

# Pharmacists could help curb the mental health crisis—but they need more training

November 14 2022, by Joseph A Carpinì, Deena Ashoorian and Rhonda Clifford

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Credit: AI-generated image ([disclaimer](#))

Chances are you live within 2.5 kilometres of a community pharmacy and visit one about every [three weeks](#).

You don't need an appointment. The wait time is usually short. These

factors make [pharmacists highly accessible healthcare professionals](#).

Pharmacists are regularly sought after for advice, including about [mental health](#). In fact, pharmacists may be among the [first](#) health professional contacted about a [health concern](#). They are also in [regular contact](#) with patients experiencing [mental health issues](#) or crises.

Despite the fact most pharmacists believe it is part of their role to [provide mental health-related help](#), they may [lack the confidence](#) to [respond to, raise or manage](#) mental health issues with patients. In our recent study, pharmacists report not intervening about [25% of the time](#) when they believe a patient is experiencing a problem or crisis.

Providing pharmacists with early intervention skills could help them address these challenges.

## **The pandemic has seen mental health decline**

The COVID pandemic has seen anxiety and depression [increase by 25%](#) globally, signalling a broader mental health decline.

Poor mental health affects around 20% of the [Australian population](#) each year, and [44% of Australians](#) over their lifetime. In a [recent survey](#) of 11,000 people, 24% of them said their mental health had declined over the previous six months.

Most concerning is that about 60% of people experiencing a mental health issue [won't seek help](#). This means people are more likely to remain undiagnosed and disconnected from support.

## **Pharmacists' many hats**

While dispensing and consulting are critical activities for pharmacists, they also help patients with questions and advice about their health, including their mental health.

Generally, [pharmacists in Australia](#) have high levels of mental health-related literacy and [evidence-based treatments](#).

Despite this, pharmacists report a [lack of confidence](#) which [prevents them](#) from raising mental health issues with patients. This is possibly because only 29% of pharmacists in Australia have [mental health crisis training](#).

A lack of confidence in raising and addressing mental health-related issues means patients are likely to remain undiagnosed, untreated, and unsupported.

## 4 key elements of mental health first aid

Many of us are familiar with first aid as immediate help offered to an injured or [sick person](#). But what if the issue is not physical, but mental? Many people don't know what immediate help they can offer.

As with physical injury or illness, timely and high-quality immediate help is critical.

There are a variety of not-for-profit and commercial mental health first aid training programs. A recent literature review of programs for mental health professionals suggests they can [minimise stigma](#) and [increase knowledge](#). They can also bolster [confidence](#) and [intentions to help](#).

Across the programs, there are four common elements to providing high-quality mental health first aid.

## **1. Recognise someone may be experiencing a mental health issue or crisis**

Recognising a mental health issue or crisis involves taking notice of verbal, physical, emotional and behavioural indicators. Given pharmacists interact with patients about every three weeks, they may be in a good position to notice changes.

They may express sadness, anger, frustration, hopelessness, shame or guilt. Patients might say: "There's no hope" or "I can't go on like this".

Physical indicators include fatigue, sleeping difficulties, restlessness, muscle tension, upset stomach, sweating, difficulty breathing, changes in appetite or weight.

Emotional indicators reflect how a person is feeling and include significant mood changes, teariness, agitation, anger, desperation or anxiety.

[Symptom guides](#) for anxiety, depression, bipolar disorder, and suicidal ideation are available.

## **2. Approach and assesses the person**

Opening the dialogue can be as simple as, "How are you? I have noticed [symptoms] and am concerned."

Your role is not to clinically diagnose a patient; however, it is valuable to assess the patient's risk and level of urgency. Risk and urgency will help inform whether the person is in immediate danger or can use other non-urgent support services.

The TED acronym can guide first discussions in the following way:

"Tell me ..."

"Explain how that has been impacting you ..."

"Describe what is happening ..."

### **3. Listen in an active way and communicate without judgement**

[Active listening](#) involves confirming you are hearing and understanding the other person. [Ways of doing this include](#): nodding, appropriate eye contact, and summarising what has been shared.

Communicating without judgement involves demonstrating genuine concern for the other person and talking about their experience.

Open-ended questions usually use "how" and "what" queries. You could say something like: "I've noticed some changes recently, what's happening for you?" or "I see you are filling a prescription for sleep tablets. How are you sleeping?"

### **4. Refer the person to supports**

People who are struggling with their mental health can benefit from sharing details with professionals, like general practitioners, or family and friends—but they might need encouragement to seek this support out.

The support system recommended should match the level of urgency. Urgent services include Lifeline for free 24-hour [phone, chat, and text](#)

[message](#) support. The [Suicide Call Back Service](#) is also a free 24/7 counselling service.

If in doubt or in an emergency, dial 000.

Non-urgent and free online support is available from [Head to Health](#), the [Black Dog Institute](#) and [Beyond Blue](#).

## Could training community pharmacists help?

Studies in [Australia](#), [New Zealand](#), [Canada](#) and [abroad](#) all point to pharmacists' believing [they need more training](#) in mental health first aid.

[Research](#) suggests almost 70% of patients believe all pharmacists should have mental health first aid training. Patients report feeling significantly more comfortable speaking about mental illness with a [pharmacist](#) with this training.

And emerging evidence shows mental health first aid training can increase the [quality](#) of help provided by pharmacists.

In our [study](#), we found Australian pharmacists with mental health first aid training were more likely to intervene than untrained pharmacists.

While the overall quality of the first aid provided by both mental [health](#) first aid trained and untrained pharmacists was high, some key differences existed. Trained pharmacists assessed [patients](#) and encouraged other supports (such as from friends and family) more. They also felt more confident discussing suicide risk.

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