



Annual Meeting & Exposition | Nashville, TN | March 16-19

**LEADING OUR COMMUNITIES  
IN PATIENT CARE**

**American Pharmacists Association  
House of Delegates – Nashville, TN**

**To be completed by the Office of  
the Secretary of the House of  
Delegates**

**Item No.: 4**

**Date received: 1/26/18**

**Time received: 10:41 AM (EST)**

## **NEW BUSINESS**

**(To be submitted and introduced by Delegates only)**

**Introduced by: Mary Elizabeth Bradley, PharmD Candidate 2018  
(Name)**

01/04/2018  
(Date)

APhA Academy of Student Pharmacists  
(Organization)

### **Subject: Efforts to Reduce Mental Health Stigma**

**Motion:** Move that APhA adopt the following policy statements:

1. APhA encourages all stakeholders to develop and adopt evidence-based approaches in order to educate the public and reduce mental health stigma. This may include, but is not limited to, depression, bipolar disorder, schizophrenia, anxiety, and other disorders and conditions.
2. APhA supports the increased utilization of pharmacists and student pharmacists with appropriate training to actively participate in psychiatric interprofessional health care teams in all practice settings.
3. APhA supports the inclusion and expansion of mental health education and training in the curriculum of all schools and colleges of pharmacy and post-graduate opportunities.

### **Background:**

As the prevalence of mental disorders continues to increase worldwide, the mental health community remains an underserved and undertreated population. Although approximately 1 in 5 adults in the United States (43.8 million, or 18.5%) suffers from mental illness in a given year, only 41% of adults in the United States with a mental health condition have received mental health services in the past year.<sup>1</sup> Health care providers must have a greater commitment towards educating the public on mental health disorders, including but not limited to risk factors, signs and symptoms, when and where to seek medical attention, and the safe and proper use of medications. As the most accessible health professional, pharmacists are uniquely positioned to play a greater and more patient-centered role in the delivery of mental health services.

With the 21<sup>st</sup> Century Cures Act being the largest piece of mental health legislation passed since 2008, the shortage of mental health services is more apparent now than ever.<sup>2</sup> As the pharmacotherapy experts, pharmacists' knowledge and skills can be leveraged to increase access to mental health services in both the inpatient and outpatient settings. The most important skills pharmacists must exhibit are compassion, communication, and patient-centered care. Furthermore, pharmacotherapy is a predominant part of the treatment of mental disorders and conditions. Patient response to medication is variable and often

requires careful consideration of patient characteristics, preferences, and the medication side effect profiles. As such, pharmacists can aid in medication selection based on patient characteristics, monitor for efficacy and safety, titrate medications to optimize patient response, and encourage medication adherence through patient counseling.

Beyond medication reviews and patient education, pharmacists can perform screening and risk assessment services, in addition to referring patients to an appropriate provider.<sup>3</sup> The impact of the aforementioned pharmacist-driven services in mental health is demonstrated by a study from Wang and colleagues in a Los Angeles safety-net clinic. Researchers documented clinically significant improvements where 77% of patients showed improvement from baseline.<sup>4</sup> The APhA Foundation's Project ImPACT: Depression further illustrates pharmacists' impact on mental health care. Patients that enrolled and stayed in the employer-sponsored treatment study had noteworthy improvements in their Patient Health Questionnaire-9 (PHQ-9) score.<sup>5</sup> The PHQ-9 is a validated, self-administered depression assessment tool which was administered by pharmacy care managers at baseline and subsequent follow-up visits during the study.<sup>5</sup> Notable results include 83% of patients with severe depression at baseline achieved remission, which is defined as a PHQ-9 score less than 5, and 68% of patients had a 50% reduction in their PHQ-9 score.<sup>5</sup> Not only do the pharmacist-led services increase rates of adherence and improve patient satisfaction, but they can also have a significant financial impact. One study reported an estimated cost savings of approximately \$22,000 during a 15-month trial period when a psychiatric pharmacist was involved in the pharmaceutical care in a low-income setting.<sup>6</sup> These are examples of the many evidence-based studies that show how valuable a pharmacist can be in improving access to mental health services.

