

Strengthening the Behavioral and Mental Health Workforce Through Pharmacy Education

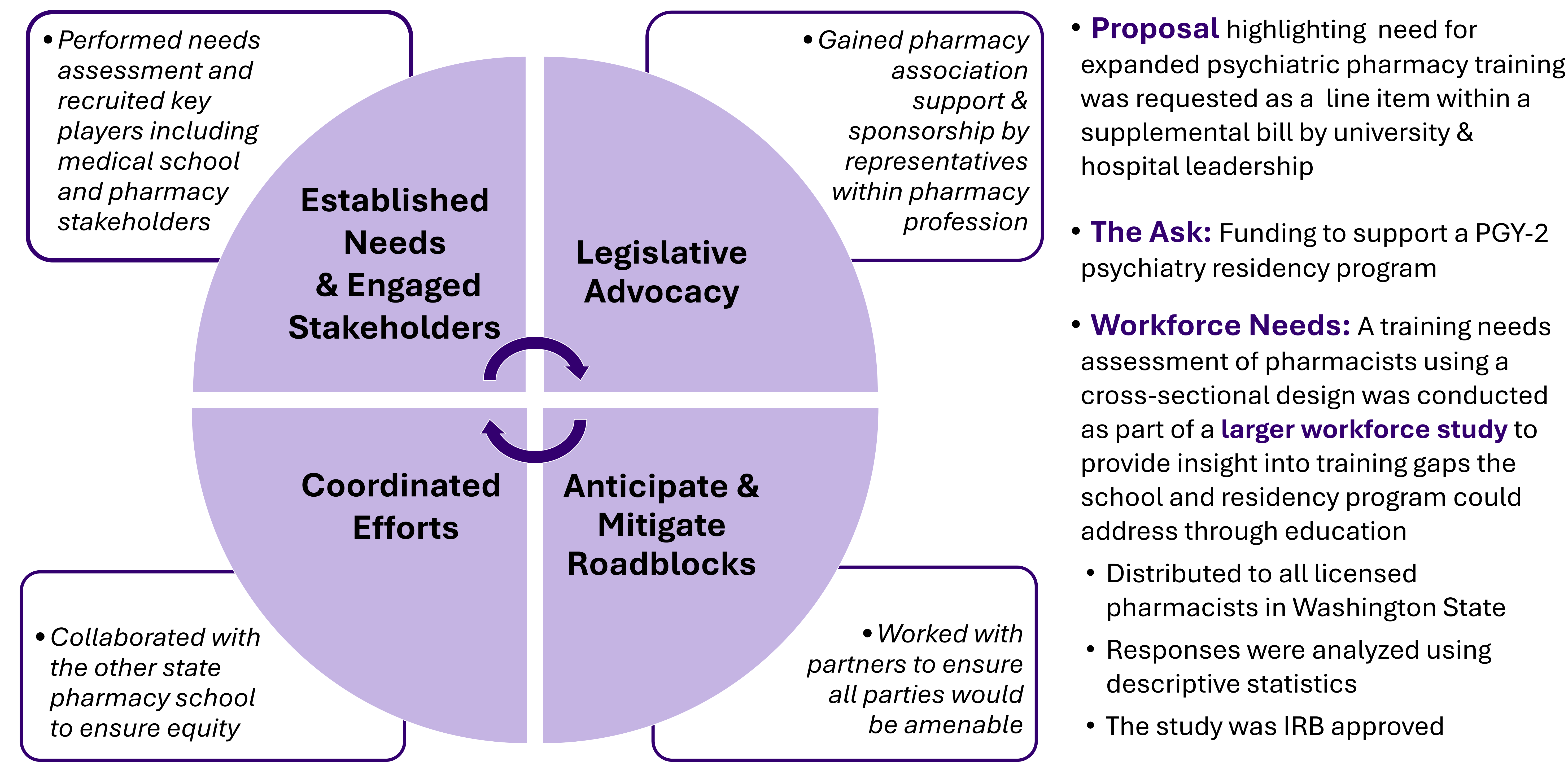


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Background & Objective

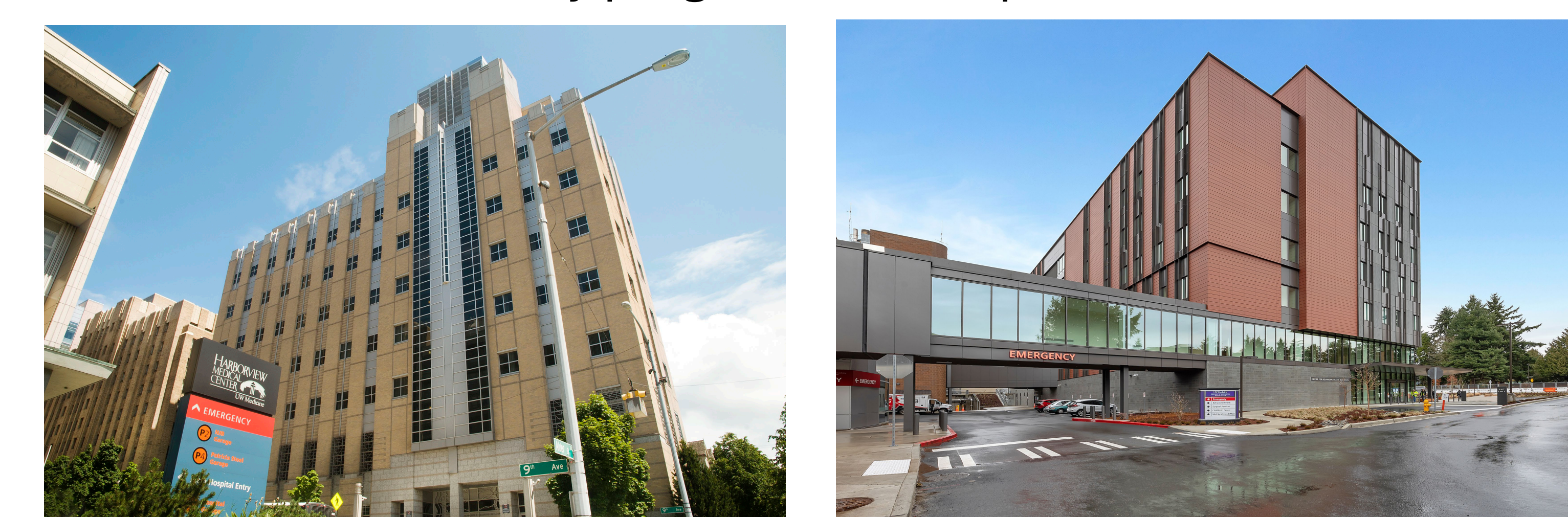
- **Scarcity of Mental Health Workers:** The United States is facing difficulties ensuring a sufficient mental & behavioral health workforce including pharmacists with specialized training in psychiatry
- ❖ **Objective:** Describe a pharmacy school's collaborative approach to enhance pre- and postgraduate training in psychiatry to address workforce needs through legislative advocacy & building coalitions with key stakeholders

