2026, Volume 6, Issue 1, Page No: 9-19
ISSN: 3108-4850

Society of Medical Education & Research

Annals of Pharmacy Education, Safety, and Public Health Advocacy

Preparing Future Pharmacists for Mental Health Care: What Pharmacy Students Say About Their Training

Ana Rodrigues[1]*, Tiago Martins[1], Bruno Lopes[2]

[1]Department of Mental Health Pharmacy and Clinical Education, Faculty of Pharmacy, University of Lisbon, Lisbon, Portugal.
[2]Department of Pharmacy Practice and Behavioural Sciences, Faculty of Pharmacy, University of Porto, Porto, Portugal.

***E-mail** ✉ ana.rodrigues@ff.ulisboa.pt

Abstract

Mental health is a critical global health priority, and pharmacists are well positioned to enhance patient outcomes across various practice sectors. This investigation aimed to examine pharmacy students' perspectives on instruction, learning, and future practice applications related to mental health. In February 2020, an anonymous digital survey was administered to pharmacy students across the UK and Ireland via the Qualtrics™ platform, yielding responses from 232 participants. The initial objective of the questionnaire was to evaluate the integration of Mental Health First Aid (MHFA) training, and the quantitative findings have been documented in a prior publication. Participants were prompted to provide qualitative insights regarding MHFA. Additionally, the survey featured an open-ended prompt: 'Do you have any other comments about mental health teaching and learning in the MPharm degree?' The comprehensive qualitative text was evaluated through thematic analysis, yielding key themes. The thematic analysis revealed three primary themes: (i) Mental Health is important; (ii) Pharmacist roles; and (iii) So, Teach me. A fourth theme, Stigma, was identified as an interconnected element traversing all primary themes. Pharmacy students clearly acknowledge the significance of mental health management. Most participants recognize the pharmacist's capacity to deliver person-centered care and identify opportunities to expand this professional responsibility. Students express a strong desire for deeper education to build the clinical confidence and capabilities necessary for their future contributions. They advocate for a more integrated curricular framework and increased patient engagement during training. Consequently, tackling stigma remains a vital priority for academic instructors.

Keywords: Mental health, MPharm, Undergraduate, Pharmacy curriculum, Pharmacy education

Introduction

Enhancing mental health on a global scale remains a core objective for the World Health Organization (WHO), as demonstrated by the decade-long extension of its Mental Health Action Plan through 2030 [1]. Within the UK, four distinct categories of mental health research priorities have been established [2] to direct investigative efforts and catalyze advancements. Furthermore, investigating the impact of the COVID-19 crisis and its aftermath on public psychological well-being remains critical [3]. Current strategies heavily emphasize a multidisciplinary framework for mental health services spanning multiple sectors and involving diverse healthcare personnel, including pharmacists and pharmacy staff.

Although the contributions of specialized mental health pharmacists are widely acknowledged [4], there is a growing imperative in the UK for all practicing pharmacists to support individuals experiencing mental health issues. To this end, the Royal Pharmaceutical Society issued a position statement in 2018 [5] highlighting the vital function of pharmacy services in mental health support. In 2020, Health Education

Access this article online https://smerpub.com/

Received: 06 November 2025; **Accepted:** 24 January 2026

Copyright CC BY-NC-SA 4.0

How to cite this article: Rodrigues A, Martins T, Lopes B. Preparing Future Pharmacists for Mental Health Care: What Pharmacy Students Say About Their Training. Ann Pharm Educ Saf Public Health Advocacy. 2026;6(1):9-19. https://doi.org/10.51847/paqIeYy9CE

England released a core competency framework for mental health [6], outlining standards that every pharmacy professional must meet, irrespective of their specific area of practice.

In a recent literature review, El-den *et al.* [7] substantiated that pharmacists perform a vital role in psychiatric care. However, further research is required to document their clinical influence on patient outcomes and economic indicators, such as cost-effectiveness, within healthcare systems. Global examples of community pharmacy-centered mental health initiatives at various developmental stages include the publicly funded Bloom Program in Nova Scotia, Canada [8-10], the PharMIbridge trial in Australia [11], and the AMPLIPHY feasibility pilot conducted in Greater Manchester, UK [12]. Additionally, pharmacy teams have acknowledged their potential involvement in suicide prevention and expressed a need for structured educational resources [13]. To encourage this, community pharmacies in England received financial incentives in 2021 if frontline staff completed training provided by the Zero Suicide Alliance [14]. Expanding pharmacy curricula regarding mental health is essential to underpin these advanced professional responsibilities [7].

