

Short Communication

Mental well-being promotion by Australian community pharmacists: what's happening and what needs to be done?

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Abstract

Objectives This study aimed to explore the range of activities provided by community pharmacists for promoting mental well-being in Australia.

Methods An online survey was developed and piloted by 2 community pharmacists, 1 representative from the Pharmaceutical Society of Australia and 11 pharmacy students for content and face validity. Community pharmacists were recruited via direct emails to pharmacy groups and social media between November 2019 and January 2020. Descriptive statistics and chi-squared analyses were conducted.

Key findings Data were analysed from 85 pharmacists (of 115 total pharmacy staff respondents). Although 40% reported working in a pharmacy that promoted mental well-being, most (88.2%) were not involved in such activities. However, most respondents (88.0%) identified community pharmacy as a suitable setting to promote mental well-being. Barriers to mental well-being promotion included busy pharmacy environment with competing priorities, a lack of staff training and confidence in discussing mental well-being and stigma associated with mental illness.

Conclusions Community pharmacy presents a suitable setting to promote mental well-being. However, pharmacists may not be utilizing their full range of skills and knowledge in promoting a national health priority. This study identified opportunities for increased pharmacist-led promotion of mental well-being, particularly given the emerging mental health impacts of the COVID-19 pandemic. The pandemic has highlighted the growing urgency for mental health-friendly health workers across the sector including the community pharmacy workforce to engage consumers about their mental well-being.

Keywords: mental health promotion; community pharmacists; community pharmacy; mental health and well-being; Australia

Introduction

The role of community pharmacists in public health promotion is well established internationally and in Australia.^[1, 2] Evidence is greatest for smoking cessation, cardiovascular health, diabetes management and advice on healthy lifestyles^[1, 2] but is limited on how community pharmacists promote mental well-being beyond their traditional role of medication supply and advice provision.^[3]

High accessibility and availability without the need for an appointment place community pharmacists in a unique position as the first point of contact for individuals seeking medication and general health advice.^[4] With approximately 5700 Australian community pharmacies across urban, rural and remote areas,^[5] it is estimated that an average Australian will visit a community pharmacy about 14 times a year for medication or health advice.^[5] Therefore, the community pharmacy could be an ideal setting to promote awareness of mental well-being and proactively encourage help-seeking behaviour.

This exploratory study aimed to investigate pharmacists' knowledge and attitudes, and facilitators and barriers, towards promoting mental well-being in Australian community pharmacies.

Methods

A survey (adapted from a previous study^[6]) was piloted with 2 community pharmacists, 1 representative from the Pharmaceutical Society of Australia (PSA) and 11 pharmacy students for content and face validity. After minor amendments for phrasing and formatting, the final survey consisted of 30 items employing Likert scales and open-ended questions (see [Supplementary Material](#)). The online survey (via SurveyMonkey) was promoted between November 2019 and January 2020 via direct emails to pharmacy groups, PSA and social media. University human ethics approval (GU HREC: 2018/916) was obtained.

Study participants

All Australian community pharmacists were eligible to participate, with consent taken as survey completion. Respondents not identifying as community pharmacists were excluded from data analysis.

Data analysis

Descriptive statistics were reported. Content analysis of 'ideas' was conducted collating open-ended responses from participants. Missing or unclear data were excluded from analysis.

Results

Of the 115 responses, 30 (26%) were excluded due to survey incompleteness or not identifying as a community pharmacist. [Table 1](#) presents the demographics of the participant; hereby, the majority were female (64.7%) and members of the PSA (62.4%). Forty percent had worked in community pharmacy for less than 5 years ($n = 34/85$), and less than half (43.5%) had completed mental health-related continuing professional development or Mental Health First Aid training in the previous 5 years.

