

BACKGROUND

- Nearly one in five US adults lives with a mental illness¹; however, fewer than half receive mental health treatment. This may be partly due to stigma which has been observed among healthcare professionals, including pharmacists.
- Stigma may affect the quality and level of care provided, limiting pharmacists' clinical care and interactions with patients with mental illness.
- Mental Health First Aid (MHFA) is an 8-hour training program which instills the knowledge and tools to help participants identify, assess, and respond to signs of mental illness².
- It has been shown to increase knowledge about mental health, to grow confidence in helping individuals in distress, reduce stigma, and help improve perceptions of those with mental illness.
- The benefits of MHFA have been evaluated in laypersons as well as health professional students including those in medical, nursing, and pharmacy programs in the UK and Australia^{3,4}.
- Student pharmacists who are trained in MHFA are likely better equipped to assist individuals experiencing distress or in a mental health crisis though this has not been studied in student pharmacists in the U.S.

PURPOSE

- To implement MHFA into the curriculum at Keck Graduate Institute and to measure the impact of MHFA training on student pharmacists' general attitudes toward, as well as specific attitudes regarding the provision of pharmaceutical care to, individuals with mental illness.

METHODS

- N= 61 P3s divided into two groups to participate in a 2-day, 10-hour modified MHFA training.
- Day 1: 8-hour MHFA training; Day 2: 2-hour class session with all students, to apply the MHFA action plan on pharmacy-based cases.
- Conducted anonymous electronic pre/post survey (1-month apart): demographical questions, the Social Distance Scale (SDS), and the Attitudes Toward Providing Pharmaceutical Care to the Mentally Ill Relative to the Medically Ill (Attitudes).
- Students rated the SDS and Attitudes questionnaires using the Likert scale from 1 to 4 (1= definitely willing and 4= definitely not willing) and 1 to 5 (1= much more, 3= neutral and 5= much less), respectively.
- Students provided feedback regarding the potential perceived benefits of utilizing MHFA in pharmacy practice through a training program evaluation and participant questionnaire.
- Applied paired t-test for the SDS and a Wilcoxon signed-rank test for the Attitudes survey.
- All analyses were conducted using Minitab 18.
- Analyzed 52 analyzable surveys

RESULTS

Table 1: Social Distance Scale (SDS) Pre- and Post-Survey Responses

Question	Pre Mean (SD) [†]	Post Mean (SD) [†]	95% CI	P-value
Would you share a living space with someone with mental illness? (n=51)	2.29 (0.67)	2.16 (0.76)	-0.10 to 0.38	0.2538
Would you work with someone with mental illness? (n=52)	1.73 (0.56)	1.42 (0.50)	0.14 to 0.48	<0.0001
Would you live next door to someone with mental illness? (n=52)	1.75 (0.68)	1.50 (0.73)	0.06 to 0.44	0.011
Would you have someone with mental illness babysit your child? (n=50)	3.04 (0.83)	2.72 (0.86)	0.11 to 0.53	0.004
Would you be comfortable with one of your children marrying a person with mental illness? (n=50)	2.30 (0.81)	2.30 (0.86)	-0.21 to 0.21	1.000
Would you introduce someone who has mental illness to a friend as a relationship partner? (n=50)	2.02 (0.74)	2.04 (0.83)	-0.32 to 0.28	0.892
Would you recommend someone with mental illness for a job? (n=51)	1.75 (0.66)	1.59 (0.64)	0.05 to 0.36	0.132
Would you work with someone with mental illness? (n=52)	1.73 (0.56)	1.42 (0.50)	0.14 to 0.48	<0.0001
Would you live next door to someone with mental illness? (n=52)	1.75 (0.68)	1.50 (0.73)	0.06 to 0.44	0.011
Would you have someone with mental illness babysit your child? (n=50)	3.04 (0.83)	2.72 (0.86)	0.11 to 0.53	0.004
Total Social Distance Scale Score (n=46)	14.78 (3.48)	13.72 (4.05)	0.03 to 2.10	0.043

[†]Likert scale rating from 1 to 4 (1= definitely willing and 4= definitely not willing)

Table 2: Attitudes Toward Providing Pharmaceutical Care to the Mentally Ill Relative to the Medically Ill

Question	Pre Mean (SD) [†]	Post Mean (SD) [†]	P-value
"How ... are you to obtain a medication history in the mentally ill relative to the medically ill?"			
How confident ...	3(1)	1(1)	<0.001
How comfortable ...	3(1)	1(1)	<0.001
How interested ...	2(1)	1(1)	<0.001
How likely ...	3(1)	2(1)	0.001
"How ... are you to screen for pharmacotherapy problems in the mentally ill relative to the medically ill?"			
How confident ...	3(1.25)	2(1)	<0.001
How comfortable ...	3(2)	2(1)	<0.001
How interested ...	2(1)	1(1)	<0.001
How likely ...	3(1)	2(1)	<0.001
"How ... are you to monitor for efficacy and adverse effects in the mentally ill relative to the medically ill?"			
How confident ...	3(2)	2(1)	<0.001
How comfortable ...	3(2)	2(1)	<0.001
How interested ...	2(1)	1(1)	<0.001
How likely ...	3(1)	2(1)	<0.001
"How ... are you to provide medication counseling in the mentally ill relative to the medically ill?"			
How confident ...	3(2)	2(1)	<0.001
How comfortable ...	3(2)	2(1)	<0.001
How interested ...	2(1)	1(1)	<0.001
How likely ...	2(1)	1.5(1)	0.001

[†]Likert scale rating from 1 to 5 (1= much more, 3= neutral and 5= much less)

- The mean total SDS scores for pre and post surveys were 14.78 and 13.72, respectively (P=0.043)
- SDS <14 indicates higher probability for willingness to interact with people with mental illnesses.
- There was a statistically significant decrease in social distancing scores for working with (P<0.001) or living next door to (P=0.011) someone with mental illness, and having someone with mental illness babysit your child (P=0.004) (Table 1).
- Pre and post surveys showed that students were significantly more interested (P=0.001), comfortable (P<0.001), confident (P<0.001), and likely (P<0.001), on all measures assessed, to provide pharmaceutical care to the mentally ill relative to the medically ill after completing MHFA training (Table 2).

DISCUSSION

- Student pharmacists who are adequately trained to be Mental Health First Aiders will be better equipped to assist individuals with mental health warning signs.
- Students demonstrated interest and engagement in mental health while completing this training, which can further raise awareness and decrease stigma of mental illnesses.
- One limitation of this study is the small number of participants and the data were only extrapolated from one cohort.
- It is important to recognize that attitudes do not imply behaviors, and having positive responses from students do not always correlate to them utilizing their knowledge in clinical practice.
- However, providing MHFA training will provide students with adequate insight and ability to comfortably provide pharmaceutical care and advocate for patients with mental illness.

CONCLUSIONS

Implementing a required Mental Health First Aid training program into the PharmD curriculum, can reduce students' social distancing and improve attitudes toward providing pharmaceutical care to those with mental illness. Future studies may include measuring whether improved attitudes in student pharmacists sustain beyond one month post MHFA training and whether similar findings are observed in practicing pharmacists. Future steps also include expanding interest for implementation of MHFA training at other pharmacy schools across the US.

REFERENCES

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