An assessment of the mental health curriculum within UK undergraduate pharmacy programs conducted by Rutter *et al.* [15] in 2013 revealed a predominantly theoretical orientation, characterized by minimal interaction with individuals possessing lived experience and a lack of emphasis on communication skills. Recent findings reflect a comparable trend, showing that curricula continue to prioritize therapeutics and neurobiology over practical problem-solving and person-centered management [16]. The current investigation specifically examined the integration of Mental Health First Aid (MHFA) training among undergraduate pharmacy students. Only 10% of participants had completed this training, though the vast majority of untrained students expressed a desire to participate. The implementation of MHFA within pharmacy curricula has been extensively investigated in Australia [17, 18] and Ireland [19], presenting a viable strategy for future educational development.

This study aims to investigate pharmacy students' perspectives on mental health education and training within undergraduate programs, as well as their perceived utility in future clinical practice.

Materials and Methods

The methodological approach employed in this investigation was detailed comprehensively in a prior publication outlining the quantitative results [16]. Briefly, a confidential digital survey administered via the Qualtrics™ platform was distributed to pharmacy students in the UK and Ireland over two weeks in February 2020. A total of 232 students from 18 higher education institutions participated. Distribution of the questionnaire occurred via personal and professional contacts, including academic colleagues who facilitated broader dissemination, as well as digital platforms such as Twitter.

Questionnaire

The primary objective of the initial survey [16] was to ascertain students' perceptions and experiences regarding Mental Health First Aid (MHFA) training. While the quantitative data have been published elsewhere, this paper focuses on the qualitative components of the tool. To add contextual depth, open-ended sections allowed students to expand on their interest in participating in MHFA training. Furthermore, the questionnaire featured the open-ended prompt: 'Do you have any other comments about mental health teaching and learning in the MPharm degree?'. The substantial volume of detailed qualitative feedback received justified a dedicated, in-depth thematic analysis.

Ethical approval

Ethical clearance for this investigation was granted by the University of Huddersfield School of Applied Sciences Research, Integrity, and Ethics Committee (SAS-SREIC 11.02.20-1).

Data analysis

Qualitative data were analyzed according to the thematic analysis framework outlined by Braun and Clarke [20]. Two investigators (HCG, HM) independently reviewed and familiarized themselves with the open-ended text to comprehend the core themes arising from student reflections on mental health pedagogy, training experiences, and prospective clinical utility. To maintain methodological rigor, the entire qualitative dataset was independently coded. Themes were generated separately before the researchers consolidated and agreed upon the conceptual categories that best represented the findings. A third investigator, JS, audited the coding process,

validated the primary themes, and refined the subthemes. All authors achieved final consensus on all themes and subthemes. Verbatim quotations were categorized by institutional origin and student year level. To preserve participant anonymity, students enrolled in years 4 and 5 were collectively designated as "final year," as specifying year 5 could compromise institutional confidentiality.

Results and Discussion

Pharmacy students explicitly characterized mental health as a core concern relevant to all individuals. They articulated not only their recognition of how mental health intersects with their impending professional responsibilities as pharmacists, but also an underlying consensus that their academic preparation was insufficient to manage this domain effectively. Consequently, three primary themes were established: (i) Mental Health is important; (ii) Pharmacist roles; and (iii) So, teach me. A fourth theme, Stigma, served as an overlapping concept intersecting each of these categories.

Mental health is important

The vast majority of pharmacy students viewed mental health as a vital clinical area that remains under-acknowledged and marginalized, particularly when contrasted with physical medical conditions. Several participants recounted personal encounters with psychological difficulties, linking these experiences to the urgent need for broader educational enhancements and societal awareness.

Recognizing mental illness

Participants emphasized that pharmacists across all practice environments must possess a solid understanding of psychiatric indicators, the potential deterioration of clinical presentations, and the capacity to identify and assist individuals experiencing acute psychological crises, including suicidal ideation or intent.

"Psychological well-being represents an expanding challenge within contemporary society, and as medical practitioners, we must possess the proficiency to detect and assist during acute psychiatric crises." (University 2, year 3).

Mental health should have parity with physical health

Students observed that psychological well-being is frequently marginalized, especially in comparison to physical health conditions. They connected this disparity to the necessity of elevating awareness and optimizing clinical outcomes for individuals experiencing psychiatric illnesses.

"In my view, psychological well-being is incredibly vital and frequently marginalized. Attending to an individual's psychiatric needs has the potential to preserve life, which carries equal significance to the pharmacological treatments they receive." (University 23, year 3).

The pharmacy students also noted that individuals experiencing mental health issues often face inferior therapeutic options and reduced healthcare accessibility relative to those with physical ailments.

"It appears to me that numerous individuals manage psychiatric patients with a different standard than other service users. Nonetheless, I believe it remains our obligation as healthcare practitioners to assist an individual in distress, precisely as we would for someone experiencing any alternative medical issue." (University 25, year 3).