Nonetheless, a growing body of evidence suggests that mental health professionals are a primary source of stigmatizing attitudes and behaviors. Although some studies have found pharmacists to have generally favorable attitudes towards people with mental disorders, international data from a six-country study shows suboptimal attitudes toward people with schizophrenia and severe depression were common among student pharmacists.<sup>7</sup> Furthermore, pharmacists have reported being uncomfortable discussing symptoms of mental disorders and felt they were less likely to follow up with patients who have a mental disorder than with those who have a cardiovascular illness.<sup>3</sup> As pharmacists interact with patients who have mental disorders on a regular basis, this professional culture has significant implications, such as social marginalization and non-adherence. The aforementioned attitudes towards mental disorders, and a lack of confidence to provide pharmacy services to patients with mental disorders, underscore the need for pharmacy education reform as it relates to mental health.

Additional training within pharmacy school curriculum and post-graduate training programs will improve pharmacists' and student pharmacists' comfort level when speaking to patients about mental health.<sup>7,8</sup> Given the predicted increase of clinical pharmacy outpatient positions in the future, pharmacists will likely be managing medications for most chronic conditions, including mental health disorders. Thus, it is vital that student pharmacists are aware of the increasing need to care for patients with mental illnesses. Pharmacy curriculum and training must complement the traditional focus on pharmacotherapy by adopting evidence-based approaches to reduce mental health stigma. Student pharmacists have begun addressing this matter through extracurricular efforts. For example, the Samford University McWhorter School of Pharmacy APhA-ASP Chapter created Operation Mental Health, which added depression screenings and mental health public health awareness material to their health screenings. The University of Texas at Austin College of Pharmacy APhA-ASP Chapter started Operation Brain, which focuses on mental health by working closely with a local women's shelter. As educational programming for pharmacists and student pharmacists alike are improved, pharmacists will be better positioned to provide care for their patients with mental disorders.

## References:

1. National Institute of Mental Health. (n.d.). Any Mental Illness (AMI) Among Adults. Accessed at: <https://www.nimh.nih.gov/health/statistics/index.shtml>
2. Szabo L. December 2016. Mental health advocates celebrate passage of 21st Century Cures Act. Accessed at: <http://www.usatoday.com/story/news/2016/12/07/mental-health-advocates-celebrate-passage-21stcentury-cures-act/95094674/>
3. Rubio-Valera M, Chen TF, O'Reilly CL. New roles for pharmacists in community mental health care: a narrative review. *Int J Environ Res Public Health*. 2014;11(10):10967-10990.
4. Wang I, Dopheide JA, Gregerson P. Role of a psychiatric pharmacist in a Los Angeles "Skid-Row" safety-net clinic. *J Urban Health*. 2011;88(4):718-723.
5. Finley P, Bluml B, Bunting B, Kiser S. Clinical and economic outcomes of a pilot project examining pharmacist-focused collaborative care treatment for depression. *J Am Pharm Assoc*. 2011;51:40-49.
6. Goldstone LW, DiPaula BA, Caballero J, Park SH, Price C, Slater MZ. Improving medication-related outcomes for patients with psychiatric and neurologic disorders: value of psychiatric pharmacists as part of the health care team. *Ment Health Clin [Internet]*. 2015;5(1):1-28. DOI: 10.9740/mhc.2015.01.001.
7. Bell JS, Aaltonen SE, Bronstein E, et al. Attitudes of pharmacy students toward people with mental disorders, a six country study. *Pharm World Sci*. 2008;30(5):595-599.
8. Accreditation Council for Pharmacy Education. (February 2015). Accreditation Standards and Key Elements for the Professional Program in Pharmacy Leading to the Doctor of Pharmacy Degree "Standards 2016". Accessed at: <https://www.acpe-accredit.org/pdf/Standards2016FINAL.pdf>

## Current APhA Policy & Bylaws:

### 2004, 1965 Mental Health Programs

APhA supports pharmacists' participation in the development and implementation of all aspects of mental health programs so that the special needs and problems on the mentally ill can be effectively met.

*(JAPhA NS41(5): Suppl.1:S9 September/October 2001)(Reviewed 2007)(Reviewed 2012)(Reviewed 2017)*

**\*\*Phone numbers will only be used by the New Business Review Committee in case there are questions for the delegate who submitted the New Business Item Content.**

New Business Items are due to the Speaker of the House by **February 14, 2018** (30 days prior to the start of the first House session). Consideration of urgent items can be presented with a suspension of the House Rules at the session where New Business will be acted upon. Please submit New Business Items to the Speaker of the House via email at [hod@aphanet.org](mailto:hod@aphanet.org).