Methods & Approach



Results & Outcomes

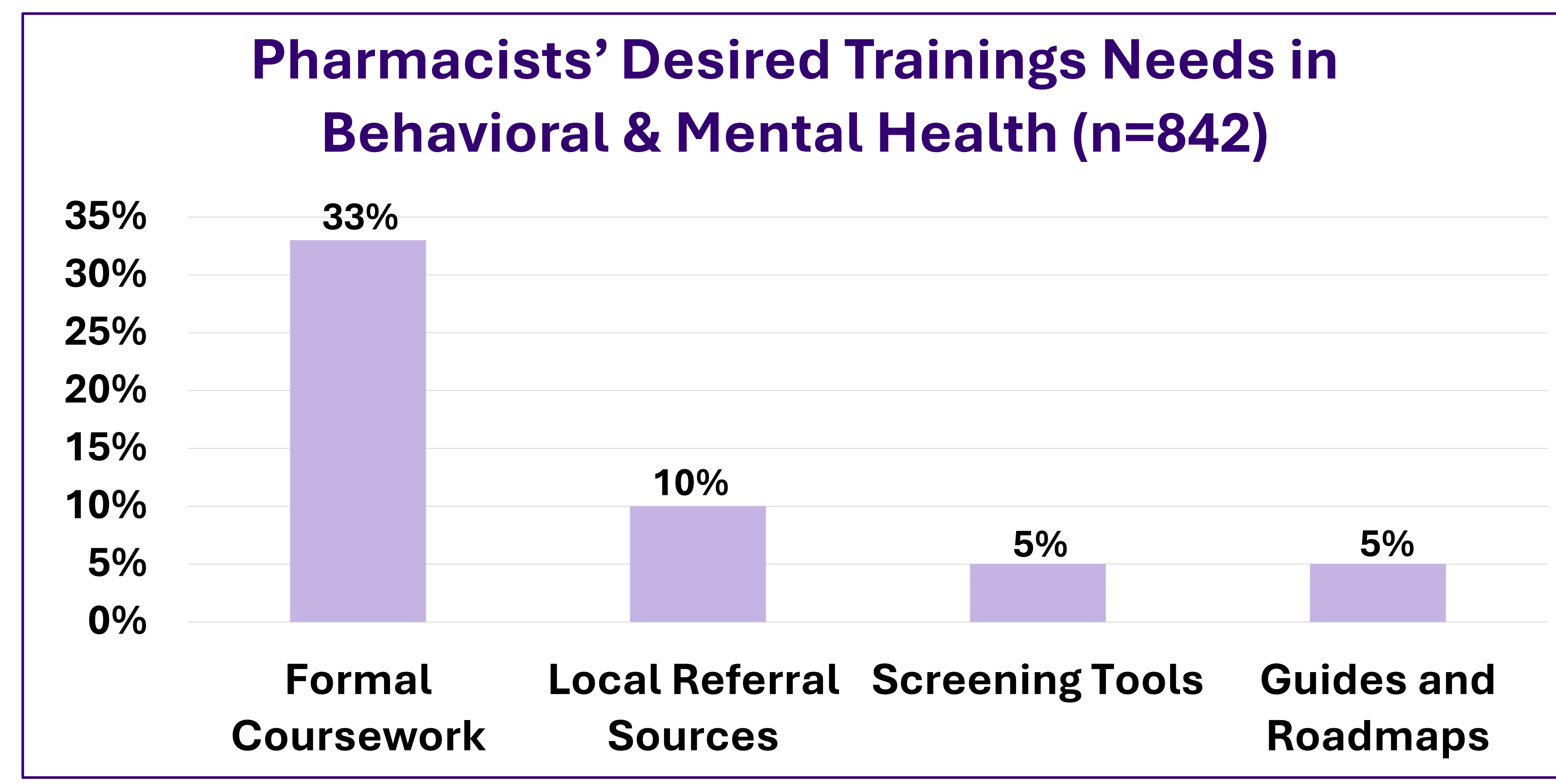
- The **proposal** was included in the final bill and was **enacted into law** in 2022 providing:
 - Funding for four residents, divided among the state's two schools of pharmacy and university affiliated hospital networks
 - Faculty support with psychiatric specialty training embedded within the school of pharmacy to provide support and clinical services for the residency program and hospital
- Efforts led to successfully appointing a PGY-2 **residency program director**, recruiting a **psychiatry clinician faculty member**, and matching with the **inaugural residency class**
- Additional legislation led to building a **new state-of-the-art psychiatric care teaching hospital and interdisciplinary learning center for mental health training** in North Seattle



Training facilities for the new PGY-2 residency program at UW Medicine. Pictured above is Harborview Medical Center (left) and the Center for Behavioral Health and Learning (right).

Mental & Behavioral Educational Needs of the Pharmacist Workforce in Washington State

- **Distribution and Response Rate:** Sent to 8,082 pharmacists, achieving a 10% response rate
- **Demographics:** Included 842 respondents with a mean age of 45 years (range 24-80), predominantly female (66.4%), and primarily of White or European descent (76%)
- **Professional Background:** Majority held a PharmD (74.2%), practice in diverse settings including community (36.5%) and hospital (26.9%), and significant portions have residency training (32%) and board certification (28.7%)



Pictured above is Program Director, Chelsea Markle, PharmD, BCPP, and Resident Amanda Campbell at Harborview Medical Center (left), along with residents Amanda Campbell and Sheila Mohebbi, attending the American Association of Psychiatric Pharmacists Annual Meeting (right).



- ### Key Take Away Messages
- ☑ Through engaging key stakeholders and working with legislative partners, new pathways for expanding training in mental and behavioral health can be achieved
 - ☑ This proactive approach could serve as a model for other states and public academic institutions facing similar challenges

Acknowledgements

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