



We read with interest the article by Dr. Olfson in the June issue on building the mental health workforce capacity to treat adults with serious mental illnesses<sup>ref</sup>.

We concur with the benefits of increasing numbers of psychiatrists, psychologists, and social workers. However, we noted an omission by Dr. Olfson regarding the role of psychiatric pharmacists in increasing access to quality care for people with serious mental illnesses (SMI). Board certified psychiatric pharmacists (BCPPs) have a minimum of two additional years of residency training beyond the doctor of pharmacy program, which enables them to manage medications under a physician's supervision. BCPPs assist physicians in monitoring and optimizing medication use, identifying and resolving medication-related problems for patients with complex medication regimens. This not only increases the capacity of physicians to provide care to more patients but also reduces high rates of morbidity and mortality seen in this population. The College of Psychiatric and Neurologic Pharmacists (CPNP) has 1250 pharmacist members who practice in a variety of settings that care for people with SMI including state hospitals, community mental health centers, and Veteran's Affairs programs, among others.

The main barrier to accessing BCPP services is that Medicare, Medicaid, and private insurers in most states do not pay for pharmacists' patient care services. CPNP's policy recommendation is for payers to provide payment for BCPP-provided patient care services, as part of a team approach to care. CPNP would suggest adding this recommendation to those cited in this work, as another mechanism to improve access to care for those with SMI. Although the number of BCPPs is much smaller than the other mental health professionals discussed in the article, the number of pharmacists completing the BCPP training is likely to increase as payment is secured and job opportunities increase to meet demands for services.

Sincerely,

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