Building bridges between community pharmacy and psychosocial care: the detection, discussion and referral of psychosocial problems in a pilot study with trained pharmacists

Abstract

Background: Community pharmacists are increasingly consulted for healthcare advice and wellbeing promotion beyond medication management. Because of their high accessibility and trustworthiness, community pharmacists are in a good position to detect unmet psychosocial needs of their patients.

Objective: A collaboration between community pharmacy and psychosocial work was set up in Flanders, Belgium. During the pilot phase of the project, named “CAVAsa”, the feasibility and potential of this collaboration was investigated. Community pharmacists were trained to detect and discuss a wide range of psychosocial needs (e.g., mental health problems, family problems, substance abuse…), to inform patients about possible help and to refer them to a Flemish Center for General Welfare Work if needed.

Methods: A total of 71 pharmacists participated. The study phase ran from October 2021 until January 2022. All contacts in which psychosocial wellbeing was discussed had to be registered using an online form. Moreover, focus group discussions were used to explore the pharmacists’ experiences, barriers and facilitators in taking up a role in psychosocial care.

Results: During the study phase, 79 patient contacts about psychosocial wellbeing were registered. The majority of patients were middle aged females. Family problems and mental health problems were discussed the most. Focus group discussions with 28 participating pharmacists revealed that they feel comfortable in taking up this role and recognize its added value. Patient satisfaction is a major driver. However, partly due to the coinciding COVID-19 pandemic, pharmacists experienced time constraints which may have resulted in an under-detecting and under-reporting of psychosocial problems.

Conclusions: An intersectoral collaboration between community pharmacy and psychosocial care is feasible and promising. Adequate training about psychosocial wellbeing and care is crucial.

Introduction

The role of the pharmacist has evolved from a medication-centered basis to a patient-centered basis. Pharmacists are increasingly depended on for healthcare advice, counseling and direct care (1, 2). Simultaneously, there is a growing awareness that community pharmacists can play a role in community mental health care beyond medication management (3, 4). Given that community pharmacists are highly accessible healthcare professionals who come in contact with a large number of vulnerable people on a daily basis, they have an ideal position to detect unmet mental health needs as well as broader psychosocial needs impacting well-being such as family problems or substance abuse.

Although little is known about the role of pharmacists in social work, a review dating from 2003 showed that community pharmacy can successfully cooperate with mental health care, leading to substantial improvements in patient care and wellbeing (5). For example, a community pharmacy mental health medication support service in Australia significantly improved the patients' medication adherence and treatment satisfaction, their mental health-related quality of life and their overall perception of illness (6). Additionally, previous research has shown that pharmacists may play a role in the detection and referral of depression through screening (7). Moreover, codewords were launched during the COVID-19 pandemic such that domestic abuse victims visiting a pharmacist could discreetly ask for help.

However, despite the high potential of pharmacists in psychosocial care, qualitative research with community pharmacists has shown that they feel that they are not yet fully utilizing their scope of practice in mental illness and addictions' care, especially due to limitations within the work environment and lack of structural implementations (8). A Belgian survey study showed that although pharmacists generally have a positive attitude towards depression care, they report to provide less care to people with depression compared to those with other illnesses. Barriers included a lack of information about the person and their treatment, the lack of education in this topic, and the lack of time and privacy in the pharmacy (9). A lack of training in mental health issues was the most important barrier reported in another Belgian survey study, leading to a low level of cooperation with general practitioners in depression care (10). Finally, a survey study with pharmacists in the US showed that four in ten indicate that the emphasis on mental health in their pharmacist training may have been inadequate (11).

To further explore the role of the pharmacist in the detection and referral of unmet psychosocial needs, a pilot study was conducted in Flanders (Belgium) in which a collaboration was set up between community pharmacy and a social work organization. Community pharmacists were

trained to detect psychosocial needs, and to inform and help patients. If needed, they could refer their patients to a local Flemish Center for General Welfare Work called “CAW”. The CAW provides primary care for all psychosocial problems and explores the need for care in collaboration with the patient. The CAW will in turn refer to more specialized help if this is necessary. The eligible psychosocial problems of patients are very broad, and include mental health problems, substance abuse, financial problems, family problems, and help for victims and offenders of crime or domestic violence. The project is supported by the Flemish Government and fits within the broader context of community-oriented care and outreach for vulnerable and hard-to-reach groups.

