

Short communication

Preparing community pharmacists for a role in mental health: An evaluation of accredited Australian pharmacy programs

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Abstract

Background: Australian community pharmacists are well placed to provide medication-related support and contribute to optimization of outcomes for mental health consumers and their caregivers. However, little is known about the actual competencies of community pharmacists to provide this care. To determine how graduates are being prepared to competently assist mental health consumers and their caregivers, an exploration of the mental health content of university pharmacy programs that set the foundation for pharmacists' professional roles is needed.

Aim: To investigate the mental health content of accredited Australian pharmacy qualifying programs.

Method: A review of publically available online profile information for accredited degree programs was conducted, and program coordinators from the 18 accredited pharmacy degree programs providers in Australia were surveyed.

Results: Mental health education is embedded in core subjects such as pharmacology, pharmacotherapy, and pharmacy practice. Multiple options are employed to deliver mental health teaching, including lectures, workshops, and experiential learning. However, while education is intended to align with pharmacists' expected level of professional competencies, there is a lack of national standardized outcome-based competency criteria for new graduates and wide-ranging inter-program variations were evident.

Conclusion: A lack of standardized content in pharmacy qualifying programs that underpin pharmacists' mental health knowledge and skills might result in variations to practice competencies. Further work is needed to determine how variations impact the way pharmacists deliver care to mental health consumers and their caregivers.

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Introduction

Australian community pharmacists provide a range of primary health care services directly to consumers.¹ Previously, these services mostly included disease state

management and lifestyle support programs, particularly for smoking cessation and weight loss. Under the current Community Pharmacy Agreement^f, these services have been extended, and \$344 million (over the five-year life of the agreement) has been allocated to remunerate

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^fCommunity Pharmacy Agreement: An agreement between The Commonwealth of Australia and The Pharmacy Guild of Australia to remunerate community pharmacy for providing specific health services.

pharmacies for the provision of health and medication management services to support consumers with chronic illnesses such as diabetes, cardiovascular disease, respiratory diseases, and mental illness.² Several services could be utilized to improve the medication management and subsequent health outcomes of mental health consumers and their caregivers living in the community. These include those services that have been in place for many years, such as Home Medicines Reviews⁸, provision of dose administration aids, and inter-professional collaborations, as well as newer services such as in-pharmacy medication reviews and clinical interventions.³ However, no large-scale studies have assessed pharmacists' competence to deliver medication management services specifically to mental health consumers and their caregivers in the Australian community pharmacy practice setting.

Research to explore the role of community pharmacy in mental health is limited, particularly in the Australian context. However, a recent review of the literature identified a number of studies highlighting positive effects of pharmacists' services in supporting health care consumers generally.⁴ These include providing education, information and resources to consumers, caregivers and other health professionals, conducting medication reviews, making treatment recommendations, and providing monitoring services. Evidence also indicates that inter-professional collaboration between pharmacists and other health professionals contributes to the optimization of treatment and promotes recovery.^{5,6} International research has focused on pharmacists' attitudes and beliefs with positive outcomes in terms of pharmacists' value and overall approach in working with mental health consumers, and the importance of inter-professional collaboration.^{7,8} However, it has also demonstrated that pharmacists lack knowledge, confidence, and effective communication skills.^{7–9} These findings suggest that the education and training for pharmacists might be inadequate in preparing them for a role in mental health care. In the Australian context, exploratory work has shown similar positive attitudes among pharmacists, but there is a lack of empirical research about the practice readiness of Australian community pharmacists in mental health care.

Australian trained pharmacists must complete a university qualifying degree program, meet professional registration requirements, complete one year of supervised practice, and pass two entrance examinations to obtain registration.¹⁰ Australian universities offering pharmacy degrees are subject to a compulsory accreditation process intended to ensure the delivery of a consistently high standard of education and training.¹¹ Once registered with the Australian Health Practitioner Registration Agency pharmacists

must comply with continuous professional development requirements for annual re-registration purposes.¹² These quality control measures facilitate a high standard of professional practice and ensure that pharmacists are accountable for their conduct, thus fostering and maintaining public trust in the profession.¹³

Options available to obtain an Australian pharmacy qualification include a four-year Bachelor of Pharmacy or a two-year postgraduate Master of Pharmacy degree. Pharmacy degree curricula are guided by a comprehensive set of competency standards that specify the required level of knowledge, numeracy, literacy, and communication skills, as well as the attitudes conducive to professional practice.^{14,15} Experiential learning opportunities are embedded and aim to provide students with the opportunity to integrate the knowledge of pharmaceutical sciences and therapeutics to practice settings.^{12,16} In addition to the knowledge of disease states and pharmacotherapy, pharmacists are also expected to have an understanding of the legal, ethical, cultural, communication, and sociological issues involved in the management of patients, including those with mental health conditions.¹⁷ For example, pharmacists need to be familiar with medicine supply and dispensing requirements and resolve ethical dilemmas, respecting consumers' personal and cultural beliefs and employing strategies to overcome communication barriers. Furthermore, they should be capable and confident to adopt a multidisciplinary team approach to ensure optimal health outcomes. Mental health-specific competencies were developed by the profession's governing bodies in 2009 through the "Statement of mental health care capabilities for pharmacists," which was updated in 2013.¹⁸ The new "Framework for pharmacists as partners in mental health care" emphasizes pharmacists' knowledge, attitudes, and communication skills as major enablers to their extended role in mental health care. Still, little is known about the actual practice competencies of community pharmacists in mental health care.

The purpose of this study was to explore the mental health content included in the curricula of accredited pharmacy programs in Australia, acknowledging that this is only one component in shaping pharmacists' practice competency. The information will provide insights regarding the competency of graduate pharmacists in providing mental health services in a community pharmacy setting.

Methods

This study involved both a thorough review of the mental health curricula of pharmacy qualifying programs and a survey of pharmacy academics. Ethical approval was granted by the Griffith University Human Research Ethics Committee.

The mental health content of pharmacy programs was evaluated by accessing program provider websites between January 2012 and July 2012. For consistency purposes, the steps undertaken to access publically available information followed a standardized procedure. From the university home page, the word "pharmacy" was entered in the search

⁸Home Medicine Review: In cooperation with the individual's general practitioner, the pharmacist visits the individual at home, reviews their medicine regimen, and provides the general practitioner with a report. The general practitioner and consumer then agree on a medicine management plan.

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