There was an explicit acknowledgment that pharmacists share equal responsibility with other healthcare professionals in promoting healthcare equity.

"Psychological stability is just as critical as physical well-being, yet the National Health Service has failed to prioritize mental health issues for quite some time. Pharmacists need to understand how to manage service users who might approach them as an initial point of contact—this obligation does not rest solely with general practitioners." (University 19, year 3).

Participants drew parallels to physical medical emergencies, such as sepsis and cardiac arrest, where intense educational initiatives were implemented in response to major clinical events. Correspondingly, students contrasted the deficiency in mental health first aid training with physical first aid, which is more widely implemented. This specific comparison is not heavily weighted, given that these observations were likely influenced by the survey's explicit focus on MHFA, which generated the qualitative dataset.

"The situation resembles sepsis; individuals were succumbing at a significantly accelerated velocity compared to historical observations, prompting the NHS to train personnel to identify the initial phases and execute the mandatory protocols to preserve life. From my perspective, an identical strategy must be deployed

for psychiatric well-being, as it proves just as fatal though it lacks visibility." (University 25, final year).

Certain students highlighted that physical and psychological health are intrinsically linked rather than mutually exclusive. Consequently, prioritizing psychiatric care could yield secondary advancements within physical health outcomes.

"Psychiatric well-being must not be perceived as secondary in significance to physical health, particularly when considering the robust correlation connecting the two domains." (University 5, final year).

Personal experience of mental health problems

A segment of the student cohort detailed how personal struggles with mental health conditions served as a driving factor to elevate their own future clinical practice and that of their classmates.

"Regrettably, I have personally undergone subpar psychiatric treatment, and I wish to prevent service users from encountering the identical standard of care." (University 5, final year).

Students underscored the need to advocate for mental health preservation and overall wellness. This discussion extended to how undergraduate curricula support students' psychological well-being in their demanding roles as learners and future pharmacy professionals. Some respondents advocated for an increased curricular focus on this dimension.

"I believe there ought to be an enhanced emphasis on strategies for maintaining optimal psychological wellness, rather than strictly analyzing it through the lens of pathology." (University 18, final year).

"Furthermore, it would be advantageous if this content were integrated into the educational framework annually; since we are all undergoing the same student experience, we could collectively monitor and support one another's well-being." (University 25, year 1).

In contrast, another participant felt that the academic focus was disproportionately weighted toward the students' own personal well-being rather than clinical application.

"Our own psychological well-being as pharmacy professionals appears to undergo more frequent examination than the actual patient population we are expected to care for daily." (University 19, final year).

Pharmacist role

Survey participants expressed explicit views regarding the significance of the pharmacist's function in psychiatric care, with several individuals pinpointing specific domains that require development.

Providing person-centred care

The necessity of adopting a patient-focused methodology in clinical practice was emphasized, and students associated this approach with the degree of pharmacist involvement in mental health management.

"*Pharmacists must make patients feel received warmly so they can communicate their medical worries without hesitation. Because of this, interpersonal communication abilities are vital." (University 18, final year).*

"This is expanding into a more significant sector of healthcare for the general public, and healthcare practitioners must receive instruction on optimal patient strategies." (University 22, year 3).

When respondents used the terms pharmacists' or 'pharmacy' in their feedback, the contextual instances provided demonstrated that the majority evaluated the situation primarily from a community pharmacy perspective. Nevertheless, even though psychiatric pharmacy can operate as a specialized field, it was widely recognized that mental health considerations pertain to pharmacists across all professional sectors.

"I think us as pharmacists must possess a deeper comprehension of mental health—not only is it an environment where we can practice, but we must also have the capacity to detect when individuals are experiencing difficulties." (University 2, final year).

Pharmacists are accessible

The structural positioning of pharmacists—particularly within community settings—as the initial point of contact was highlighted. This encompasses logistical factors, such as geographic location and extended operating hours, as well as the frequency of patient interactions and the development of enduring therapeutic relationships, all of which enable pharmacists to observe shifts in a patient's psychological well-being.

"Pharmacies frequently serve as the initial point of contact for individuals experiencing physical ailments, and I believe this framework should be applied to mental health contexts as well. Providing appropriate guidance for a person's psychological health is just as critical. I feel the content presented in the MPharm curriculum is insufficient to give me the confidence required to manage such a situation, meaning supplemental training would be advantageous." (University 25, final year).

"We occupy a highly advantageous position to step in, given that patients generally see community pharmacy staff more regularly than they consult their general practitioners. Pharmacists possess a major obligation regarding mental health advocacy and public education." (University 2, final year).

Pharmacists could do more

Several respondents outlined their perspectives on how pharmacists' responsibilities in mental health settings could be expanded. This feedback focused predominantly on community pharmacy environments. It aimed to raise public awareness of mental health issues and to support individual patient care journeys by providing guidance and directing individuals to external resources and other medical practitioners, including general practitioners and psychiatrists.

