

Impact of a Neuropsychiatric Therapeutics Course and a Subsequent Case-Based Course on Mental Health Stigma among Pharmacy Students

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PURPOSE

- Mental illness affects approximately one in five adults annually in the US.¹ Negative attitudes and stigma towards the psychiatric illness are prevalent in the society.
- Healthcare providers and students also show stigma towards mental illness.² Stigma among healthcare providers could affect provider-patient relationships, deter patient engagement and result in inferior treatment outcomes.³
- The US Surgeon General and WHO have cited stigma as a key barrier to successful treatment engagement and seeking and sustaining participation in healthcare services.^{4,5}
- Mental health awareness programs can reduce stigma in healthcare providers and college students.⁶ However, little is known whether neuropsychiatric curricula could impact pharmacy students' stigma towards mental illness.
- The present study investigated whether a neuropsychiatry course and a subsequent case-based course reduces pharmacy students' stigma for the mental illness.

METHODS

Subjects

Second year pharmacy students (n=202) of the University of the Pacific School of Pharmacy.

Study Design

Quantitative component: A survey was conducted on the first and last day of a neuropsychiatric therapeutics course and 4 months later at the end of a case-based course. Periodically, during this time, student attention was directed towards societal mental health stigma. The survey included questions on: demographics, mental illness, prior psychiatric patient care experience; Opening Minds Stigma Scale for HealthCare Providers (OMS-HC); Empowerment; Recovery; Disdain; Difference; Blame Attribute Questionnaire-9 (AQ-9).

Qualitative component: On the last day of the therapeutics course, students also provided written views on the role of pharmacists in reducing mental health stigma.

Data Analysis

Friedman test followed by Wilcoxon Signed-Rank test: The omnibus Friedman test evaluated for significant main effect of Time, followed by Wilcoxon Signed-Rank tests to compare the baseline and post-course scores. Bonferroni corrections were applied to adjust for multiple comparisons.

Multiple linear regression: to evaluate whether students' own experience with mental illness or psychiatric patient-care experience affected their baseline scores on the above questionnaires.

Qualitative analysis: to elucidate a thematic structure from students' descriptive views on the role of pharmacists in reducing mental health stigma.

RESULTS



	Unstandardized beta coefficients	Standardized beta coefficients	t values	p values
Age	-0.169	-0.069	0.969	0.334
Gender	-2.688	-0.188	-2.69	0.008
Psychiatric diagnosis	0.148	0.010	0.135	0.893
Psychiatric patient-care experience	0.401	0.027	0.380	0.704

SUMMARY AND CONCLUSIONS

- At the end of the neuropsychiatric course, the scores on the OMS-HC (factors 1, 2, 3, total score) were significantly decreased, and scores on Empowerment and Recovery scales were significantly increased, indicating reductions in mental health stigma.
- At the end of the subsequent case-based course, the scores on the OMS-HC (factors 1, 2, 3, total score) did not further decrease, but remained reduced compared to the baseline scores. Similarly, the scores on Recovery scale did not further increase, but remained significantly increased compared to baseline, indicating that the case-based course sustained a reduction in stigma achieved after the therapeutics course.
- The multiple regression analysis indicated that the students' self-reported mental illness or their prior clinical psychiatric experience did not predict students' stigma scores.
- The qualitative analysis of students' descriptive responses indicated that pharmacists should increase communication with patients and providers to enhance education and public awareness on mental health, which could lead to reduction in mental health stigma.
- These findings indicate that courses in pharmacy curriculum can improve pharmacy students' attitude towards mental health. Future studies should evaluate whether clinical interactions with psychiatric patients further reduce mental health stigma in pharmacy students.

DISCLOSURE

The authors declare no conflict of interest.

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