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Building the evidence base for community pharmacy depression services: a systematic review and multi-stakeholder consensus exercise

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Plain English Summary (250 words max)

This section should include the abstract for your research in plain English. Please note that subheadings will not count towards the word count.

Background: Without appropriate support, mental ill health has a negative impact on people's lives. Depression is the most common mental health condition, and it is increasing in the UK. People who work in community pharmacies (chemists) could help people with depression.

Objectives: To gather research that has been conducted on community pharmacy depression services and identify which should be provided in the UK.

Method: A search of research papers was conducted to develop summaries of community pharmacy depression services, including a description of the services, any impact, and what made the services difficult or easy to provide. This was sent to a range of people in a questionnaire, including people with depression, healthcare providers, and people who work for charities. They were asked their opinions of the services and if they had any other suggestions.

Results: The review identified five types of pharmacy depression services from 39 papers, and the 59 people who completed the questionnaire suggested another four. Four services were 'high priority' which focused on Treatment Adherence, Education/Advice, Signposting and Referral, and Suicide Prevention. It was thought these services could be provided from pharmacies and may help people, but there could be more evidence on the benefits. Challenges related to stigma, and not enough resources for the services to 'work'.

Conclusion There is support for pharmacy services for depression, yet more evidence on benefits is needed. Such services must be introduced with enough support for pharmacy teams and should record the benefits (e.g. improvements in symptoms/ adherence to antidepressants). Future research will trial a Treatment Adherence service encompassing advice, signposting/referral, and explore suicide prevention training for pharmacy teams.

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Technical Summary (250 words max)

This section should include the scientific abstract for your research. Please note that subheadings will not count towards the word count

Background: Depression is the most prevalent mental health condition with rates increasing internationally. UK research has identified willingness of community pharmacy personnel to support mental ill health with scope to act as 'front-line advisers' (1).

Objectives: To consolidate the evidence on community pharmacy-led depression services and derive multi-stakeholder consensus on UK priorities.

Method: A systematic search of Medline, EMBASE, PsycINFO and CINAHL was conducted (24/1/2023). Studies exploring community pharmacy-led services for depression underwent data extraction and quality assessment. This developed 'vignettes' describing each service, barriers/facilitators, and outcomes. People with lived-experience, carers, healthcare providers, policy-makers and third-sector representatives participated in an eDelphi (2), where they rated each service's priority. Medians (with IQR) were calculated and responses thematically analysed.

Results: The review identified 5 types of services from 39 publications, and eDelphi participants (n=59) proposed a further four. Four services were 'high priority': Treatment Adherence, Education/Advice, Signposting and Referral, and Suicide Prevention. Reported benefits including the acceptability of the pharmacy setting and scope to improve service delivery, patient experience/knowledge, and resource allocation. Barriers are the limited evidence on empirical outcomes, stigma and resource constraints.

Conclusion There is support for community pharmacy services for depression, yet a need to further develop evidence on clinical, humanistic and economic outcomes. Such services must be implemented alongside a sufficient implementation strategy and outcomes measurement framework (e.g. improvement in adherence/symptoms). Future research will test a Treatment Adherence service encompassing advice and signposting/referral, and efforts should also be made to progress suicide prevention training for pharmacy teams.

References

(1) Landers M, et al. Community pharmacists and depression: the pharmacist as intermediary between patient and physician. International Journal of Pharmacy Practice, 2002. 10(4): p. 253-265.

(2) Jaam M, et al., Use of the Delphi technique in pharmacy practice research. Res Social Adm Pharm, 2022.18(1): p. 2237-2248.