



COMPLETED GRANT SYNOPSIS

Evaluation of Mental Health First Aid training for pharmacy professionals

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Objectives	
<ul style="list-style-type: none"> • Assess measures of reluctance, preparedness, and confidence of pharmacy professionals who previously attended Mental Health First Aid (MHFA) training facilitated by a pharmacist trainer • Assess use of MHFA skills by pharmacy professionals since being trained • Describe participant open-ended feedback on their MHFA training • Create a toolkit on implementing a MHFA initiative based on the experiences of the Iowa Pharmacy Association and 3 other pharmacist trainers 	
Methods	
Design	<ul style="list-style-type: none"> • <u>Study Design</u> <ul style="list-style-type: none"> ○ Cross-sectional, single group electronic survey study administered 6-18 months following MHFA trainings • <u>Subject Characteristic/Identification</u> <ul style="list-style-type: none"> ○ Lists of participants who attended a MHFA training program facilitated by a pharmacist-trainer were obtained ○ Participants included pharmacists, pharmacy school faculty, student pharmacists, and pharmacy technicians • <u>Study protocol:</u> <ul style="list-style-type: none"> ○ A survey was created in Qualtrics (Provo, UT) for electronic dissemination over email ○ The survey consisted of 14 multiple choice questions, 31 Likert-type items, 6 open-ended items, and 6 demographic questions ○ Items assessed reluctance to engage in MHFA, preparedness to engage in MHFA behaviors and for a set of MHFA targeted conditions, confidence related to MHFA behaviors, and reported use of MHFA behaviors since being trained ○ Four pharmacists trained to facilitate MHFA trainings sent out emails on behalf of this project to 227 pharmacy professionals (pharmacists, technicians, student pharmacists, and pharmacy school faculty) who attended a MHFA training session in 2018 ○ A sequence of four email contacts was used which include a pre-notification email, initial email, and two reminder emails were sent May-June 2019 • <u>Analysis</u> <ul style="list-style-type: none"> ○ For Likert-type items and multiple-choice questions descriptive statistics are provided ○ The <i>analysis</i> of open-ended questions followed recommended qualitative methods
Study endpoints	<ul style="list-style-type: none"> • Establish evidence of knowledge, preparedness, and confidence with MHFA behaviors for pharmacy • Establish evidence of actions related to mental health crisis intervention for pharmacy • Aggregate open-ended comments to guide future work in this area • Disseminate learnings from MHFA trainers in the form of a toolkit

Results

- Response to survey
 - Ninety-eight out of 227 invited participants responded to the survey which participants completed between 6 and 18 months since their training.
 - Four emails were undeliverable, yielding a usable response rate of 44%
 - The median survey-completion time was 7 minutes
 - Almost half of respondents were practicing pharmacists (46%) and 23% were student pharmacists
 - Half of participants were trained between January and June, 2018
 - 62% reported female gender and 42% were under age 35
- Reluctance to engaging in a mental health crisis
 - Responses to the reluctance items showed overall disagreement suggesting respondents were not reluctant and instead willing to intervene with people experiencing a mental health crisis
 - For the reluctance items, 3 items had a median response of “disagree” and 3 had a median response of “strongly disagree”
 - Participants most frequently reported strong disagreement to the statement that “I am too busy to provide mental health first aid at work (N=57). This is in contrast to some open-ended comments about how MHFA is challenging to fit into their pharmacy workflow
- Preparedness for engaging in MHFA
 - More than 80% of respondents agreed that the MHFA training increased their preparedness to respond to a mental health crisis
 - Most participants agreed or strongly agreed they were prepared to engage in activities like identifying persons showing warning signs of suicide, and make appropriate local and national referrals to resources for someone experiencing a mental health crisis
 - Most participants also agreed or strongly agreed they were prepared to offer MHFA for persons experiencing different mental health conditions from severe depression and anxiety, to substance use disorders
- Confidence for performing MHFA skills
 - Respondents reported a median agreement (2 items) to strong agreement (5 items) with their confidence in using a set of 7 MHFA skills
 - Most participants strongly agreed they were confident they could offer basic "first aid" level information to someone experiencing a mental health crisis (54%) and encourage someone experiencing a mental health crisis to seek professional help (64%)
- Use of MHFA skills since being trained
 - Most respondents had asked someone about their distressed mood (82%), with 28% doing so 4+ times
 - Almost half (44%) of participants had asked someone if they were considering suicide
 - A majority (61%) also had referred someone to resources because they were concerned they might be experiencing a mental health crisis
 - A limitation is that we do not know if these MHFA behaviors occurred at or outside of work, or both

- Open ended responses
 - The responses to the open-ended questions indicated positive MHFA training experiences, challenges to using MHFA in practice, and insights for training improvements
 - Some participants stated that they do not have enough time given their workload to interact with people to determine the nature of their crisis, provide listening and support, and create and execute an intervention plan
 - While time constraints were a challenge, respondents were still motivated to help people
 - “Time is a factor” but “not an excuse for not stepping up when needed”
 - Respondents also voiced concerns about privacy for these discussions and not having enough background information about their patients hampering their abilities to effectively intervene
 - Participants suggested providing additional resources, such as a “brief refresher”, a phone app, and/or a card for “basic steps” that could be used as a reminder
 - Lastly, there was an interest in quality continuing education to maintain learning
- Additional item responses
 - When asked their motivation for participating in MHFA training, 40% reported recognizing a need for MHFA in my pharmacy practice and 36% reported experience with mental illness and or suicide
 - Since being trained, 65% reported they had read articles related to mental health and/or mental health crisis intervention, 16% had attended live programming, and 15% had completed a CE self-study related to mental health.
- Toolkit
 - 4 trainers submitted experiences and comments for the toolkit
 - Topics discussed include becoming a trainer, collaborating with local resources, venue identification, participant recruitment, participant registration, sponsorship, continuing education, pearls from pharmacist instructors, and additional resources
- Next steps
 - Respondents were interested in refreshing and supplementing their training – this could be a target for both live and self-paced resources and content development
 - Pharmacies should consider how to accommodate a pharmacist taking time out to interact with someone experiencing a mental health crisis. This could require considerations of staffing levels and private consultation areas.
 - There also was a recommendation to have the MHFA training during work hours or on the clock. Employers should consider this as a benefit to employment and strengthening their workforce, including technicians and management.

Conclusion

Ninety-eight out of 227 invited participants responded to the survey. Overall, participants provided positive feedback when they were asked about how well they felt the MHFA training prepared them to perform the MHFA skills. The findings indicate that participants are quite confident in performing the MHFA skills, and all the respondents used at least one of the MHFA skills since completing the training. However, participants reported that not having enough time given their workload as a barrier to engaging with and supporting patients experiencing a mental health crisis.

Participants suggested recruiting more people into this type of training including pharmacists, nurses, staff, students, faculty members, and staff in community pharmacies. Some participants suggested making some adjustments to the training, such as offering different levels, including more specific examples, focusing on hands-on application, providing resources, and including staff with various backgrounds. When asked about what suggestions they would propose for further supporting pharmacists in the area of mental healthcare and what they still need help with, participants mentioned various issues including their need for additional resources.