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People with lived experience of mental illness have poorer health outcomes and health care access, often related to issues within the pharmacist's scope of practice. With this knowledge, we developed, implemented and evaluated the More Than Meds program. Findings from program participants' experiences can inform practice changes and future programs.

Les personnes ayant une expérience concrète de maladie mentale présentent davantage de problèmes de santé et un moins bon accès aux soins, ce qui est souvent lié à des questions entrant dans le champ d'exercice du pharmacien. Sachant cela, nous avons mis au point, exécuté et évalué le programme More Than Meds. Les résultats obtenus d'après l'expérience des participants au programme peuvent être utiles pour modifier la pratique et élaborer de futurs programmes.

Partnering to enhance mental health care capacity in communities: A qualitative study of the More Than Meds program

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ABSTRACT

Background: Community pharmacists care for and support people with lived experience of mental illness in their communities. We developed a program called More Than Meds to facilitate enhancing capacity of community pharmacists' roles in mental health care.

Methods: We conducted a qualitative study and used a directed content analysis with application of the Theoretical Domains Framework as part of our underlying theory of behaviour change and our analytic framework.

Results: Ten interviews ($n = 6$ pharmacists, $n = 4$ community members) were conducted with participants from the More Than Meds program. Three key themes were identified from the experiences of More Than Meds participants: networking and bridging, stigma, and expectations and permissions. The most frequently coded domains in the data from the Theoretical Domains Framework were social/professional role, skills, beliefs about capabilities, knowledge and environmental context and resources.

Conclusions: The More than Meds Program enabled community pharmacists to increase their capabilities, opportunities and motivation in providing mental health care and support. Involving community pharmacists together with people with lived experience of mental illness was identified as an innovative component of the program. *Can Pharm J (Ott)* 2015;148:314-324.

Introduction

Community pharmacists are inherently involved with the technical aspects of psychotropic drug dispensation and are increasingly engaging in more clinically oriented roles with people with lived experience of mental illness.¹ For people living with experience of mental illness and addictions, pharmacists could serve to bridge gaps in care, provide health system navigation support and facilitate referrals and triage. These are important contributions, given current challenges in mental health care, such as timeliness,

accessibility, appropriateness and continuity of care.^{2,3} Interpretation of existing research suggests that some advancements have been made in community pharmacy-based mental health care, including increased capabilities of pharmacists to provide clinically oriented services that lead to improvements in various outcomes such as psychotropic drug adherence, patient and pharmacist satisfaction, prescribing practices, health resource use and understanding of pharmacists' roles by other team members.⁴⁻¹⁰ Yet practice barriers (e.g., inefficiencies in workflow,

staffing levels, etc.) still remain and can limit pharmacists' roles to those that are relatively circumscribed, such as more technically oriented medication-related tasks.^{8,10-15}

In our research, we are attempting to better understand how and under what circumstances pharmacists can engage in providing mental health care in the community. Based on our professional experience and available evidence, as well as guided by the Behaviour Change Wheel¹⁶ and implementation meta-theories,¹⁷ we developed the More Than Meds program¹⁸ to facilitate capacity building in pharmacists' care of those living with mental illness in communities. The development of the More Than Meds program is described elsewhere.¹⁸ Briefly, 6 pairs of pharmacists and community members (i.e., people with lived experience of mental illness or their caregivers), within similar geographic regions, were invited to participate in the More Than Meds program. The program included several components, beginning with attendance at an education and training day. During the training day, there was a mix of didactic and interactive presentations delivered by content experts (e.g., pharmacists, psychiatrists, people with lived experience of mental illness), as well as demonstration of 2 simulated patient exercises, which were portrayed by professional actors with experience in assessing health care professionals in mental health care. One simulated patient case included insomnia and a suicide assessment, and the other involved helping a distressed caregiver find resources for a child with mental health symptoms. Debriefings were also held following each simulated case to allow for review of the approach and for sharing of personal experiences with the material discussed. The lectures, simulated patient cases and group discussions were focused less on pharmacotherapeutic content and more on communications, referral mechanisms and understanding preferred standards of care as described by those with lived experience of mental illness. The More Than Meds website¹⁹ and various resources (e.g., Facebook page, More Than Meds advertising materials, the Navigator [available from the website], local community-based mental health organizations, etc.) were also introduced and discussed. The Navigator was compiled specifically for the project and included lists and telephone numbers of formal and informal mental health resources around the province. Following the

