**Defining and expanding breadth of experience and career opportunities in mental health for early career grade pharmacy team members – Learning from current practice**

**Final Report – June 2021**

**Nicola J Gray PhD FFRPS FRPharmS**

* **Director, Green Line Consulting Limited**
* **Senior Lecturer in Pharmacy Practice, Department of Pharmacy, University of Huddersfield**

**Anita Solanki MEd MRPharmS MCMHP**

* **Mental Health Training Programme Director, School of Pharmacy and Medicines Optimisation,**
* **Health Education England (North)**
* **Lead Pharmacist, Leeds & York Partnerships NHS Foundation Trust**

***Sponsored by:***

**Jane Brown PhD FRPharmS**

* **Pharmacy Dean, Health Education England (North)**

**Executive Summary**

***1. Background***

The [report](https://www.hee.nhs.uk/our-work/mental-health/new-roles-mental-health/pharmacy-pharmacy-technicians) of the HEE Pharmacy and Pharmacy Technicians’ Task and Finish Group (March 2019) identified reluctance by early career pharmacy team members to commit to opportunities in mental health pharmacy (MHP) and a resulting deficit in the workforce. HEE wished to review current training provision, and explore some practice exemplars, to then consider how to open up opportunities to more early career pharmacists and pharmacy technicians.

The provision of mental health (MH) training opportunities for student, pre-registration and foundation [[1]](#footnote-1)pharmacy team members in England is the focus of this report. We have considered the peer-reviewed literature and reflected on policy work by Health Education England (HEE) on this topic.

***2. Objectives and Methods***

* To explore the current provision of placements in MH in England for student, pre-registration and foundation pharmacists and pharmacy technicians;
* Stakeholder engagement to inform the survey and find exemplars of good practice via Mental Health Chief Pharmacists’ networks and the College of Mental Health Pharmacy.

These objectives were explored using a combination of key informant interviews (n=8), an online survey of diverse stakeholders (n=196) and recording some innovation vignettes with participants from both of the previous methods.

***3. Results and Discussion***

**Insights from the Literature Review**

We found very limited relevant peer-reviewed literature. Most UK pharmacy schools include some elements of mental health training in the curriculum, but the provision of practical experience varies widely[[2]](#footnote-2). The provision of mental health first aid training (MHFA) has been popular generally in equipping people with skills to support others who have mental health problems. Studies exploring perceptions of social distance between pharmacy students and people living with MH problems have shown that this is a significant barrier to forming trusting therapeutic relationships, and was not necessarily reduced after undergraduate experiential placements. The voice of people living with MH conditions can be accessed through online learning, particularly videos of patient narratives, and bringing peer-level MH commentators (such as lecturers living with MH conditions) into sessions can reduce prejudice and social distance.

**Insights from the survey and interviews**

**Mental Health Pharmacy Education**

* Only a minority of GB Schools of pharmacy teach about the social aspects of mental health or offer experiential learning opportunities in this specialty. MPharm graduates feel well prepared in terms of conditions and treatment options, but not in communication skills or practical drug management. Students may be more comfortable providing medication counselling and management for physical health problems eg CVD than for mental health problems.
* It is important – at the beginning of a pharmacy professional’s training – to allow trainees to confront their own ideas about mental health, and to address negative attitudes and stigma. Traditional pharmacy education based on products, rather than people, does not help the current situation – pharmacy trainees must better understand lived experience.
* Ideas from the survey and interviews have been combined into suggestions for a MH education pathway.
* It is difficult to secure access to patients with mental health problems for students undertaking learning opportunities like MHFA or when visiting a MH Trust. Direct contact is not always necessary – indirect contact eg watching videos can also be useful. Mental health has always embodied patient-centred care, and the sector should continue to be a trailblazer for other sectors of pharmacy practice.
* The nature of the MH experience that trainees receive whilst in the specialist setting is important. Being there is not, in itself, any guarantee of successful outcomes. All supervisors of trainees, regardless of sector, should themselves have some training from MH specialists about attitudes to people living with mental health problems.
* Trainee pharmacy technicians have less opportunities than trainee pharmacists for exposure to mental health pharmacy practice. Half of respondents (49.0%) agreed that student and foundation *pharmacists* in their organisation had considered MHP as a career, but this fell to 30.8% agreement for student and foundation *pharmacy technicians*.
* Some respondents felt that a national MH curriculum for early career pharmacists and pharmacy technicians would increase consistency of experience and provide the basis for quality assurance.

