.

“It’s not an issue of non-compliance, but often forgetting or struggling to keep up with appointments,” she said. “Tools like blister packs labelled with the days of the week can be invaluable – sometimes, I genuinely forget whether I’ve taken my medication that day. Reminders when prescriptions run low or need renewal can also make a big difference. Leaving scripts at the pharmacy, rather than having to remember to bring them from home, can remove extra steps and reduce the cognitive load for people.”

FROM PAGE 57

In 2022, the Pharmaceutical Society of Australia released the 'Medicine Safety: Disability Care' report, highlighting the need for pharmacists to play a greater role in medicine safety and quality use of medicines in disability care.

Collaborate with patient support networks

Mr Opie says the nature of MND means that healthcare professionals can require specialised knowledge of how to help their patients managing their condition.

"Seeking further information and educational opportunities from organisations like MND NSW can assist them in providing patients with the highest level of care possible," he said.

Ms Cox, who presented a TEDx Talk about the business case for disability inclusion, says good collaboration means involving people with disability as part of the process from the beginning.

"If there's a budget, sponsor our events or have us speak at your events," she advised. "If you do a lot of advertising or marketing, include us in your content. Include us in your communications and hire employees with disability."

Involving family and support workers

Carers and support workers often play a crucial role in helping patients manage their medications, providing daily reminders, checking for potential drug conflicts, and supporting overall adherence. However, Ms Coombes says pharmacists shouldn't assume that the doctor or carer has addressed all necessary safety information.

"Pharmacy staff have an important role in actively and clearly communicating about side effects, drug interactions, drowsiness risks, and timing of doses to the patient and their support network," she said.

Ms McCash also discusses this issue, adding that pharmacists can assist by being understanding, providing clear verbal communication, and offering written information that support workers can take away to ensure accurate follow-up care.

"Pharmacies being flexible and accepting someone collecting medication for another person is important," she said.

The PSA says the organisation's guidelines for specific services advise pharmacists on care delivery, including third-party supply.

"PSA members can contact the pharmacist-to-pharmacist advice line for guidance in tricky circumstances," a spokesperson said.

Hilary Hodge has the rare Addison's disease, also known as primary adrenal insufficiency, and offers training for parents with chronic health conditions through the webinar, 'The art of parenting while sick'.

"Pharmacists could offer support to patients by talking to their family, children and support network about their conditions and what kind of help they need," she said. "They could have brochures for patients with tips on how to help their families, children and other support network members prepare for unexpected medical emergencies, such as teaching children how to call emergency services and support the person having the emergency."

"It would help normalise the possibility of a medical emergency and help the patient and their support system feel better prepared in the event of one, as it can be quite scary for all involved."



"Training shaped by lived expertise provides a deeper, more authentic understanding of how to create truly accessible and inclusive services."

Staff training

Ms Coombes said: "Many disabilities aren't visible, so pharmacy staff training should focus heavily on recognising and respecting hidden disabilities – to avoid making assumptions about a person's needs based on appearance."

"Staff training can focus on offering assistance, respectfully and proactively, but in a non-patronising way. It can also cover knowing when to provide extra explanation without making patients feel singled out, and understanding the impact of sensory environments on patient wellbeing."

According to Ms McCash, her most important recommendation is for pharmacy staff to receive training delivered by people with lived experience of disability.

"Many lived-experience-led organisations offer training, and engaging them ensures that the information is not only more accurate and practical but also directly supports the economic participation and sustainability of disability-led organisations," she said. "Training shaped by lived expertise provides a deeper, more authentic understanding of how to create truly accessible and inclusive services."

Many disabilities are hidden and not directly visible. As many patients with lived experience have stated, it's clear that focusing on respect for the patient rather than a diagnosis, and including the patient in discussions, are key to ensuring respectful, inclusive, and quality care in the pharmacy.

The PSA advises that it has a range of resources and CPD content available to pharmacists on the topic of disability care, which continues to be an area of focus for the Association.

References available upon request.