"I believe we still have the capacity to offer far greater assistance to individuals experiencing mental health difficulties beyond merely providing consultations on their prescriptions. Specifically, community and primary care pharmacists are highly vital because they possess the availability and resources to engage in mental health dialogues with individuals, contrasting with the mounting burdens placed on alternate sectors like hospital pharmacy departments, thereby offering a chance to supervise and maintain contact with these individuals." (University 23, final year).

"Pharmacists possess an exceptional chance to establish a connection with patients and direct them toward alternative resources, such as talk therapy and psychological treatments, to improve their clinical results further." (University 25, final year).

It was acknowledged that existing patient referral pathways might not be clearly established or understood by pharmacy staff.

"We would benefit from enhanced instruction regarding where to direct patients within the local community." (University 23, final year).

Lastly, participants noted that pharmacists have a responsibility to monitor the safe and appropriate utilization of medications, which they implied was occasionally sub-optimal within psychiatric care.

"Certain programs should be introduced in community pharmacy to inform patients that they can receive a private consultation regarding psychiatric medications, given the current patterns of overprescribing." (University 22, year 3).

Not a preferred role for everyone

Despite the general trend advocating for the expansion of the pharmacist's responsibilities, there were sporadic dissenting perspectives where respondents argued that providing mental health assistance falls outside the scope of community pharmacy practice.

"I do not believe that we, as community pharmacists, should assume an expanded function in mental health. I am unsure how pharmacists working in alternative settings (such as hospitals or general practice) would assume a greater obligation in this area unless they are stationed in a psychiatric hospital or specialized ward. I frequently look at it—perhaps incorrectly—as though mental health conditions are managed by general practitioners, specialized nurses, and psychologists. There may be a larger function that pharmacists can fulfill. Still, I feel that contemporary management and support for individuals with mental health issues are handled by medical professionals other than pharmacists, except when it relates explicitly to the medications themselves." (University 26, final year).

One student argued that gaining knowledge about mental health lacked relevance to their future career, despite openly acknowledging that they would be dispensing psychiatric medications.

"My employment is in a community pharmacy, and outside of reviewing prescriptions for psychiatric drugs and dispensing the patient's treatment, I do not encounter much related to mental health." (University 2, final year).

So, teach me

There was a pervasive sentiment that students desired a deeper comprehension of mental health topics. They proposed various methods for realizing this educational objective. The initial two subthemes highlighted a distinction between pharmacy students who recognized a need to acquire further knowledge to boost their professional competence—viewing it as a future necessity—and a smaller subset who appeared driven to learn solely for the intrinsic worth of the knowledge itself.

Wanting to learn

Qualitative data from a small cohort of respondents indicated that some pharmacy students desire to acquire as much knowledge as possible, potentially because they anticipate the subject matter will be engaging or because

they are aware that any knowledge acquired will likely prove valuable in the future.

"This is a topic that I would truly love to comprehend at a much deeper level. I am uncertain whether it will be covered in my degree program, but I am hoping to get the chance to study it." (University 25, year 1).

It was not feasible in this instance to ascertain the exact worth that participants placed on acquiring mental health knowledge; consequently, these remarks were categorized separately from those of students who felt obligated to study the subject. Responses that demonstrated a clearer recognition of immediate professional utility were classified accordingly.

Needing to learn

In this section, survey participants expressed a clear requirement to develop self-assurance and interpersonal skills regarding psychiatric care, as well as a need to prepare for managing individuals experiencing psychological crises. They explicitly connected these requirements to a perceived deficit in mental health training. Pharmacy undergraduates appeared to anticipate future clinical environments they felt unprepared to navigate, subsequently identifying education as a potential solution.

"Acquiring the skills to interact with the broadest range of individuals is highly essential to me; I wish to be prepared for any circumstance that might arise." (University 25, year 1).

A substantial portion of respondents stated that they felt under-prepared and lacked the confidence to assist patients with mental health issues. This deficiency was frequently blamed on a restricted instructional focus within the MPharm program regarding psychiatric illnesses and the practical skills required to support affected individuals.

"This is an area where the majority of pharmacists and undergraduates possess no greater understanding than the general populace, despite serving as the primary point of access in healthcare." (University 22, year 2).

"I suspect that a greater priority is placed on pharmacology, mechanisms of action, and dosing regimens rather than exploring how to converse with an individual about their psychological well-being." (University 18, final year).

The reported deficit in confidence was heavily tied to the challenge of conducting supportive, constructive dialogues with individuals experiencing psychiatric difficulties.