Method

Participation in the project was possible for community pharmacists from nine Flemish primary care zones (a region of approximately 125.000 citizens). Recruitment of pharmacists was done via the coordinators of the primary care zones and through personal contact with the researchers. A total of 71 pharmacists agreed to participate. Before the start of the study period, the participating pharmacists received a mandatory training consisting of two two-hour online sessions in which an introduction to psychosocial needs, conversation techniques and the correct way of referral were discussed using actual patient case studies. To further support pharmacists in the role, an awareness-raising poster was designed, informative patient leaflets were developed, and an online registration system was set up.

From October 1st 2021 until January 28th 2022, pharmacists were asked to be extra alert for psychosocial problems and to detect (unmet) psychosocial needs of pharmacy visitors. The detection of needs was based solely on alarming signals (e.g., payment problems or poor hygiene), conversations with the patients and an increased vigilance in case of a negative gut feeling. When a possible psychosocial need was perceived, the pharmacist carefully addressed this by expressing concern and asking probing questions. When pharmacists believed that help was needed, they informed the patients about the project and the services of the CAW and a leaflet was discreetly handed over with more information and help options. If the patient was interested, the pharmacist arranged a referral to the CAW, after which the CAW contacted the patient within seven working days. Referrals were done via the online page for professionals of the CAW website. Explicit verbal permission was always requested for referrals.

Pharmacists registered all patient encounters in the context of the project by filling in an online Qualtrics form. The patient remained anonymous for the researchers. The following variables were registered:

- Name of the pharmacy

- Date
- Estimated duration of the conversation
- Patient gender (M / V)
- Patient age category (- 18 / 18 – 25 / 26 – 45 / 46 – 65 / 66 – 85 / 85+)
- Presumed psychosocial patient needs (multiple answers possible)
    - Financial problems
    - Family problems (no domestic abuse)
    - Family problems (suspicion of domestic abuse)
    - Mental health problems
    - Alcohol or substance abuse
    - Unclear
    - Other (specify)
- What did the intervention consist of (multiple answers possible)
    - Listened to the patient
    - Handed over a leaflet
    - Informed about CAW
    - Referral to CAW
    - Other (specify)
- Where did the conversation take place? (at the pharmacy counter / separate room)
- Was this the first contact with the patient in the context of CAVAsa? (yes / no)
- How did the conversation go? (very good / rather good / rather difficult / very difficult)
- Any other remarks (free text)

During the study phase, seven online focus group discussions were organized. The semi-structured discussions included the pharmacists' perceptions of the project, actual experiences and cases, what things were going well and what barriers or difficulties they experienced. Internal barriers such as communication with the project team and the use of the developed materials were discussed as well. All focus groups lasted between 90 and 120 minutes. The discussions were processed ad verbatim and thematically analyzed. For this purpose, the data were read through several times and then coded with the software package NVivo® (version 1.6.1), whereby a codebook and code tree were created. The project team (consisting of a pharmacist, a master student pharmacy, a psychologist and an engineer) interpreted the findings.