KNOWLEDGE INTO PRACTICE

- Pharmacists can provide medication and non-medication-related support and advice for people with lived experience of mental illness.
- Partnering pharmacists with community members with lived experience of mental illness, or their caregivers, enhances pharmacists' capabilities, opportunities and motivation in mental health care.
- Engaging pharmacists in capacity-building programs such as More Than Meds can facilitate changing the expectations of the public in communities regarding the role of the pharmacist.
- Pharmacists and people with lived experience of mental illness in communities can work together towards reducing stigma inside and outside of the community pharmacy setting.
- Pharmacists may require additional education and training in competencies related to suicidality.

training day, pharmacists and their community partners were asked to work together to train to 5 or more pharmacists in their local communities regarding More Than Meds program tools and philosophy, and 35 additional pharmacists were trained. More Than Meds pharmacists were asked to contact various mental health organizations and groups in their communities, with the help of their community partner, so that they were aware of various local organizations and the services they provided. All More Than Meds pairs and subsequently trained pharmacists were encouraged to provide outreach support and education in their communities, depending on needs as determined from linking with community-based mental health organizations. For example, community education sessions on medications for mental illness were offered. The training day was completed in May 2013, with training of other pharmacists and community outreach activities occurring throughout 2013.

The purpose of this study was to better understand the influences on the behaviours of the pharmacists and people with lived experience of mental illness in the program. We aimed to identify the themes that described their experiences with participation in the program and in providing mental health care services.

Methods

Design

We conducted a qualitative descriptive study using directed content analysis with the aid of the Theoretical Domains Framework (TDF) to evaluate

FIGURE 1 More Than Meds team members' word frequency in the More Than Meds program

The word cloud was constructed with the following parameters: the 50 most common words used, of at least 5 letters in length and using generalizations of words (i.e., not exact, stemmed or synonyms).

the participation of the core group of pharmacists and people with lived experience of mental illness in the More Than Meds program.^{20,21} One team member (TN), who was the research coordinator at the time of the study and has an academic background in sociology, conducted all interviews.

Study participants

We requested interviews of the More Than Meds pharmacists and community members who were initially invited to participate in the More Than Meds program and of one replacement community member.

Data collection and analysis

An interview guide was developed (Appendix 1, available online at cph.sagepub.com/supplemental), modeled on the TDF and based on the work of Michie and colleagues.²⁰ More Than Meds pharmacists and community members were offered the option of face-to-face or telephone interviews 8 to 11 months after the initial More Than Meds training program. Interviews were conducted with individual participants rather than pairs to promote open discussions of personal experiences unaffected

by training partners. All encounters with participants were digitally audiorecorded and subsequently transcribed. One team member (ALM) cleaned and anonymized the transcripts through a process of reading and listening to the audio simultaneously.

In our directed content analysis, we used the TDF with 12 domains^{20,22} and its respective constructs for our coding definitions. Transcriptions were read twice prior to coding by 2 team members (ALM and TN) who conducted the analysis. We then read and coded one transcript initially and then met to discuss coding and themes. We discussed the domains and used exemplars from our coding to ensure consistency in meaning. We then proceeded to code the remaining transcripts. Main themes were determined by using several techniques, including, but not limited to, examining code and idea repetition, transitions in speech and topics, participant use of analogy or metaphor, the language and kinds of words used and apparent similarities in differences within the transcript text. All data were stored, organized and coded with the use of atlas.ti,²³ and the word frequency analysis function from QSR NVivo 10²⁴ was used as an initial step in data analysis to graphically display participants' words in a word cloud (Figure 1), which enabled visualization of the frequency of words used during interviews.²⁵

Ethics

Ethics approval, which included the necessary informed consent documentation for participants, was received from Capital District Health Authority Research Ethics Board, which has reciprocal ethics in place with Dalhousie University Research Ethics.

Results

We conducted 10 interviews with the originally trained More Than Meds participants ($n = 6$ pharmacists, $n = 4$ people with lived experience of mental illness/community partners). In total, there were 35 pharmacists trained in the More Than Meds program, but only the core group who participated in the initial training was interviewed. Given the small number of core participants in the program, we chose not to report demographics and other identifying information of participants that could potentially be linked back to comments and quotes. Two community members were lost to follow-up, with one not attending the training day and one leaving the program approximately 2 to 3 months

TABLE 1 Domains coding frequency of More Than Meds participants using the Theoretical Domains Framework²⁰

Domains	Code frequency
Social/professional role and identity	34
Skills	33
Beliefs about capabilities	33
Knowledge	29
Environmental context and resources	29
Beliefs about consequences	24
Motivation and goals	20
Social influences	16
Emotion	12
Behavioural regulation	12
Nature of the behaviours	10
Memory, attention and decision processes	8

after training. Neither could be reached for an interview. We were able to find one replacement community member, but this person could also not be reached for an interview.

