**Utilizing Mental Health First Aid-trained Student Pharmacists to Conduct Depression Screenings**

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**Background/Objectives:** In the time of COVID-19, access to mental health resources has become increasingly important as many Americans are experiencing new or worsening symptoms of depression at a time when there is also a shortage of mental health providers. The US Preventative Task Force found that depression screening improves the accurate identification of adult patients with depression with negligible to zero harm to patients. Prior studies demonstrate that depression screenings at community pharmacies are viable; however, research is lacking specifically around student pharmacists’ ability to conduct depression screenings within community pharmacies. The primary objective of this study is to implement depression screenings conducted by fourth-year student pharmacists trained in Mental Health First Aid (MHFA) using the Patient Health Questionnaire-2 (PHQ-2) and Patient Health Questionnaire-9 (PHQ-9); secondary objectives are to identify patients’ perception of this screening, utilization of resources, and the student pharmacist’s self-efficacy of providing this service.

**Methods:** This is a prospective study that will be conducted at community pharmacies. After undergoing training by the researchers, MHFA-trained fourth year student pharmacists will conduct depression screenings in patients 18 years or older presenting to a community pharmacy for a vaccination. Student pharmacists will screen consenting patients with a verbally administered PHQ-2, and patients scoring a 3 or higher will then be administered a PHQ-9. Depression scoring will result in the student pharmacist providing mental health resources and/or a referral to a provider in a tiered approach. Data collection will include patient demographics, number of declinations, patients’ perceptions of this screening, utilization of recommended resources, provider follow-up, and student pharmacists’ perception of self-efficacy and preparedness. Patients will be excluded if they are under the age of 18, have moderate-severe cognitive impairment, or refuse to provide consent. Data will be reported using descriptive statistics.

**Preliminary Results:** A screening tool was developed that was used for the depression screenings at community pharmacies. Based on the participant’s score, they were given printed information, a follow up phone call or referred to their primary care provider. There were two pharmacies that conducted depression screenings, resulting in two student pharmacists and thirty-three patient participants. The average PHQ9 score for patients was 4.9 (Standard Deviation 6.5), displaying a minimal risk for depression. The majority of patient participants felt extremely comfortable with completing this screening, and the student pharmacists also felt comfortable conducting the screening. The majority of patient participants felt is was very important or important to conduct mental health screenings in community pharmacies. Both student pharmacist participants thought it was very important to conduct screenings for mental health in community pharmacies.

**Conclusions/Implications:** In person or patient contact has been shown to be effective in decreasing stigma of mental health in pharmacy students. With proper background training, student pharmacists are capable and willing to conduct depression screenings, which may not only improve care for patients but also decrease negative attitudes and increase comfort with patients who have mental health needs. This screening process was able to be implemented in two pharmacies across the state of North Carolina. Both student pharmacists and most patients thought this screening was very important and very valuable to conduct in the community pharmacy setting. In the future, pharmacies could administer depression screenings and be reimbursed for services. Community pharmacies could also consider partnering with a primary care clinic to refer patient to if they scored high on the depression screening.