"Academic study and real-world application are entirely distinct domains. To help us feel more self-assured when discussing mental wellness with individuals facing psychological struggles—rather than feeling uncomfortable or believing you must use extreme caution with your phrasing—undertaking specialized instruction would personally make me feel far more at ease when providing management and counsel." (University 25, final year).

"If I am providing counseling to a highly agitated patient, I feel entirely unprepared to offer comfort and reassurance without inadvertently exacerbating the situation. This is especially true for someone exhibiting complex behaviors, such as delusions. I would not comprehend how to respond appropriately. I would likely resort to repeating statements in a loud voice." (University 22, year 3).

Managing acute psychiatric emergencies was understandably prominent in respondents' minds, given that the study focused on Mental Health First Aid (MHFA). Survey participants highlighted an uncertainty regarding how to manage acute psychiatric crises, an issue that was fundamentally tied to their perceived lack of preparation for constructive communication.

"I wish to acquire knowledge on how to approach individuals experiencing a mental health emergency, particularly when the patient is exhibiting suicidal ideation." (University 23, final year).

Gaps in training

The demand for an increased educational focus on communication strategies and emergency response techniques in mental health care—distinct from pharmacology and physiology—has been articulated. Furthermore, respondents highlighted specific omissions in the current curriculum, such as eating disorders and personality disorders. One participant noted a lack of representation concerning psychiatric issues within the LGBTQ community.

"I truly wish the curriculum would explore specific challenges within the LGBTQ community in greater depth, as psychiatric disorders disproportionately impact this group." (University 2, year 2).

Learning from patients

Respondents proposed increased direct contact with service users, specialized psychiatric facilities, and dedicated mental health pharmacists as viable mechanisms for enhancing professional competence.

Pharmacy undergraduates indicated that they would highly value opportunities to interact with patients and participate in more experiential educational frameworks.

"I believe greater exposure would be advantageous, such as collaborating with mental health nurses or nursing students on placements, having them speak with us, or observing them perform productive psychiatric consultations. We had an outstanding psychiatric pharmacist give a presentation on communication strategies, which was highly beneficial, but actually witnessing a live consultation would likely be even more effective." (University 25, final year).

"Classroom-based instruction is useful, but to be truly prepared to manage diverse psychiatric cases, an increased volume of clinical placements and practical experiences must be implemented." (University 25, year 3).

Embedding throughout the curriculum

The participating students spanned all academic years of the MPharm degree. Those approaching graduation evaluated the mental health instruction provided throughout the program and advocated for integrating this content systematically throughout the curriculum. The current educational framework appears to rely on isolated modules, typically placed at the end of the program. Conversely, undergraduates in the earlier phases of their studies tended to assume that comprehensive mental health teaching would occur in subsequent years.

"I feel that this material could be integrated continuously across the entire degree program, rather than being concentrated solely in the third year, and I am assuming it will be revisited during the fourth year." (University 2, year 3).

"I have not yet covered this subject area but would be highly interested in it. Furthermore, it would be beneficial if it were integrated into the educational syllabus across every academic year." (University 25, year 1).

Stigma

Biased attitudes and stigma surrounding mental illness emerged as a cross-cutting theme that intersected with all other primary findings and subthemes. Several pharmacy undergraduates noted the presence of societal stigma toward psychiatric conditions. They suggested that pharmacists are ideally positioned to help dismantle these biases, provided they are equipped with the appropriate frameworks through foundational education.

"We as pharmacists possess an immense opportunity to alter the public perception of mental health because we maintain a higher frequency of contact with the community." (University 2, final year).

"I believe there is a widespread deficit in awareness regarding psychiatric conditions. Education represents a critical phase toward transforming this situation." (University 26, final year).

Pharmacy students identified these stigmatizing viewpoints as originating from multiple environments, including fellow peers, academic staff, the public, and practicing medical professionals. Despite identifying these diverse origins, students tended to view themselves in a more positive light, suggesting that they held fewer biased views than the individuals around them:

"There is an immense amount of false information and lack of understanding regarding mental health, which will ultimately harm public health and societal well-being. If this subject were taught with greater empathy by academic staff with less bias, it would have a profound impact. Furthermore, if students who trivialize mental illness or refuse to acknowledge their errors were actually held accountable—at minimum receiving a formal reprimand and an explanation—it would enhance the healthcare infrastructure as a whole. We must stop reinforcing the negative biases that surround psychological conditions." (University 8, year 2).

Nevertheless, alongside highlighting external biases and suggesting that the pharmacy profession is well positioned to mitigate them, certain underlying manifestations of stigma were detectable in the collected data. This was evidenced, for instance, by language choices such as "deal with" patients. Pharmacy undergraduates appeared to validate particular stereotypes concerning psychiatric illness, such as assumptions of patient incapacity and volatility, while also adopting an "us versus them" dichotomy.