Results

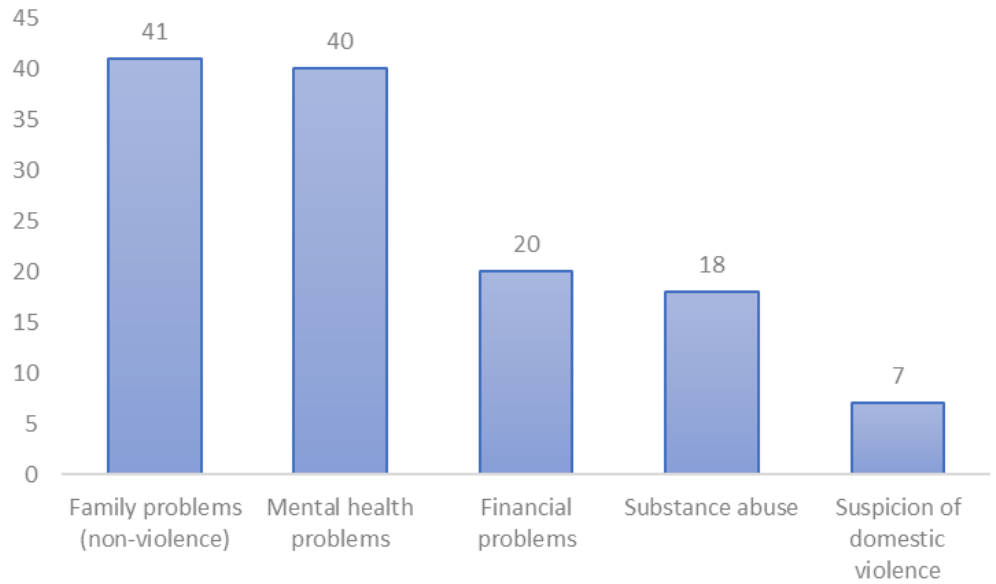
Of the 71 pharmacists who agreed to participate in the project and received the training, six pharmacists withdrew during the project, mainly due to time constraints. No demographic information was collected from the pharmacists.

Registrations

A total of 79 patient contacts related to psychosocial wellbeing were registered during the four month study phase. The majority of the patients were women (73.4%, n = 51). Almost half of the patients were between 46 and 64 years old (44.3%, n = 35), 20 patients were between 65 and 85 years old, 19 patients were between 26 and 45 years old, four patients were younger than 26 years old and only one patient was older than 85.

The number of patient contacts per psychosocial need type is shown in Figure 1. In half of the cases, family problems (without a suspicion of domestic abuse) and/or mental health problems were mentioned. Only one pharmacist thought it was unclear which psychosocial need was present. Moreover, 'Other' (e.g., loss of a family member, socially isolated, housing problem) was chosen six times.

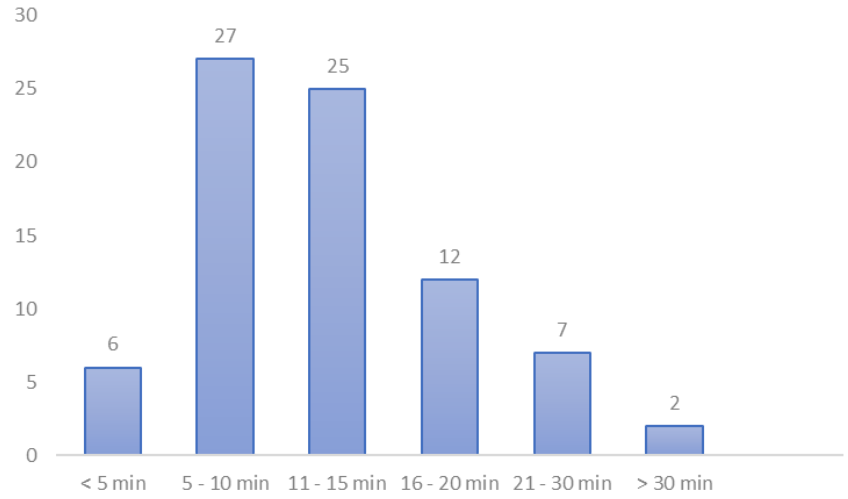
Figure 1. Number of registrations per type of psychosocial need (N = 79).



In 65 of the 79 registered patient contacts, an information leaflet was handed to the patient. Information about the CAW was given 53 times. Ten patients were directly referred to a CAW. No data were collected on the follow-up of care after the referral.

The conversation generally lasted between 5 and 20 minutes. The distribution of the conversation duration is shown in Figure 2. The vast majority of the conversations (87.3%, n = 69) took place at the pharmacy counter instead of a separate room. Almost all conversations were first conversations in the context of the project, except for two follow-up conversations. In 86% of the registered patient contacts, the pharmacist felt that the conversation went well. Ten contacts were described as rather difficult, and only one as very difficult.

Figure 2. Number of conversation durations.