When respondents were asked what mental well-being promotion meant to them, two main ideas emerged ([Table S1](#)): *increasing awareness of mental well-being and creating a safe environment* ($n = 33/85$, 38.8%) and *providing support and education* ($n = 30/85$, 35.3%). Of the 30 respondents who described their mental well-being promotional role in more detail, 53.3% saw this primarily as communicating and providing consumer advice/support by signposting

Table 1 Demographic details of the survey respondents

Characteristic	Number (%)
Gender	($n = 85$)
Male	21 (24.7)
Female	55 (64.7)
Other	3 (3.5)
Did not disclose	6 (7.1)
State/territory	($n = 70$)
Queensland	15 (21.4)
Western Australia	14 (20.0)
New South Wales	12 (17.1)
South Australia	12 (17.1)
Victoria	8 (11.4)
Tasmania	5 (7.1)
Northern Territory	4 (5.7)
Length of practice	($n = 85$)
Less than 5 years	34 (40.0)
5 to 10 years	21 (24.7)
11 to 15 years	17 (20.0)
16 to 20 years	3 (3.5)
More than 20 years	9 (10.6)
Prefer not to answer	1 (1.2)
Completion of CPD/mental health training in past 5 years	($n = 85$)
Yes	37 (43.5)
No	34 (40.0)
Unsure	14 (16.5)
Type of pharmacy	($n = 83$)
Privately owned/independently operated	21 (25.3)
Part of a pharmacy chain	58 (69.9)
Hospital outpatient community pharmacy	1 (1.2)
Others ¹	3 (3.6)
Location of pharmacy based on PhARIA index	($n = 70$)
High accessible/Accessible	62 (88.6)
Highly remote/Remote	8 (11.4)

CPD, continuing professional development; PhARIA, Pharmacy Access/Remoteness Index of Australia.

¹Australian Defence Force pharmacy, General Practitioner pharmacy.

to mental well-being campaigns, talking with and providing consumers with coping strategies.

While most of the respondents ($n = 73/83$, 88.0%) believed that community pharmacies were suitable venues for mental well-being promotion, less than half reported actively promoting mental well-being ($n = 34/85$, 40.0%) in their workplace. Promotional activities they described focussed on their traditional roles in psychotropic medication management ($n = 59/69$, 85.5%), encouraging help-seeking ($n = 53/69$, 76.8%) and referring consumers to mental well-being campaigns ($n = 47/69$, 68.1%) and other support services ($n = 57/69$, 82.6%). Chi-squared analyses did not yield any significant relationships between type of pharmacy or previous training for mental well-being promotion.

Almost 90% of the respondents ($n = 60/68$) felt that pharmacists were not actively promoting mental well-being at the level they could in their role. The top three barriers they described for effective mental well-being promotion included: (1) *busy pharmacy environment and competing priorities* (57.6%), (2) *lack of confidence in discussing mental well-being with consumers* (27.1%) and equally (3) *lack of staff training and the stigma attached to mental illness* (17.9%) ([Table 2](#)). Facilitators included: (1) *pharmacies' accessibility to their communities* (44.0%), (2) *pharmacists viewed as trustworthy and knowledgeable health professionals* (27.4%) and (3) *pharmacists' ability to build consumer rapport* (19.0%) ([Table 2](#)).

Table 2 Facilitators and barriers of mental health promotion in community pharmacies

Top five facilitators	Number (%)
1. Pharmacies are highly accessible	37/84 (44.0)
2. Pharmacists are viewed as trustworthy and knowledgeable	23/84 (27.4)
3. Pharmacists are able to build rapport with consumers	16/84 (19.0)
4. Pharmacies are safe, non-confrontational environments	26/82 (31.7)
5. Pharmacies are ideal places to have private conversations	21/82 (25.6)
Top five barriers	Number (%)
1. Busy pharmacy environment and competing priorities	49/85 (57.6)
2. Lack of staff confidence	23/85 (27.1)
3. Lack of staff training	15/84 (17.9)
3. Stigma attached to mental illness	15/84 (17.9)
5. Lack of consumer awareness regarding the role of pharmacists in mental health	11/84 (13.1)

Discussion

This study provides the first snapshot of Australian community pharmacists' perspectives about their role in mental well-being promotion. Even though most community pharmacists and consumers^[6] noted the potential role of pharmacists in mental well-being promotion, less than half of the respondents were active in mental well-being promotion at the time of participating which aligns with consumer reports of limited experiences of pharmacy-led mental well-being promotion.^[6]

Interestingly, both pharmacists and consumers reported similar barriers and facilitators for mental well-being promotion in community pharmacy. Common facilitators were pharmacists being accessible and trustworthy, and common barriers included lack of staff training and confidence, and stigma surrounding mental illnesses.^[6] Similar to other research,^[7] the busy environment, limited time and competing priorities were major barriers identified – important considerations when determining capacity to deliver additional health services in community pharmacies.^[7] Given the mental health impacts of the COVID-19 pandemic, the call for mental well-being promotion is more important than ever.^[8] Yet, this needs to be considered within the context of any associated issues with pharmacist burnout and capacity.^[9] It should be noted that this survey was undertaken before the pandemic and, therefore, responses may not reflect the current situation.

