Mental Health Pharmacists: Increasing Necessary Mental Health Service Delivery

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Background: Pharmacists are well trained, readily accessible health care professionals (HCPs) who practice in a variety of inpatient and outpatient mental health settings.

Observations: As part of the interdisciplinary team, pharmacists can help address HCP shortages. Pharmacists currently are providing mental health collaborative practice services at US Department of Veterans Affairs (VA) facilities.

Conclusions: Collaborative practice services can be expanded within and outside the VA by using pharmacists to increase access to care and improve outcomes.

The COVID-19 pandemic has significantly impacted mental health. Adolescents, adults, and health care professionals (HCPs) report worsening mental health outcomes since the pandemic.1–3 Anxiety rates have tripled, depression quadrupled, and substance and alcohol use also have increased.4 The World Health Organization (WHO) reported that during the COVID-19 pandemic, 93% of countries worldwide documented disruptions to mental health services.4 HCP shortages, worsened by the pandemic, have resulted in a mental health crisis. What can we do?

Over the past 20 years, pharmacists have assumed a more significant role in managing patients’ mental health conditions through multidisciplinary team engagement. Pharmacists’ training includes optimizing pharmacotherapy, identifying and managing adverse effects (AEs), improving medication adherence, and reducing unnecessary health care costs.2 Pharmacists have assumed pivotal roles in mental health management, including but not limited to screening, drug selection, medication management, and decision-making support for patients and HCPs. Pharmacist-provided services have led to improved medication therapy outcomes and patient satisfaction.5

According to the 2012 National Alliance on Mental Illness national survey, > 50% of patients treated for a mental health condition report having a strong relationship with their pharmacist.5 The US Department of Veterans Affairs (VA) has led the charge, engaging pharmacists in patient-oriented mental health care, including those specific to accessing mental health care (eg, fear of stigmatization).6 After obtaining a 4-year PharmD degree, psychiatric pharmacists receive additional postgraduate residency training (2 years) focused on direct patient care and then are eligible for board certification. There are about 2000 board-certified psychiatric pharmacists in the United States. Qualified psychiatric pharmacists, especially those in underresourced states, have increased the number of available patient-oriented mental health services.7 However, to continue expanding and improving access to care, we need more HCPs and pharmacists.

Mental health clinical pharmacy specialists (CPSs) within the VA work in a variety of settings, including but not limited to, the inpatient psychiatric unit; residential programs for posttraumatic stress disorder (PTSD) and substance misuse; as part of the Mental Health Intensive Case Management (MHICM) team; and in pain, telehealth, and other outpatient clinics. The VA’s mental health CPSs operate under an independent scope of practice (SOP) and manage a variety of mental health disorders. The SOP also allows pharmacists to independently manage medications for psychiatric conditions, request laboratory tests, and change therapy as needed based on patient response. The Table describes pharmacist-reported roles in a single VA facility in various mental health practice sites (eg, inpatient, outpatient, substance misuse). Pharmacist involvement in medication management with the interdisciplinary team improved symptoms, medication adherence, and reduced AEs for conditions such as depression.8

Within the VA, the outpatient mental health pharmacist works collabor-
atively with psychiatrists and HCPs to manage common psychiatric conditions on the phone and in person. VA pharmacists also are involved in the monitoring of patients on second-generation antipsychotics. Pharmacists assist with metabolic monitoring and assessing patients for movements disorders, using standardized rating scales. Pharmacists can manage complex psychiatric patients in collaboration with psychiatrists by providing medication management, laboratory test monitoring, medication counseling, and HCP referrals.

Pharmacists’ expertise is used in diverse ways in the VHA. At one facility, pharmacists functioned as interim prescribers when the facility experienced a turnover in behavioral health professionals. Pharmacists’ involvement decreased inappropriate use of psychiatric emergency services. VA pharmacists who manage patients’ mental health needs in primary care help achieve symptom improvement and medication adherence as well as lower referral rates for specialty mental health services. Pharmacist-managed electronic consult service provided a costs savings of about $40,000 a year.

### TABLE Characteristics of Mental Health Clinical Pharmacists

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<th>Practice Types</th>
<th>Roles</th>
<th>Impacts on Care</th>
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| Primary care mental health integration | Work with interdisciplinary team to comanage specific mental health conditions  
Medication management (start, stop, change medications, order and interpret laboratory tests) | Pharmacists provide immediate access to care  
Allows for interprofessional collaboration to coordinate onsite care and facilitate concurrent condition management |
| Outpatient mental health               | Comanage specific mental health conditions on referral basis  
Refer patients to behavioral health specialists  
Rapid access to clinic patients to address immediate medication concerns  
Medication management | Expedite follow-up (2 to 6 wk vs 3 to 6 mo)  
Consistent patient assessment (adherence, satisfaction)  
Increased health care professional access (appointment availability) |
| Inpatient mental health                | Work with interdisciplinary team as the medication expert to tailor and optimize medication therapy  
Provide medication education for patients, providers, and students | Increase team efficiency (independent patient visits)  
Improve access for drug reconciliation  
Facilitate transition of care |
| Memory care (neurocognitive impairment) | Work with interdisciplinary care team to address impact of medications on cognition and recommend pharmacotherapy for managing symptoms of dementia  
Calculate and address patient anticholinergic burden score | Timely management of complex interrelated mental health conditions and disorders  
Use clinical expertise and drug knowledge to guide medication therapy |
| Mental health intensive case management team | Manage patients with serious mental illness with extensive support needs  
Clonazepam therapy management and oversight for facility (laboratory monitoring, medication ordering, and dispensing) | Decrease barriers to medication adherence  
Streamline safety measures (risk evaluation and mitigation strategies compliance)  
Lead facility-wide quality improvement initiatives |
| Residential treatment program (posttraumatic stress disorder and substance use disorder) | Work with interdisciplinary residential treatment team as the medication expert to optimize medication therapy  
Medication reconciliation  
Assess care appropriateness and discuss therapy options with students and team members to facilitate learning | Review patient medications prior to admission to ensure appropriateness  
Care coordination  
Provide medication and disease education groups to patients |
| Telehealth pain management             | Part of the primary care and substance use treatment teams  
Provide telehealth pain management and buprenorphine treatment | Increase access to pain management and opioid use disorder treatment services in rural areas with specialty health care professional deficit  
Provide the ability to care for patients across various states  
Increase access to addiction treatment in rural areas |
Pharmacists have shown that they can expand their roles. Pharmacists are versatile HCPs, currently working and collaborating with other HCPs in various settings to provide mental health services. Health care systems need to continue to use and expand the number of pharmacists. Including pharmacists in the primary and specialty care teams can increase access to care and improve health outcomes during the pandemic and beyond. The American Association of Colleges of Pharmacy in partnership with the American Medical Association established a resource to support and guide institutions interested in embedding pharmacists into different clinical sites. Opportunities for increased services by pharmacists can lead to improved outcomes, timely patient care, appropriate use of psychiatric medications and services, and cost savings.

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References