



Interprofessional Patient-Centered Approach to Medication Management in Mental Health

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Background

- Treatment of patients with mental health disorders requires understanding of:
 - Pharmacotherapeutic options
 - Psychotherapeutic options
 - Social determinants of health
 - Respect for patient autonomy
 - Methods for shared decision making
- Social workers and pharmacists work collaboratively on mental health treatment teams frequently, but rarely find themselves in the same classroom learning together
- Gaps in knowledge regarding understanding of attitudes towards working together between social work and pharmacy students exist

Objectives

- To evaluate social work and pharmacy student self-perceived readiness and attitudes to collaborative participation on mental health treatment teams

Course Details

- Elective 1-credit course
- 2nd and 3rd year pharmacy students and 2nd year social work students
- Working collaboratively on patient cases, students explore designed cases in mental health and practice developing individualized treatment plans
 - Medication Adherence
 - Polypharmacy
 - Psychotherapy
 - Comorbidities
- Instructors from both schools participated in discussions as the groups presented their treatment plans to reinforce key concepts and correct misconceptions
- Allowed students to train at the pre-licensure level in a model of team-based care through this course

Methods

- Students enrolled in the course were invited to complete a pre and post measure evaluating their attitudes towards health care teams before and after engaging in the course. The measure was comprised of:
 - Part 1: Demographics
 - Part 2: 20-item Attitudes Towards Health Care Teams Scale (ATHCT) (Heinemann, 1999)
 - Part 3: 10 items used to assess understanding of other health professions and ability to effectively work in groups
- Students' responses were analyzed:
 - Descriptive statistics for means and medians
 - Differences between pre and post survey: mean score of responses was analyzed using paired t-test
 - Sample size was small: median score of responses between pre and post survey was compared using Wilcoxon signed-rank test to check whether the results from paired t-test agree or not
 - SAS version 9.4 (SAS Institute, Cary, NC)
- 6-point scale score was assigned for individual respondent of the agreement in questions
 - A score >4 was considered more in agreement

Strongly disagree	Moderately disagree	Somewhat disagree	Somewhat agree	Moderately agree	Strongly agree
1	2	3	4	5	6

Results

Table 1. Demographics

Characteristics	Frequency (%)	
	Total (n=25)	Matched (n=17)
Age		
22-25	20(80)	15(88.2)
>25	5(20)	2(11.8)
Gender		
Female	18(72)	10(58.8)
Race		
White	12(48)	8(47.1)
Asian	6(24)	5(29.4)
Black	6(24)	3(17.7)
Hispanic	1(4)	1(5.9)
School		
Pharmacy	17(68)	13(76.5)
Social Work	8(32)	4(23.5)
Year of graduation		
2020	8(32)	4(23.5)
2021	12(48)	11(64.7)
2022	5(20)	2(11.8)
Previous Participation in IPE		
Yes	20(80)	12(70.6)
No	5(20)	5(29.4)
Work on IPE team		
Yes	8(32)	4(23.5)
No	17(68)	13(76.5)

Table 2. 20-item Attitudes Toward Healthcare Teams Scale

Question	Mean Scores (SD)		P value ¹	Median Scores (IQR)		P value ²
	Pre (n=17)	Post (n=17)		Pre (n=17)	Post (n=17)	
Working on a team keeps most health professionals enthusiastic and interested in their jobs	4.5(1.0)	5.2(0.9)	0.009*	5(4, 5)	5(5, 6)	0.017*
Developing a patient care plan with other members avoids errors in delivering care	4.9(0.9)	5.2(0.8)	0.009*	5(4, 5)	5(5, 6)	0.031*
Health professionals working on teams are more responsive than others to the emotional and financial needs of patients	4.8(1.1)	5.5(0.8)	0.018*	5(4, 6)	6(5, 6)	0.031*

¹ P values from paired t-test
² P values from Wilcoxon signed-rank test
* Statistically significant difference

Table 3. Understanding of Other Health Professions and Judgement about Ability to Effectively Work in Groups

Question	Mean Scores (SD)		P value ¹	Median Scores (IQR)		P value ²
	Pre (n=17)	Post (n=17)		Pre (n=17)	Post (n=17)	
I am aware of my own personal strengths and weaknesses	4.9(0.8)	5.3(0.5)	0.049*	5(4, 5)	5(5, 6)	0.092

¹ P values from paired t-test
² P values from Wilcoxon signed-rank test
* Statistically significant difference

Conclusions

- Learners felt stronger after the course that working on a team keeps most health professionals enthusiastic and interested in their jobs and developing a patient care plan with other members avoids errors in delivering care (Smith, 2019)
 - Team structure and efficiency is a risk factor for burnout
 - Education in a team environment may lead to better team structures and efficiency in practice
 - Ultimately, keeping health professional enthusiastic and interested in jobs, decreasing errors, and decreasing burnout
- Learners also felt stronger after the course that health professionals working on teams are more responsive than others to the emotional and financial needs of patients (Lake, 2017)
 - Low-income groups, uninsured persons, and residents of rural areas are less likely to receive adequate mental health care
 - Patients with severe mental health problems receive either no treatment or inadequate treatment of their disorders
 - Collaborative Care Models focusing on prevention and team based approaches are being utilized to expand practices in mental health
- This elective course structure is an opportunity to engaging learners early in their careers in team-based care for patients with mental health disorders

References

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- Williams B, Brown T, Boyle M. Construct validation of the readiness for Interprofessional learning scale: A Rasch and factor analysis. *Journal of Interprofessional Care* 2012;26:326-332.
- Smith M, Segal J, Robinson L. <https://www.helpguide.org/articles/stress/burnout-prevention-and-recovery.htm>
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Future Plans

- Revise cases to include additional interactive components
- Determine ability to offer course in a virtual format