Focus group discussions

A total of 28 pharmacists participated in the focus group discussions. Four themes were identified:

1) the role of pharmacists in psychosocial wellbeing

2) the detection of psychosocial needs in the pharmacy

3) barriers in implementing psychosocial care in the pharmacists' role

4) motivators in implementing psychosocial care in the pharmacists' role

The role of pharmacists in psychosocial wellbeing

The pharmacists stressed that counseling for psychosocial problems does not fall within their area of expertise, but that a role in the detection and referral of these problems is valuable. On the one hand, there were pharmacists who saw this role as an extension of their regular work package, but some argued that helping psychosocially vulnerable patients is already part of their job. Before the start of the project, they often felt unsure in dealing with psychosocial problems. Pharmacists found it helpful that, because of the project, they had a better knowledge of psychosocial wellbeing and that

they could refer patients directly to appropriate care. Another added value of this role is that it also raises awareness among the general public of the pharmacist as a full-fledged healthcare- and wellbeing professional.

"I would then say, 'I have a concern, something we would like to help you with, but that's not my expertise. My specialty is giving health advice, medication guidance. I can do a lot of listening but we need to leave this to people who are really versed in this and are specialists. They're going to be able to help you along much better.'"

The detection and referral of psychosocial needs in the pharmacy

In terms of detecting psychosocially vulnerable patients, most pharmacists felt confident. Starting a conversation about this seemed more difficult and many indicated that they would only address the patient's problems if the patient asked for help. However, pharmacists noticed that patients generally appreciate it when a sensitive conversation is initiated, just because patients do not always dare to bring it up themselves. Pharmacists found it easier to start a conversation with well-known patients than with casual visitors. Domestic violence and financial problems were particularly difficult topics.

“It's more when the patient starts to tell something or discloses something, that we follow up on that. And I think that also has to do with the fact that there is no full privacy. [...] I find it very difficult to start talking about that myself, while the other person is not disclosing anything.”

Barriers in implementing psychosocial care in the pharmacists’ role

Lack of time is a major barrier. The hectic study period, including COVID-19 and the flu season, played a particularly important role. As a result, the focus on psychosocial well-being sometimes shifted to the background and interventions were not always registered on the online platform. Another barrier is that a pharmacy is a public space where full privacy is not guaranteed. If there are other patients in the pharmacy or in the queue, it is difficult to have a lengthy or sensitive conversation. A solution is to discuss this in a separate room, but this is not always possible due to staff shortage. In addition, some pharmacists fear that they are crossing a line when addressing psychosocial problems, or feel that suggesting professional help may be experienced as stigmatizing the patient. Finally, some pharmacists said that they were attentive for psychosocial needs at the beginning of the project, but that this diminished during the course of the project.

“I am alone in the pharmacy and I think there is less time to listen to patients, especially when there are three to four people behind in the line”

"Before the last few weeks, I was alert for who is eligible. But even that, now with the hustle and bustle, that goes completely out of my head, that I'm not even concerned with that."

Motivators in implementing psychosocial care in the pharmacists' role

Patient satisfaction and successful conversations were a major motivation. Knowing that the referred patient was helped well was an important drive, especially when some information was provided about when the psychosocial care for the patient was initiated. The possibility to arrange more targeted referrals is a major plus. Pharmacists agreed that it is helpful to meet personally with staff from the local CAW beforehand. The training and materials developed for the project, particularly the information leaflet for patients, facilitated the role as well. The majority felt that an incentive was unnecessary, although some thought that this could be an extra motivation.

"Before [the start of the project], we could call the general practitioner or something, but that's really where it stopped. That's why I was actually very happy to be able to broaden that range of tasks, so that when you have someone in front of you with a psychosocial need, you don't have to feel bad about "that person has left now, but I haven't actually been able to do much.'"

Discussion

This pilot study examined the potential of a collaboration between community pharmacy and psychosocial care. Community pharmacists were trained to detect patients with possible unmet psychosocial needs, to inform them about possible help and refer them to a Center for General Welfare Work (Flemish CAW) if needed. The target patient group was deliberately kept broad, with special attention to vulnerable people. This decision was made based on the idea that well-being encompasses psychological as well as environmental factors (e.g., family factors) and enabling factors (e.g., financial factors).

