



A Survey of Pharmacists' Comfort and Competency When Addressing Mental Health Related Medications

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BACKGROUND

- Pharmacists are in a unique position of being a convenient and knowledgeable point of contact for patients with behavioral health conditions..
- According to the National Institute of Mental Health, approximately 1 in 5 adults, in 2017, suffer from a diagnosable mental health condition, and 17% of the United States youth population (ages 6-17) experience a mental health disorder in a given year.^{1,2}

OBJECTIVES

- The objective of this study is to determine the comfort level of practicing pharmacists and P4 students when counseling patients with mental health conditions, the adequacy of pharmacy schools preparing students to provide basic pharmaceutical care in the behavioral health field, and the need for implementing more behavioral care education in both didactic and experiential programs.

METHODS

Study Design:

- Survey

Data Source:

- SIUE Qualtrics survey tool

Study Population:

- The population for this survey was practicing pharmacists and P4 students who volunteered to participate in the survey. No exclusion criteria were defined in this study.

Survey Structure:

- The survey consisted of 20 questions, one of which was a consent for participation in the survey, four were demographic questions, and 15 evaluated the participants comfort and preparation related to mental health
- The survey was a modified form of a survey used for similar purposes completed by pharmacists at the Hefner VA Medical Center in Salisbury, North Carolina.⁵

Analytical Strategy:

- The questions relating to pharmacists' experience with behavioral health are "yes," "no," or "not sure." Three questions will be evaluated on a Likert scale with responses being "more comfortable," "just as comfortable," or "less comfortable."

METHODS

Survey Questions:

- Q6** During your pharmacy school training, was mental health part of your didactic coursework?
- Q7** During your pharmacy school training was mental health a required clinical rotation?
- Q8** During your pharmacy school training did you take mental health as an elective or a clinical rotation?
- Q9** Do you believe that mental health should be a required clinical rotation during pharmacy education?
- Q10** Do you believe that mental health education should have a larger role in pharmacy school curriculum?
- Q11** During your pharmacy school rotations, did you counsel a patient on the use of an anti-hypertensive medication?
- Q12** During your pharmacy school rotations, did you counsel a patient on the use of an antidiabetic medication?
- Q13** During your pharmacy school rotations, did you counsel a patient on the use of an antidepressant medication?
- Q14** During your pharmacy school rotations, did you counsel a patient on the use of an antipsychotic medication?
- Q15** During your pharmacy school rotations, did you counsel a patient on the use of an anticonvulsant medication?
- Q16** Do you believe that your pharmacy school adequately prepared you to discuss mental healthcare with patients?
- Q17** Do you believe that your pharmacy school adequately prepared you to discuss hypertension with patients?
- Q18** How comfortable are you with providing medication counseling on a mental health medication compared to an antihypertensive medication?
- Q19** How comfortable are you with providing medication counseling on a mental health medication compared to an antidiabetic medication?
- Q20** How comfortable would you be talking to a patient about suicide?

Demographics

Final Sample (N) = 71

Age	22-28 N = 21	29-35 N=14	36-42 N=16	43-48 N=10	49+ N=10
Years since Grad	P4 N=9	1-5 N=20	6-10 N=9	11-15 N=12	16+ N=21
Practice Site	Community N=39	Clinical N= 6	Hospital N= 12	Other N= 13	Prefer not to answer N= 1

RESULTS

Survey Results:

Question	Response		
	Yes N (%)	No N (%)	Not Sure N(%)
Q6.	61 (85.9)	10 (14.1)	0
Q7.	0	71 (100)	0
Q8.	25 (35.2)	46 (64.8)	0
Q9.	40 (56.3)	19 (26.8)	12 (16.9)
Q10.	55 (77.5)	10 (14.1)	6 (8.5)
Q11.	69 (97.2)	0	2 (2.8)
Q12.	70 (98.5)	0	1 (1.5)
Q13.	58 (81.7)	6 (8.5)	7 (9.8)
Q14.	41 (57.7)	17 (23.9)	13 (18.4)
Q15.	41 (57.7)	20 (28.2)	10 (14.1)
Q16.	34 (47.9)	25 (35.2)	12 (16.9)
Q17.	69 (97.2)	0	2 (2.8)

Responses showed that 40 (56.3%) responders believe at least one required rotation should be dedicated to mental health prior to graduation, and 55 responders (77.5%) believe mental health education should play a larger role in pharmacy school curriculum. According to two survey questions, 69 (97.2%) pharmacists stated that pharmacy school adequately prepared them to discuss hypertension with patients compared to 34 (47.9%) pharmacists who felt adequately prepared to discuss mental health.

RESULTS

Question	Response		
	Less Comfortable	Just as Comfortable	More Comfortable
Q18.	32 (45.1)	39 (54.9)	0
Q19.	32 (45.1)	36 (50.7)	3 (4.2)

Questions 18 and 19 looked more closely at individual perceptions of each person's skills/training. Thirty-two (45.1%) of the participating pharmacists answered they were less comfortable discussing mental health medications compared to antihypertensives and antidiabetics

Question	Response				
	V. U.	U.	N.	C.	V. C
Q20.	2 (2.8)	22 (31.0)	16 (22.5)	21 (29.6)	10 (14.1)

V. U.= Very uncomfortable, U.= Uncomfortable, N= Neutral, C.= Comfortable, V. C.= Very Comfortable

Question 20 assessed a pharmacist's comfort level when discussing suicide. Of the 71 responders, 22 (31%) pharmacists responded that discussing this topic was uncomfortable while 21 (29.6%) were comfortable discussing this topic with patients.

CONCLUSION

- Many pharmacists felt as if they would benefit from more education in this area of study, as well as making it a required experiential education topic. A majority of the respondents to this survey were younger pharmacists, age 22-28, who will graduate or have graduated in the last 5 years, and a large portion of which work in the community pharmacy setting.
- Pharmacists have the opportunity to be at the forefront of destigmatizing mental health. Additional didactic and experiential education during pharmacy school and continuing education after graduation will help begin more conversations and less judgment for the betterment of each patient's health and wellbeing.