Analysis of responses to the open-ended items in the online questionnaire provided valuable insights into pharmacy students' perspectives on psychiatric education and its eventual influence on clinical practice. The undergraduates emphasized the broad importance of psychiatric care, underscoring the need to support psychological health, illness management, and overall well-being. They believed that psychological difficulties face a significant risk of being overlooked. Furthermore, they acknowledged that psychological and physiological

health are interdependent and require equal prioritization to ensure comprehensive, holistic care. Students also stressed the importance of offering peer-support frameworks, driven by their concerns regarding anxiety and occupational burnout among healthcare undergraduates.

Interpretation

The undergraduates reflected deeply on pharmacists' professional responsibilities, evaluating these duties primarily through a community pharmacy lens. They acknowledged that pharmacists make a vital contribution to patient-centered care, identifying logistical accessibility and the high frequency of public contact as primary facilitators. Nevertheless, there was a clear recognition that the pharmacist's contribution to psychiatric care could be further expanded. Students emphasized that pharmacists are positioned ideally to recognize individuals experiencing psychological distress and to direct them toward appropriate clinical services, provided they receive the necessary training and structural support. In a recent investigation of practicing pharmacists in New Zealand, survey participants demonstrated greater interest in, but lower confidence in, delivering mental health care than in cardiovascular disease management [21]. This pattern may signify an escalating sense of responsibility and interest in psychiatric care, though the authors noted that these responses could have been affected by social desirability bias.

While some undergraduates discussed the pharmacist's responsibilities from a specialized psychiatric perspective, such commentary was minimal. This stands in contrast to the expanding recognition from both clinical team members and patients regarding the value of specialist psychiatric pharmacists in delivering comprehensive medication management services [22]. Notably, the dataset contained no commentary on the role of hospital pharmacists in general medical institutions providing psychiatric care, mirroring a broader scarcity of empirical evidence in the existing literature.

Certain students expressed ambiguity regarding the professional obligations of pharmacists in psychiatric care and, interestingly, failed to recognize that the dispensing of psychiatric medications offers valuable opportunities for clinical dialogue and intervention. Although a prescription frequently serves as the entry point for enrollment in community pharmacy mental health initiatives, evidence from both the Bloom and AMPLIPHY programs demonstrates that patient-led priorities often extend well beyond medication-related concerns [10, 12].

Undergraduates emphasized that MPharm pedagogical frameworks must incorporate dedicated communication training to foster confidence when addressing psychiatric needs, particularly during acute crises. This aligns with the quantitative data gathered from the same survey instrument [16], which revealed that less than half of the sampled students (45%) reported practicing clinical counseling for psychiatric medications. These insights suggest that little progress has been achieved since the publication of Rutter *et al*. [15]'s findings a decade ago, which highlighted a critical need for enhanced confidence, communication skills, and problem-solving capabilities in mental health contexts. Participants suggested that direct engagement with patients could be a valuable way to improve confidence and dialogue. Indeed, individuals with lived experience of psychiatric conditions have previously participated in both the instruction and clinical assessment of students [23]. Documented instances where individuals with lived experience have enriched psychiatric training within pharmacy programs include public and patient involvement in classroom teaching [24, 25], clinical placements [26], curriculum design [19, 27, 28], and acting as simulated patients for objective skill assessment [19].

Mental Health First Aid (MHFA) instruction is one strategy used by some pharmacy schools to enhance students' confidence and competence in managing acute psychiatric crises [17, 19, 29, 30]. Other institutions have integrated customized suicide prevention training programs [31-33]. However, to the authors' knowledge, no standardized educational framework is currently implemented across nations, nor is such training mandated by the respective professional pharmacy regulators. Empirical evidence indicates that integrating this instructional model would be highly welcomed by pharmacy undergraduates [16].

Existing literature indicates that while pharmacy students exhibit substantial internal stigma, they demonstrate relatively low rates of stigmatizing attitudes toward external individuals [34]. In an institutional survey of 256 pharmacy and pharmaceutical science undergraduate students at an American university, 11% of respondents reported stigma-related barriers to seeking psychological help, while 63% acknowledged experiencing internal stigma [35]. In the quantitative results of the present

investigation, 81% of the surveyed undergraduates agreed that stigma surrounding mental health remains prevalent [16]. Of particular concern is an observation from an Estonian study examining pharmacy students' perspectives, which revealed that undergraduates were unlikely to connect negative societal attitudes with barriers to direct patient care [36].

Strengths

This questionnaire successfully gathered viewpoints from pharmacy undergraduates representing 18 distinct universities across the United Kingdom and Ireland [16]. The study generated substantial qualitative commentary on mental health training within current curricula, facilitating an in-depth thematic exploration that has not been conducted since 2013 [15].

