# Psychiatric Pharmacy Manifesto

Online at cpnp.org/manifesto



All individuals receiving pharmacotherapy for a mental illness should fully understand their disorder(s) and their drug therapy, and have appropriate expectations of their treatment. These individuals should have therapeutic outcomes maximized and adverse effects effectively managed. For nearly 50 years, there have been pharmacists who have specialized in providing pharmaceutical care to individuals receiving psychotherapeutic medication. As a member of an interprofessional treatment team, the psychiatric pharmacist focuses on optimizing drug treatment by monitoring clinical response, recognizing and managing drug-induced problems, recommending appropriate treatment plans, ensuring that baseline and follow-up laboratory tests and physical assessments pertinent to drug therapy are ordered and utilized, and counseling the patient and family members about their medication.

# UNIFIED APPROACH THROUGH LEADERSHIP AND ORGANIZATION

As an organization, the College of Psychiatric and Neurologic Pharmacists (CPNP) is committed to developing and promoting pharmacists who practice in the specialty areas of psychiatry and neurology. In 1992, the Board of Pharmacy Specialties recognized Psychiatric Pharmacy as a specialty of pharmacy; as of the close of 2014, there are 804 board-certified psychiatric pharmacists (designated by the credentials BCPP). In 1998, CPNP was founded, growing to a current membership of over 1750 individuals.

Psychiatry continues to be a rapidly evolving discipline within medicine. Its scientific foundation is neuroscience, and novel pharmacologic treatments for psychiatric disorders continue to become available along with improved clinical practice guidelines. Psychiatric pharmacists are directly involved in psychiatric treatment teams, providing direct patient care and providing active medication education to patients and their families. Yet the public and many health care providers still view pharmacists as someone who primarily dispenses medication. For these reasons, CPNP proposes that a psychiatric pharmacy manifesto be created that promulgates the basic tenets of psychiatric pharmacy practice and make it a permanent, living document on the CPNP website.

CPNP is committed to securing the future of psychiatric pharmacy by developing and strengthening the number of psychiatric pharmacy practitioners, developing psychiatric pharmacy services, and supporting legislation and regulations that promote increased pharmacist roles in providing direct patient care. CPNP envisions a world where every individual with a psychiatric disorder has a care team that includes a psychiatric pharmacist accountable for optimal medication therapy.

CPNP is committed to continually providing patients and families with education about their diseases and treatment. CPNP has a close relationship with the National Alliance on Mental Illness (NAMI), with several continuing initiatives that provide medication education to consumers. CPNP members author a number of medication information

sheets, and also answer patient medication questions in a series called "Ask the Psychiatric Pharmacist," both published on the NAMI website (<a href="www.nami.org">www.nami.org</a>).

# COMMITMENT TO PATIENT CARE

Psychiatric pharmacists:

- Provide compassionate, respectful, confidential, and responsible patient care
- Are comprehensive, taking all aspects of the person into consideration when collaborating on medication use decisions using the principles of comprehensive medication management
- Are uniquely positioned to prevent medication errors and enhance medication outcomes, promoting appropriate, evidence-based, and measurement-based medication use
- Are uniquely trained in the pharmacology, pharmacokinetics, pharmacodynamics, and pharmacogenomics of psychotropic medications, knowing when and how to apply this information to optimize patient care
- Are proficient in the use of all medications, not just psychotherapeutic medication
- Evaluate prescription, non-prescription, herbal products, vitamins, nicotine, alcohol, caffeine, and illicit substances for their effects and interactions
- Provide care for individuals with primary and co-morbid substance use disorders
- Recognize that psychotherapeutic medication for serious and persistent mental illnesses requires continuous monitoring to achieve and sustain optimal response; adverse effects and/or drug interactions are common and require constant vigilance
- Possess the skills necessary to identify medication-related safety risks and to take these into consideration when making treatment
- Are the most appropriate practitioners to provide medication education both to individuals with mental illnesses and to other healthcare providers
- Encourage the participation of families for optimal treatment outcomes
- Recognize the therapeutic value and role that psychotherapies have for patients with certain psychiatric illnesses

# DEDICATION TO IMPROVING THE MENTAL HEALTH CARE SYSTEM

The public mental health care system is challenged to meet the needs of the mentally ill. Seriously mentally ill individuals are stigmatized and impoverished, lack primary medical care, die decades earlier than the life expectancy of the general population, often abuse alcohol and illicit drugs, and are incarcerated in such huge numbers that jails and prisons have become the new mental "institutions." Stigma seriously limits health care delivery for seriously mentally ill individuals while stigma is so much less of an impediment for neurologic and medical disorders that garner much more community support.

Psychiatric pharmacists can provide needed patient care services in an over-burdened mental health care system. Psychiatric pharmacists:

- practice team-based care
- possess a unique patient care perspective very much needed with complicated medication regimens
- understand the benefits and risks of integrated psychiatric and medical pharmacotherapies
- understand that not all successful psychotherapeutic interventions come from medication
- contribute to improved pharmacoeconomic outcomes by the use of evidence-based medicine
- are uniquely qualified to educate other mental health care professionals about psychotherapeutic medication

# **RECOGNITION OF FUTURE CHALLENGES**

Psychiatric pharmacists' capabilities are not well recognized and are underutilized

The public needs to understand the value of what psychiatric pharmacists do

More psychiatric pharmacists are needed to care for individuals with mental illness

Psychiatric pharmacists should be specifically included in future mental health initiatives by federal, state, local and commercial interests

Psychiatric pharmacists deserve recognition and payment for the clinical services that they provide

### **RECOGNITION OF FUTURE OPPORTUNITIES**

Psychiatric pharmacists must contribute to the development of the next generation of psychiatric pharmacists via increased psychiatric pharmacy residencies and activities aimed at exciting pharmacy students about opportunities as a psychiatric pharmacy specialist

Psychiatric pharmacists, whether academic or practice-based, must contribute to increased understanding of mental illness and psychotherapeutic medication by all pharmacy students and residents

It is imperative that psychiatric pharmacists work with community pharmacists to assure appropriate care for people with mental illness in their community

In keeping with the scientific and health care tradition of communicating new ideas, psychiatric pharmacists should share their successful practice models with the larger healthcare community

Psychiatric pharmacists are and should continue to be actively involved in conducting research to advance the evidence for appropriate use of psychotherapeutic medication

Mental health care initiatives are needed to extend the reach of psychiatric pharmacists to the millions of individuals taking medication for mental illness

Psychiatric pharmacists must continue to transform their practices as healthcare integration unfolds

Compiled and written by Glen L. Stimmel, PharmD and the CPNP Past Presidents Council, 2015