Theoretical Domains Framework

The most commonly occurring domains coded in the data from the TDF were social/professional role, skills and beliefs about capabilities, knowledge and environmental context and resources (Table 1). The pharmacists and the community members spoke of how the More Than Meds program increased knowledge regarding professional roles of pharmacists and of community supports for people living with mental illnesses. Pharmacists who participated also discussed building knowledge and skills in areas in which they were previously uncomfortable, including crisis situations such as suicidality or in situations in which they had previously had limited roles, such as health system navigation. Environmental context and resources also influenced the pharmacists' and people with lived experiences' program-related activities. Some concerns were shared regarding the potential for stigma with public events or advertising of More Than Meds activities in the pharmacy environment. Others discussed that many of the More Than Meds tools and resources as well as linkages with

community organizations acted to facilitate care of people with lived experience in the pharmacy environment, providing changes in both the physical environmental and social context.

We identified 3 key themes in the experiences of More Than Meds participants, including networking and bridging, stigma, and expectations and permissions. The themes are separate, but there were important linkages among them. For example, opportunities and roles for pharmacists were made clearer as the program progressed for both pharmacists and community members, which allowed for better networking within communities.

Networking and bridging

Many code occurrences from social/professional role and identity supported this theme. Pharmacists and community members discussed how the principles in the More Than Meds program and providing education outreach and other public sessions helped to create new and forge stronger existing linkages in communities. As the following quotes demonstrate, the community member partners enabled the pharmacists to liaise with communities in ways that had not occurred previously. The More Than Meds teams who were engaged in the program for its entirety were a support for each other within and

MISE EN PRATIQUE DES CONNAISSANCES

- Les pharmaciens peuvent offrir aux personnes qui ont une expérience concrète de maladie mentale du soutien et des conseils concernant les médicaments et autres.
- Le partenariat entre les pharmaciens et les membres de la communauté qui ont une expérience concrète de maladie mentale, ou leurs aidants, permet d'améliorer les capacités, les occasions et la motivation du pharmacien en matière de soins de santé mentale.
- La participation de pharmaciens dans des programmes de renforcement de la capacité comme More Than Meds peut faciliter la modification des attentes du public dans les communautés concernant le rôle du pharmacien.
- Les pharmaciens et les personnes ayant une expérience concrète de maladie mentale peuvent réunir leurs efforts dans les communautés en vue de réduire la stigmatisation dans la pharmacie communautaire et en dehors.
- Les pharmaciens peuvent avoir besoin de cours et de formations supplémentaires dans les compétences liées au suicide.

among teams, providing the social context and opportunity to continue to progress forward with the program. The nature of these relationships varied and included activities such as sharing of information about resources, conducting of educational sessions jointly and building networks with community groups.

Pharmacist 1: There's a family practice nurse at a clinic in our area who's now partnered with me on 2 of the sessions. And she's keen on making it an ongoing kind of regular thing. So we're talking about how that can grow and hopefully . . . we've touched on different topics. The first one was more "let's talk" sort of thing about mental health. And we had a really big turnout. And then the second one we did was on dementia. And the last one we just did was on grief. So we're kind of hitting different pockets of interest. But we're hoping as people kind of recognize the More than Meds title that's associated with it, that it will kind of pull more people together and we'll get more of a group.

Community member 1: And she [the pharmacist] wants to stay connected. So I think that's a big change because they were never connected to us before. Like they would come in and do a little something [for our support group] and then go on their way. But she [the

pharmacist] wants to stay connected. So I thought that was a big step forward. And she [the pharmacist] has great interest in mental health. So you know, I see that as a plus. Plus, now she's bringing her friends . . . she said, "Well, can I ask [another pharmacist]? She's interested in helping and staying with this." So I thought that was really great.

A community member also discussed how the joint outreach sessions helped her own confidence.

Community member 3: I think it gave me a touch more confidence with public speaking. And it made me feel that it's something I would want to do again with pharmacists or anybody, you know.