Limitations

These qualitative findings must be interpreted with an awareness of the context in which they were elicited. The preceding survey items prompted undergraduates to reflect specifically on MHFA, which may have elicited remarks focused on acute crises and comparisons to physical health. Furthermore, because respondents self-selected to participate in the study, the sample may have preferentially attracted individuals with polarized viewpoints—either highly enthusiastic or, conversely, disillusioned regarding the pharmacist's role in psychiatric care. Consequently, these findings may not fully reflect the viewpoints of undergraduates across all UK and Irish pharmacy institutions, which may account for some of the divergent perspectives observed within the themes.

Conclusion

Pharmacy undergraduates fully recognized the importance of psychiatric care alongside the promotion of mental health and general well-being. They expressed the perspective that psychological illness remains under-recognized and demands equal parity with physical healthcare. The majority of the sampled pharmacy students articulated the clear value of the pharmacist's role in delivering patient-centered care. While acknowledging the importance of psychiatric care across various professional domains, respondents placed particular emphasis on the community pharmacist's responsibilities. The inherent accessibility of community pharmacies was viewed as a primary facilitator for expanding this professional role, particularly in optimizing medication use and enhancing signposting for individuals experiencing psychological difficulties. Consequently, students expressed a strong desire for expanded mental health education, noting that additional training is required to build the practical skills and confidence necessary to assist vulnerable individuals. They recommended specific educational strategies to optimize learning, including the systematic integration of mental health topics throughout the entire curriculum and increased opportunities for direct patient interaction. Stigmatizing attitudes intersected with all identified themes, with students acknowledging stigma in both healthcare delivery and educational environments. Ultimately, pharmacy undergraduates are highly willing—and will be substantially better equipped—to deliver comprehensive, person-centered psychiatric care once educational frameworks equip them to do so.

Acknowledgments: None

Conflict of Interest: None

Financial Support: None

Ethics Statement: None

References

1. World Health Organization. Comprehensive mental health action plan 2013–2030 [Internet]. Geneva: WHO; 2021 [cited 2022 Feb 16]. Available from: https://www.who.int/publications/i/item/9789240031029
2. Wykes T, Bell A, Carr S, Coldham T, Gilbody S, Hotopf M, et al. Shared goals for mental health research: what, why and when for the future. J Ment Health. 2021;30(1):1-9.
3. Holmes EA, O'Connor RC, Perry VH, Tracey I, Wessely S, Arseneault L, et al. Multidisciplinary research priorities for the COVID-19 pandemic: a call for action for mental health science. Lancet Psychiatry. 2020;7(6):547-60.
4. Carter P. Unwarranted variations in mental health services and community health services [Internet]. London: NHS England; 2019 [cited 2022 May 16]. Available from: https://www.england.nhs.uk/publication/lord-