Some important contextual remarks should be made when interpreting the findings. First, the study period coincided with a wave of COVID-19 and the flu season. Pharmacists were deployed to test and educate patients during this period and were actively involved in a new vaccination strategy for COVID-19. The participating pharmacists experienced an exceptionally busy and hectic period. As a result, pharmacists admitted that the project was often inevitably shifted to the background. This may have led to an under-reporting of psychosocial problems, for example because pharmacists did not always have the time to start a conversation about psychosocial wellbeing or to register contacts on the study platform. Although most pharmacists said they felt confident in detecting psychosocial

vulnerability, bringing up the topic was considered more difficult. Only 79 patient contacts were recorded and some pharmacists did not register any contact.

Moreover, it should be noted that community pharmacists enrolled themselves for participation. Thus, the participants may have an affinity for psychosocial wellbeing, and, as a result, the sample may be an exceptionally motivated group. Finally, the pharmacies were located in different Flemish regions, but no pharmacy was located in a large city (majority sub-urban). It is likely that the level of psychosocial needs is higher in urban areas, but the data do not allow comparisons between regions.

During the four month study phase since October 2021, a total of 79 patient contacts concerning psychosocial wellbeing were registered. The majority of the patients were middle-aged and female. Family and mental health problems accounted for half of the conversations. Substance abuse problems and financial problems were discussed 20 and 18 times, respectively. A distinction was made between family problems with and without a suspicion of domestic abuse. It was found that 7 conversations were held in which the pharmacist suspected domestic abuse. Most patient contacts related to the project went well. Finally, the conversations usually lasted between 5 and 20 minutes and took place at the counter of the pharmacy.

Given that approximately one in ten Flemish people has financial problems, one in eight experiences domestic violence (including verbal or emotional violence), one in seven has a mental disorder, and one in seven has problematic alcohol use, more than 79 registrations could have been expected in a four-month period (12). This discrepancy can, besides time constraints, possibly be explained by the fact that pharmacists primarily engage with patients who initiate the conversation about psychosocial wellbeing. It can be assumed that a minority of patients discloses about psychosocial problems spontaneously themselves, and an even smaller proportion will directly request the pharmacist for help in these cases.

Ten patients were formally referred to a CAW. The rather low referral rate possibly shows that it may be difficult to convince patients to get professional help in one conversation. On the other hand, during the conversation it may turn out that professional help is not needed or that the patient is already getting professional help.

A major finding of the qualitative exploration of pharmacists' experiences and perspectives is that they are generally willing and able to take on a detecting and referring role in psychosocial care. Some pharmacists see this as an inherent part of their role as health care providers, while others see it more as an extension of their duties. However, the participating pharmacists agree that paying particular attention to psychosocial wellbeing of their patients provides great value, with patient

satisfaction being the main motivation. This is confirmed by earlier research, in which it was found that Belgian pharmacists endorse a positive attitude toward their potential role in depression care (9, 10). A narrative review investigating the new role of the pharmacist in community mental health indicated that emphasizing the role of pharmacist as a mental health trustee was the primary facilitator in implementing mental health services in pharmacy (3). A similar driver is reflected in the focus groups: pharmacists think it is positive that this project emphasizes the role of the pharmacist as a well-being actor to the population.

The project will expand to other regions and the patient perspective will be further explored. An important prerequisite for further implementation of the pharmacist's role in discussing and referring psychosocial problems is thorough and practice-oriented training for pharmacists on psychosocial wellbeing and care. The possibility to include the theme in the undergraduate training of pharmacists will also be investigated, so that in the long term, every pharmacist is able to help patients with psychosocial needs in an appropriate way. Moreover, further efforts should be made to make the collaboration between local social workers and pharmacists more sustainable. Personal acquaintance and trust are crucial here.

In conclusion, given the prevalence of psychosocial needs mentioned, there is no doubt that community pharmacists could play an important role in the detection and referral of patients with psychosocial needs. Moreover, participating pharmacists were willing and able to implement psychosocial care into their role, by detecting patients with (unmet) psychosocial needs and guiding them towards appropriate care. Patient satisfaction and clarification on their role as a wellbeing professional are important motivating factors. However, the role of the pharmacist should also be adequately delineated: psychosocial care should still be taken up by social workers or psychologists, and pharmacists should get adequate training. The intersectoral collaboration between community pharmacy and the psychosocial sector is promising and needs further exploration.

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Declarations

Declarations of interest: none.

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