Stigma

Pharmacists and community members discussed issues of stigma and self-stigma as these related to mental health care for patients and families. Stigma was coded several times within the domain of social influences, with some overlap within environmental context and resources. Although there was discussion about this issue specifically in the context of pharmacy practice, it was also described in the broader context of communities and in health care. Many participants contrasted the openness and dialogue that occurs with other illnesses such as cancer, heart disease and diabetes versus the significant stigma associated with mental disorders. Pharmacists and community members discussed various strategies to address stigma, including comparisons with other illnesses and their etiologies (e.g., heart disease, diabetes), social media (e.g., Facebook with blogs), personal disclosures regarding mental illness and its impact and engaging in public forums and dialogues. Most pharmacists and community members saw stigma as a challenge to be overcome, and it was a motivating factor in keeping them actively engaged in the principles of the More Than Meds program.

Pharmacist 1: And then the effects of that [relative's illness] on my life, I went through depression for a little bit as well too because my life was thrown upside down. . . . And so, you know, I put that out there in the discussion [during the outreach sessions]. But I didn't really consider that a risk to me because I talk to people like that in the

pharmacy all the time. Like I say, about these types of things, other people go through the same short of shit in their lives. It's just in a different way, right?

Community member 2: I would just like people to be more relaxed with it, more open with it, not have the stigma attached to it . . . people don't get that mental health can be a chemical imbalance. It's almost like, "Well, you know, suck it up, buttercup." And well, when your blood pressure is off and you feel yucky and you take meds for it, it's a physical condition. And mental health can be a physical condition as well. Until you get that chemical balance in your brain. . . . People don't understand that part of it.

One community member discussed the More Than Meds newsletter and one that discussed mental health and health system issues for those in the lesbian, gay, bisexual, transgender and queer (LGBTQ) communities. She discussed this in the context of stigma and how the newsletter influenced her to consider organizing sessions on related topics for a mental health group.

Community member 3: Yeah. And I thought to myself, "Well, that's something [mental health issues in the LGBTQ], because we don't talk about that," and we don't really realize that people who aren't heterosexual have mental health issues because of it, because of society.

One pharmacist discussed the stigma of mental illness, which was coded as both social influences and environmental context and resources, directly influencing efforts to advertise the program in the pharmacy and its outreach events publicly. The pharmacist discussed the environmental context as a potential barrier, with people lacking comfort in being exposed in the pharmacy setting, but that for some people, this was a concern for any condition and not just mental illness.

Pharmacist 2: I don't think everyone knows that I'm involved in it because it's not something we have "showcased." I feel like we can, but I just don't know really how to go about it. Because if I just say, "More than Meds" pharmacist, they're not going to know what that is. . . . So it really has to

. . . We'd really have to like hold an event for mental health awareness in the pharmacy and then. . . .

Interviewer (I): Would that be possible in your pharmacy?

Pharmacist 2: It could be. It would be hard because not everyone wants to be known. . . . And so if we were having an event within the pharmacy during open hours, they might feel like they're being exposed. . . . And I mean that could go for any. . . . Like not even just mental health awareness, just any illness. . . . Yeah, people don't always like to share. Some people love to share and then some people are very quiet and keep themselves. So it's hard to say if that would go over well or not.

I: And have there been any like risks?

Pharmacist 2: No, I don't think so. . . .

Everyone that is at the meetings [public outreach sessions] is already comfortable talking with other people about their mental health.

Expectations and permissions

Pharmacists and community members developed an understanding around the expectations of the existing roles of pharmacists and also the potential for enhanced clinical care and partnerships with community organizations. Many of the TDF domains, including social/professional role, skills, beliefs about capabilities and environmental context and resources, supported this theme. One pharmacist discussed how the Navigator enabled him to provide timely support to a caregiver. Other pharmacists also demonstrated how the More Than Meds program and its resources increased the pharmacists' capabilities and opportunities and provided permission for pharmacists to clinically enhance their care of patients.

