

Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.



Contents lists available at ScienceDirect

Journal of the American Pharmacists Association



journal homepage: www.japha.org

EDITORIAL

Filling a global gap in access to critical mental health services: Engaging pharmacists to enhance the care of individuals with mental health needs and illnesses

It has been estimated that 1 in every 5 individuals, both in the United States and worldwide, lives with a mental health condition and its disabling consequences. 1,2 There are several more millions who do not seek treatment and who would benefit from being diagnosed and properly treated. Among those diagnosed, many children, adolescents, and young adults do not receive mental health services when needed.¹ Suicide is a leading cause of death in the United States and among the top 3 for cause of death of those aged 10-24 years in the United States and across the globe. 1,2 The economic consequences of mental illness have been estimated to cost the United States \$193 billion¹ and \$1 trillion worldwide.² All of these numbers are staggering and of great concern. Our nation and world continue to struggle with issues of getting more individuals the support they need and to drastically reduce these numbers. Most recently, the American Pharmacists Association (APhA) continues to devote considerable attention to the mental health needs of pharmacists themselves. Pharmacists often report burnout and stress owing to their work environment. This will continue to be a prevailing focus for APhA as they seek to find new ways to understand and reduce such stress and its consequences.

At the time of writing this editorial, our world is faced much significant uncertainty and fear as we struggle with the coronavirus disease pandemic and its impact on the physical, mental, and economic health of our communities around the globe. Pharmacists are at the forefront of the pandemic with many challenges of ensuring optimal medication management support in the context of social distancing and reducing risk of spreading the virus. Pharmacist roles have temporarily expanded across many states to allow pharmacists to help with point-of-care testing, compounding hand sanitizer, and many other additional activities including expansion of telehealth medication management. Pharmacists are administering long-acting injectable antipsychotics, under collaborative practice agreements, to help mental health care teams provide injections so nurses can attend to other functions. This is just one of many examples of how community-based pharmacists can serve as a safety net when other health professionals need to pivot to different tasks. There are many other similar stories across different health care settings and populations.

The importance of pharmacist roles in mental health is not new, and the literature is rich with examples of pharmacist roles in mental health.^{3,4} The motivation behind this special

issue was to highlight examples of pharmacists providing mental health care and bring forward new exciting ideas and emerging concepts and applications to consider across the intersections of mental health and social science. The 16 articles in this issue represent contributions from around the globe covering a diverse array of topics across 3 key themes.

The first key theme relates to analyses of various perspectives of pharmacist roles in mental health. Articles in this first theme describe the perceptions that various stakeholders have about the different roles that community-based pharmacists and those with a specialization in psychiatric pharmacy can have in providing access to different mental health services, including depression screening in community pharmacies.⁵⁻⁸ One study in this first thematic area explored patient perspectives on the role of community-based pharmacists as mental health first aid (MHFA) providers.⁸ MHFA is one of a few training programs to support the development of skills on how to help individuals with mental health needs get the support they need to manage and resolve mental health crises.⁹ Pharmacists and pharmacy technicians are seeking such training throughout the country to be more fully prepared to help their patients. Given the current pandemic, it is likely such skills are even more needed because of the greater likelihood of mental health stress owing to social distancing and its negative impact on daily living. The researchers reported that individuals were comfortable in discussing their mental health needs with community-based pharmacists. 8 A final manuscript related to this first theme described student pharmacists' attitudes toward their helping individuals with substance use disorders (SUDs) as a result of an elective course on SUD.¹⁰

The second key theme involves the emerging roles of community-based pharmacists being integrated into and collaborating with other professionals in primary care settings. Articles in this area described ways of involving pharmacists in mental health care of those patients seen in primary care settings ranging from expanded pharmacist roles to improve access to pharmacist-led clinics to incorporating psychiatric pharmacy specialists into mental health care delivery. Two manuscripts showed how pharmacists improved clinical outcomes for individuals with mental illnesses. 14,15

The final key theme focuses on the factors associated with medication management processes and outcomes for individuals with mental illness. Articles in this theme demonstrated how pharmacist-led interventions can improve psychotropic medication safety and use 16,17 and support pharmacists' intentions to engage in antidepressant monitoring as the best predictor of pharmacist systematic antidepressant monitoring behaviors. 18 As suggested by these researchers, intention may be influenced by pharmacists feeling capable to perform the services. Such pharmacist feelings about capabilities, are, in part, evidenced by another study in this thematic area that found stigma, mental health knowledge gaps, and misconceptions among Nigerian pharmacists. 19 Such results found in Nigeria, a developing country, are similar to the stigma, knowledge gaps, and misconceptions found in developed nations. Another manuscript examined the electronic medical records of those with frequent psychiatric readmissions.²⁰ This latter work supports the continued importance of interventions to improve psychotropic medication adherence because of the large extent of psychotropic polypharmacy. Readers learn, from the last study under this third thematic area, that individuals with mental illness (despite being on complex regimens and having 1 or more medication-related problem) are not given a comprehensive medication review.²¹ When considered together, the articles in this theme highlight that individuals with mental illnesses have medication therapy management needs but are not being given the opportunity to access pharmacist support in resolving those needs.