**Turning Barriers into Enablers**

* Over 80% of MH Trust respondents were training pre-registration pharmacists and over 70% were training pre-registration pharmacy technicians. Just over one-third of respondents were training all early career pharmacy professionals. Many non-specialist respondents wanted to know more about the opportunities available.
* Mental health placements very widely in terms of duration and focus. There was disagreement about the desirability of having a trainee specialise in MH by spending most of their pre-registration year there – it could be more productive to have more trainees for shorter periods, but the return on investment (ROI) to the MH Trust also needs consideration.
* The capacity of the MH specialist sector limits the number of training opportunities available. Communication between MH Trusts and other organisations was not well developed in many cases, which hampered collaboration.
* Most MH specialists had seen positive impact from offering training opportunities, with 64% reporting subsequent recruitment, but half of MH respondents perceived that placements were hard to provide and brought few benefits.
* There is a training burden for MH pharmacy teams, and difficulties even for MH training leads within their teams. Every MH Trust should have a dedicated education & training lead (roles including placement organisation and cross-sector communication), and protected time for them to do their work rather than combining it with other roles, and all colleagues should consider teaching as part of their practice. Administrative support to coordinate and advertise training opportunities can also increase capacity and reduce burden.
* Contributions of specialist pharmacists to group meetings, including regional study days, is highly regarded. Payment of specialist MH trusts for contributions to MPharm or postgraduate study programmes enables investment in the wider team and can bring more goodwill from colleagues to increase supervisor capacity.

**Mental Health Practice Beyond the Specialist Setting**

* Proficiency in MH pharmacy practice is needed in every sector. Parity between physical and mental health conditions is still not present in training opportunities. Almost two-thirds of respondents (65.6%) agreed that MH knowledge and skills could be developed beyond the specialist sector. Reflecting further on the subject, many non-specialist respondents felt that they could provide more MH training in their own sector – but the support of specialists would enable them to do more. Non-MH managers may need convincing of its importance.
* There was significant agreement (84.8%) that rotational cross-sector placement schemes offer more opportunities for trainees to consider MHP career options than other types of placement. Similarly, most respondents agreed (82.1%) that such schemes will improve the MH care of patients in all practice settings.

***4. Recommendations for Consideration***

We need early career pharmacy team members in all sectors to reflect on their own attitudes to MH, including stigma, and to deepen their MH pharmacy skills so that they can support patients through long-term MH challenges in primary and community care, and for a subgroup to be able to pursue a specialist pathway.

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| 1. Make social aspects of MH content in early pharmacy career education as important as therapeutics; 2. Promote the implementation of core MH competencies within formal education settings; 3. Explore whether/how MHFA training should be expanded among early career pharmacy team members; 4. Support MH Trust education and training leads and promote communication/collaboration in local areas; 5. Articulate the business case and ROI for managers in MH Trusts to invest in more opportunities, and promote proper reimbursement for their time and expertise to make input/placements sustainable; 6. Identify / promote a core set of MH resources to all early career pharmacy team members and their supervisors; 7. Promote resources for consultation skills and shared decision-making with people with MH problems; 8. Promote the implementation of [core MH competencies](https://www.hee.nhs.uk/sites/default/files/documents/Pharmacy%20Framework%202020.pdf) within non-specialist MH settings (including general practice and community pharmacy) and develop ideas for MH learning opportunities therein. |

1. *Please note that in the context of this report 'foundation' means post-registration early careers.* [↑](#footnote-ref-1)
2. Rutter P, Taylor D, Branford D. Mental health curricula at schools of pharmacy in the United Kingdom and recent graduates’ readiness to practice. *Am J Pharm Educ* 2013; 77(7): 147. [↑](#footnote-ref-2)