Pharmacist 3: We had a woman come in and a dose was changing on one of her husband's meds for his Alzheimer's dementia. And I could tell from talking to her that she was kind of ready to crack . . . she did absolutely everything for him. . . . And now he was getting to the point where she didn't feel safe around him, she didn't feel that she could interact with him anymore. But she didn't know who to go to for help. So I mean the Navigator, I basically pulled it out and we went through a whole bunch of [telephone]

numbers. "What do you need? Financial help, Legal Aid, Community Services?" . . . at the end of the day, I really felt. . . . Like, she gave me a big hug and all this stuff. And it was like, "You're the one that needs help right now. You have a husband who has dementia, who's on the decline. . . . There are people, professionals, who are used to dealing with that kind of behaviour. You're not. You're not able to." And her biggest thing was, "I have to let go of him and I don't know how." And she was becoming a different person because of that . . . a lot of my reassurance was like, "Okay, we've got to take care of you now . . . we know what's happening with him. Now we've got to make sure that you're not going to, you know, lose your mind trying to cope with this." So that really illustrated it right there.

There were also several examples in which pharmacists discussed helpful components of the More Than Meds program when encountering patients in crisis situations, including suicidality.

Pharmacist 4: . . . a patient who came in looking for some sleeping meds who was thinking about suicide. I guess there had been a couple of examples of patients thinking about suicide, where that component of the [More Than Meds] session helped a lot. And it's given me confidence to ask.

Pharmacist 6: Well, I do have one patient who called me. He has bipolar disorder. And he had been doing really, really good for years and then just suffered a bad manic episode. . . . And he actually called me on the phone and started telling me all these things. . . . He was really low, I could tell. And I said, you know, "Are you feeling like you're going to harm yourself?" . . . I had some background, some more confidence to be able to talk to him that way. Before, I don't know what I would have done. I think I almost would have freaked out. But with this, I felt like, you know, I'm going to be calm and I'm going to talk to him and I'm going to see, you know, where he's at and help him. And I think I did. And I told him, . . . "Get to your doctor."

I: And here's the process.

Pharmacist 6: Exactly. And so it was really good that way. That was a really good experience for me. And I just saw him the other day. He's looking great. And you know, he still always comes in and talks to me and thanks me.

The elements of the program that included the partnerships with the community members, the branding with a social media presence, a website and More Than Meds pamphlets served to further enable pharmacists and provide the social context for their activities while legitimizing their efforts and permitting pharmacists to more actively engage within their communities.

Pharmacist 5: It would be difficult to go out on your own and like do an information [outreach] session or anything like that. But the fact that you have, you know, the Facebook page promoting you and you have a banner behind you, it makes it a little more official.

Pharmacist 5 also discussed a challenging interaction with a patient based on the expectations of pharmacy services following successful interactions with other patients. He described it as a learning opportunity with optimism and a goal to try different approaches when faced with similar situations.

Pharmacist 5: . . . Somebody who was a new start on an antipsychotic and just wasn't willing to engage in anything at all. . . . He got really upset with me and ended up leaving the store. Although, he wasn't a regular customer. But yeah, he thought it was a complete invasion of privacy and didn't know why I was asking. You know, you're going to have those moments too.

Discussion

An innovative component of the More Than Meds program was the identification and paired training of pharmacists and people with lived experience of mental illness from the same communities. This feature supported a shared understanding of community needs and opportunities that could be responded to by community pharmacists. The training and the educational outreach experiences helped pharmacists recognize and participate in discussions of stigma and suicide risk, providing role clarification and readiness to respond to people

in crisis and in the provision of health system navigation for people with mental illness. The More Than Meds program enhanced capabilities, opportunities and motivations of participants in community pharmacy-based mental health care, as demonstrated by the frequency of coding within various domains of the TDF that included social/professional role, skills, beliefs about capabilities, knowledge and environmental context and resources. Future interventions in community pharmacy-based mental health care and potentially other clinical areas can be designed and implemented considering these findings with relevant influences on pharmacists' behaviours. Themes, including networking and bridging, stigma and expectations and permissions and supporting quotes, demonstrate how the More Than Meds program fostered partnerships among pharmacists and community members with lived experience of mental illness, enabling them to better recognize and address various challenges and opportunities in community pharmacy-based mental health care.