There are limitations to acknowledge: (1) survey relies on self-reported information and the possibility that responses were subjected to social desirability and recall bias and (2) the survey was promoted during the holiday season possibly explaining the low participation rate.^[5] While response rate is not the sole measurement of study quality, a larger response rate would strengthen statistical power and reduce any sampling error.^[10]

Conclusions

Although there is an abundance of resources and community campaigns available for community pharmacy to access, the relatively low uptake of these reflects potentially unmet needs

and missed opportunities. Future work should investigate the development of mental well-being-related training programmes that focus on a more holistic approach to promoting mental well-being, rather than focussing on treating an illness and medication provision. Such programmes should be considered a part of contemporary pharmacy practice due to the increasing mental health issues of distress and access needs related to the COVID-19 pandemic.

Supplementary Material

Supplementary data are available at *Journal of Pharmaceutical Health Services Research* online.

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Data availability

The data generated and/or analysed during this study are available from the corresponding author on reasonable request.

Author Contributions

All authors designed the study. OW collected and analysed the data and drafted the manuscript. All authors participated in discussing the analyses and findings, critically revised the manuscript, and read and approved the final version to be submitted.

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Conflict of Interest

The authors declare no conflicts of interest.

References

1. Agomo CO. The role of community pharmacists in public health: a scoping review of the literature. *J Pharm Health Serv Res* 2012; 3: 25–33. <http://doi.org/10.1111/j.1759-8893.2011.00074.x>
2. Thomson K, Hillier-Brown F, Walton N *et al.* The effects of community pharmacy-delivered public health interventions on population health and health inequalities: a review of reviews. *Prev Med* 2019; 124: 98–109. <http://doi.org/10.1016/j.ypmed.2019.04.003>
3. Hattingh HL, Scabill S, Fowler JL *et al.* Exploring an increased role for Australian community pharmacy in mental health professional service delivery: evaluation of the literature. *J Ment Health* 2016; 25: 550–9. <http://doi.org/10.3109/09638237.2015.1101418>
4. Anderson C. Pharmaceutical care, health promotion, and disease prevention. In: Alves da Costa F, van Mil JWF, Alvarez-Risco A (eds.), *The Pharmacist Guide to Implementing Pharmaceutical Care*. Switzerland: Springer International Publishing, 2019, 287–93.
5. Benrimoj SI, Frommer MS. Community pharmacy in Australia. *Aust Health Rev* 2004; 28: 238–46. <http://doi.org/10.1071/ah040238>
6. Hall B, Kelly F, Wheeler AJ *et al.* Consumer perceptions of community pharmacy-based promotion of mental health and well-being. *Health Promot J Austr* 2021; 32: 26–31. <http://doi.org/10.1002/hpja.312>

7. Doucette WR, Rippe JJ, Gaither CA *et al.* Influences on the frequency and type of community pharmacy services. *J Am Pharm Assoc* (2003) 2017; 57: 72–6.e1. <http://doi.org/10.1016/j.japh.2016.08.008>
8. Xiong J, Lipsitz O, Nasri F *et al.* Impact of COVID-19 pandemic on mental health in the general population: a systematic review. *J Affect Disord* 2020; 277: 55–64. <http://doi.org/10.1016/j.jad.2020.08.001>
9. Johnston K, O'Reilly CL, Cooper G *et al.* The burden of COVID-19 on pharmacists. *J Am Pharm Assoc* (2003) 2021; 61: e61–4. <http://doi.org/10.1016/j.japh.2020.10.013>
10. Johnson TP, Wislar JS. Response rates and nonresponse errors in surveys. *JAMA* 2012; 307: 1805–6. <http://doi.org/10.1001/jama.2012.3532>