This diverse collection of manuscripts reflects a great need for pharmacists to be involved in filling critical gaps in mental health services often left by overburdened prescribers and health systems. If adequately trained and equipped with private and accessible locations, pharmacists can provide the efficient and timesensitive access to many valuable services that will increase the (1) detection of mental health problems, (2) provision of critical health and medication education, (3) quality of medication management, and (4) frequency of patient and caregiver experiences involving positive clinical, humanistic, and economic outcomes. Although the pharmacy community needs to build more infrastructure for these opportunities to occur consistently and across an even greater variety of settings than presented in this themed issue, there is a corresponding imperative to create more demand for pharmacist engagement among those with mental health needs and their caregivers and clinical teams. To stimulate such engagement, the pharmacy community should widely promote their interests and expertise to the public and medical communities. This requires relationship building and perseverance. Furthermore, pharmacists need to make it explicit in their communications that they are willing and available to aid in the detection of those needing mental health support and work collaboratively with other professionals to optimize treatment and care. There has never been a time in our world's history when the need for greater pharmacy involvement in mental health care has been so great.

References

 National Institute of Mental Health. Any mental illness (AMI) among adults. Available at: http://www.nimh.nih.gov/health/statistics/

- prevalence/any-mental-illness-ami-among-adults.shtml. Accessed April 11 2019
- World Health Organization. Mental health. Available at: https://www. who.int/health-topics/mental-health#tab=tab_2. Accessed May 22, 2020.
- Finley PR, Crismon ML, Rush AJ. Evaluating the impact of pharmacists in mental health: a systematic review. *Pharmacotherapy*. 2003;23(12): 1634-1644.
- 4. Rickles NM, Svarstad BL, Statz-Paynter JL, Taylor LV, Kobak KA. Pharmacist telemonitoring of antidepressant use: effects on pharmacist-patient collaboration. *J Am Pharm Assoc* (2003). 2005;45(3):344–353.
- McMillan SS, Stapleton H, Stewart V, Wheeler AJ, Kelly F. A qualitative study exploring opportunities for pharmacists to connect with young mental health consumers. J Am Pharm Assoc. 2020;60(5S):S23–S33.
- Lambert TL, Tidmore LM, Holbrook M, Shropshire D, Nesser N, Keast S. Practical opportunities for pharmacists to optimize psychotropic medication use among foster youth. J Am Pharm Assoc. 2020;60(5S): S7—S10.
- Mospan CM, Gillette C, Wilson JA. Patient and prescriber perceptions of depression screening within in community pharmacy setting. J Am Pharm Assoc. 2020;60(5S):S15—S22.
- Dollar KJ, Ruisinger JF, Graham EE, Prohaska ES, Melton BL. Public awareness of Mental Health First Aid and perception of community pharmacists as Mental Health First Aid providers. J Am Pharm Assoc. 2020;60(5S):593—597.
- Rickles NM, Wertheimer AL, Huang Y. Training community pharmacy staff how to help manage urgent mental health crises. *Pharmacy (Basel)*. 2019;7(3):133.
- Jarvi A, Hughes P, Shepherd JG, Hedgepeth Kennedy ML, Wilson CG. Impact
 of elective on students' perceptions of treating patients with a substance
 use disorder. J Am Pharm Assoc. 2020;60(4):e43–e46.
- Eaves S, Gonzalvo J, Hamm JA, Williams G, Ott C. The evolving role of the pharmacist for individuals with serious mental illness. J Am Pharm Assoc. 2020;60(5S):S11–S14.
- Casey T, Johnson C, Love D. Adult attention deficit and hyperactivity disorder clinic: An interprofessional collaboration. J Am Pharm Assoc. 2020;60(5S):S113-S117.
- Moore TD, Groppi JA, Ourth H, Morreale A, Torrise V. Increasing access to care using clinical pharmacy specialist providers in outpatient mental health: successful practice integration within the Department of Veterans Affairs. J Am Pharm Assoc. 2020;60(5S):S107—S112.
- Silvia R, Plum M, Dufresne R. Efficiencies and outcomes of depression treatment by a psychiatric pharmacist in a primary care clinic compared with treatment within a behavioral health clinic. J Am Pharm Assoc. 2020;60(55):598–5106.
- Davis B, Qian J, Ngorsuraches S, Jeminiwa R, Garza KB. The clinical impact of pharmacist services on mental health collaborative teams: a systematic review. J Am Pharm Assoc. 2020;60(5S):S44–S53.
- Hibner TA, Wakefield AN, Eaves SM, Gonzalvo JD, Macik MR, Williams GD. Metabolic monitoring of second-generation antipsychotics: Evaluation of a pharmacist- and nurse-driven protocol. J Am Pharm Assoc. 2020:60(55):888—592.
- Bingham J, Silva-Almodóvar A, Lee H, et al. The role of the pharmacist in mental health: an investigation of the impact of pharmacist-led interventions on psychotropic medication adherence in patients with diabetes. *J Am Pharm Assoc.* 2020;60(4):e58–e63.
- Lauzier S, Guillaumie L, Humphries B, Grégoire JP, Moisan J, Villeneuve D. Psychosocial factors associated with pharmacists' antidepressant drug treatment monitoring. J Am Pharm Assoc. 2020;60(4):548–558.
- Aluh DO, Anyachebelu OC, Ajaraonye CI. Comparison of pharmacists' mental health literacy: developed versus developing countries. J Am Pharm Assoc. 2020;60(5S):S64–S72.
- Liu I, Aldridge A, Harris SC. Medication-related characteristics of a highutilizer psychiatric population. J Am Pharm Assoc. 2020;60(5S):S73—S77.
- Murugappan MN, Seifert RD, Farley JF. Examining Medicare Part D medication therapy management program in the context of mental health. J Am Pharm Assoc. 2020;60(4):571–579.e1.

Nathaniel M. Rickles, PharmD, PhD, BCPP, FAPhA Department of Pharmacy Practice, School of Pharmacy University of Connecticut, Storrs, CT E-mail address: nathaniel.rickles@uconn.edu