To our knowledge, our More Than Meds program is the first mental health care capacity-building program for pharmacists based on behaviour change and implementation theories, including the Behaviour Change Wheel and the Consolidated Framework for Implementation Research.¹⁶⁻¹⁸ Our program is innovative in that in addition to providing pharmacists with education and training, we used several program components and techniques to help facilitate behaviour change for pharmacists. As stated, pharmacists were partnered with people with lived experience of mental illness from their communities to increase pharmacists' understanding of community needs and the challenges of people with lived experience while further acknowledging the impact of issues such as stigma. This is of particular relevance given that stigma, although improving over time, can still be present in the context of pharmacy practice.^{8,11,13,14,26-28} Other researchers and educators of pharmacy students and practising pharmacists have primarily capitalized on partnering with people with lived experience of mental illness to improve learners' knowledge, attitudes and behaviours vis-à-vis stigma and communication with patients.²⁹⁻³¹ Based on our evaluation, using enablement and persuasion to target the pharmacists' motivations^{16,18} through a partnership with a person with lived experience of mental illness was essential for improving

the pharmacists' capabilities in various areas (e.g., suicide assessment, recognizing stigma) and facilitating participation with community organizations to support patient care. For some participating pharmacists, this approach was critical to their persistence with More Than Meds-related activities.

Other key factors that were viewed positively by pharmacists and attributed to their success in enhancing their care were the education and training day and the availability of other resources (i.e., Internet site for the project,¹⁹ the Navigator). These components helped to increase self-reported knowledge and skills and enabled pharmacists to effectively engage in several clinical activities that were discussed as being previously overlooked or suboptimally managed in the past. The crisis and suicidality issue is not well reported in the literature as a role for pharmacists and requires more research. For example, pharmacist participants reported using the suicide assessment tools that were provided and modeled during More Than Meds training in their community practices. This is an important finding, given that many had acknowledged, either during the training day or in the interviews, that they have encountered patient scenarios in the past in which they have had concerns regarding suicide risk but did not know how to manage the situation. Further research into the pharmacist's role in suicide assessment and prevention is required, including the impact on various suicide-related outcomes (e.g., suicide attempts, deaths by suicide).

Limitations

We cannot claim that our interpretation of the data is the only possible one, however; other qualitative studies in this area have identified similar challenges (e.g., stigma as a barrier to service delivery) in mental health care.^{7,10,11,15} Our work is uniquely underpinned by behaviour change theories¹⁸ and the application of the TDF as an analytic framework. This approach proved useful and effective for coding and theme development, but there are few studies, other than our recent work,¹¹ examining the TDF and application of the Behaviour Change Wheel in community pharmacy practice.

The number of participants was less than the total number that was intended to participate in the program. We were unable to contact 2 original community members and one replacement

community member for interviews. Because of this, we are uncertain as to why one member did not attend training and the extent to which the other 2 were involved. We are aware from email correspondence that the one member who left shortly after the program was started was actively arranging community outreach sessions prior to leaving the program. Information regarding attrition from the program would be useful to inform future program development and strategies for retention. We also cannot comment as to whether stigma was a contributing factor affecting the participation of community members.

Our More Than Meds program could be categorized as a relatively complex intervention with multiple components. Because of this, it can be difficult to replicate the intervention with absolute fidelity, including the appropriate mix or amount of intervention components¹⁶ that create success. This would also include making recommendations on how community members and pharmacists should work together. The nature of relationships between our pharmacists and community members cannot be explicitly characterized, but our data do provide some insights into their interactions. Our philosophy with implementation during More Than Meds was that adaptability and flexibility would be required for how participants would engage together in the program, given the variability of contexts in various communities. Although a potential limitation, adaptability of interventions in various contexts can be necessary and is supported in implementation research.^{17,32}

We also do not know the impact of More Than Meds on other mental health care providers in

the community, as we did not collect quantitative or qualitative data from this group.

Compensation for the core group of More Than Meds team members was also limited at \$600. Pharmacists or pharmacies were not provided any additional compensation for More Than Meds clinical activities conducted inside or outside of the pharmacy. The sustainability of projects such as More Than Meds can be challenging, as they are often grant-funded research activities. Although the More Than Meds funding ended, the information gained through the More Than Meds program shaped the philosophy, principles and development of the Bloom Program, which can be read about at Bloomprogram.ca.

Conclusions

The training and activities of pharmacists paired with community members in the More Than Meds program led to an improved understanding of the pharmacist's role in mental health care and of community supports and resources. It helped prepare pharmacists to respond to people in crisis and to provide health system navigation for people with various mental health problems. The training model served to strengthen pharmacist-community linkages and promote sharing about issues, including stigma and suicide. Community members were more readily able to recognize the value of the pharmacist and take advantage of them as a support for people living with mental illness. Pairing pharmacists with people with lived experience from their communities was an innovative and critical component of the program. ■

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