carters-review-into-unwarranted-variations-in-mental-health-and-community-health-services
5. Royal Pharmaceutical Society. No health without mental health: How can pharmacy support people with mental health problems? London: RPS; 2018.
6. Health Education England. Framework of core mental health competencies for all pharmacy professionals [Internet]. London: HEE; 2020 [cited 2022 Feb 18]. Available from: https://www.hee.nhs.uk/sites/default/files/documents/Pharmacy%20Framework%202020.pdf
7. El-den S, Collins J, Chen T, O'Reilly C. Pharmacists' roles in mental healthcare: Past, present and future. Pharm Pract (Granada). 2021;19(3):2545.
8. Murphy AL, Gardner DM, Jacobs LM. The patient experience in a community pharmacy mental illness and addictions program. Can Pharm J (Ott). 2019;152(3):186-92.
9. Haslam L, Gardner DM, Murphy AL. A retrospective analysis of patient care activities in a community pharmacy mental illness and addictions program. Res Social Adm Pharm. 2020;16(4):522-8.
10. Murphy AL, Gardner DM, Jacobs LM. Patient care activities by community pharmacists in a capitation funding model mental health and addictions program. BMC Psychiatry. 2018;18(1):192.
11. Wheeler AJ, O'Reilly CL, El-Den S, Byrnes J, Ware RS, McMillan SS. Bridging the gap between physical and mental illness in community pharmacy (PharMIbridge): protocol for an Australian cluster randomised controlled trial. BMJ Open. 2020;10(7):e039983.
12. Gorton HC, Riste L, Littlewood D, Pickering G, Armitage CJ, Ashcroft DM. Advancing Mental heaLth Provision in PHarmacY (AMPLIPHY): a feasibility study. Res Social Adm Pharm. 2022;18(1):2253-63.
13. Gorton HC, Littlewood D, Lotfallah C, Spreadbury M, Wong KL, Gooding P, et al. Current and potential contributions of community pharmacy teams to self-harm and suicide prevention: a qualitative interview study. PLoS One. 2019;14(9):e0222146.
14. NHS Business Service Authority. Drug Tariff. 2020.
15. 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.
16. Gorton HC, Macfarlane H, Edwards R, Farid S, Garner E, Mahroof M, et al. UK and Ireland survey of MPharm student and staff experiences of mental health curricula, with a focus on Mental Health First Aid. J Pharm Policy Pract. 2021;14(1):73.
17. El-Den S, Moles R, Choong HJ, O'Reilly C. Mental Health First Aid training and assessment among university students: a systematic review. J Am Pharm Assoc (2003). 2020;60(5):e81-95.
18. O'Reilly CL, Bell JS, Kelly PJ, Chen TF. Impact of mental health first aid training on pharmacy students' knowledge, attitudes and self-reported behaviour: a controlled trial. Aust N Z J Psychiatry. 2011;45(7):549-57.
19. Keating D, McWilliams S, Hynes C, Purcell A, Clarke M, Strawbridge J. Patients and caregivers helping to shape the undergraduate pharmacy mental health curriculum. Am J Pharm Educ. 2019;83(9):7138.
20. Braun V, Clarke V. Using thematic analysis in psychology. Qual Res Psychol. 2006;3(2):77-101.
21. Rimal R, Lin J, Yan AH, Chen TF, Sheridan J, Sundram FA. National study of the mental health literacy of community pharmacists. Res Social Adm Pharm. 2022;18(7):3235-43.
22. Gillespie C, Kleinberg F, Zogas A, Morreale A, Ourth H, Tran M, et al. Perceptions of clinical pharmacy specialists' contributions in mental health clinical teams. Ment Health Clin. 2022;12(1):15-22.
23. Tew J, Foster S. Learning from experience. Involving service users and carers in mental health education and training. Nottingham: Higher Education Academy/National Institute for Mental Health in England/Trent Workforce Development Confederation; 2004.
24. O'Reilly CL, Bell JS, Chen TF. Consumer-led mental health education for pharmacy students. Am J Pharm Educ. 2010;74(9):167.
25. Bell JS, Johns R, Rose G, Chen TF. A comparative study of consumer participation in mental health pharmacy education. Ann Pharmacother. 2006;40(10):1759-65.
26. Keating D, McWilliams S, Hynes C, Clarke M, Strawbridge J. Pharmacy students' reflections on an experiential learning visit to a psychiatric hospital. Am J Pharm Educ. 2019;83(5):6784.
27. Patten SB, Remillard A, Phillips L, Modgill G, Szeto ACH, Kassam A, et al. Effectiveness of contact-based education for reducing mental illness-related

stigma in pharmacy students. BMC Med Educ. 2012;12(1):120.
28. Nguyen E, Chen T, O'Reilly C. Evaluating the impact of direct and indirect contact on the mental health stigma of pharmacy students. Soc Psychiatry Psychiatr Epidemiol. 2012;47(7):1087-98.
29. Pham L, Moles RJ, O'Reilly CL, Carrillo MJ, El-Den S. Mental Health First Aid training and assessment in Australian medical, nursing and pharmacy curricula: a national perspective using content analysis. BMC Med Educ. 2022;22(1):70.
30. McCormack Z, Gilbert JL, Ott C, Plake KS. Mental health first aid training among pharmacy and other university students and its impact on stigma toward mental illness. Curr Pharm Teach Learn. 2018;10(10):1342-7.
31. Carpenter D, Lavigne J, Roberts C, Zacher J, Colmenares E. A review of suicide prevention programs and training policies for pharmacists. J Am Pharm Assoc (2003). 2018;58(5):522-9.
32. Painter N, Kuo G, Collins S, Palomino Y, Lee K. Pharmacist training in suicide prevention. J Am Pharm Assoc (2003). 2018;58(2):199-204.
33. Gorton HC, Elliott R, Noonan I. Student pharmacists and mental health nurses training together in suicide prevention: an evaluation of interprofessional education. Int J Pharm Pract. 2021;29(Suppl 1):i13-4.
34. Buige A, Nguyen M, Harris SC. Barriers to mental health care and stigma perception in doctor of pharmacy students across the United States. Curr Pharm Teach Learn. 2021;13(12):1634-45.
35. Liu I, Buige A, Bulfin MP, Osae L, Wingo B, Frick A, et al. Assessment of mental health needs and barriers to care in students enrolled in doctor of pharmacy and pharmaceutical sciences programs. Curr Pharm Teach Learn. 2020;12(6):641-7.
36. Volmer D, Mäesalu M, Bell JS. Pharmacy students' attitudes toward and professional interactions with people with mental disorders. Int J Soc Psychiatry. 2008;54(5):402-13.