Title: Consumer perceptions of community pharmacy-based promotion of mental health and wellbeing

Running Title: Mental health promotion in community pharmacy

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Key words: Mental health promotion, community pharmacy, health consumers, Australia, mental illness.

Abstract

Issue addressed: With nearly half of all Australians likely to experience a mental illness, increasing community-based mental health promotion is warranted. Community pharmacies are accessible healthcare destinations that effectively provide a range of public health services. This study explored consumer opinions of mental health promotion in the community pharmacy setting, the activities they have observed and the perceived role/s of pharmacy staff in this area.

Methods: A survey was informed by five interviews with pharmacy consumers and a literature review. Adult pharmacy consumers were recruited nationwide via a Research Panel company between December 2018 and January 2019. Survey data were descriptively analysed and associations confirmed by chi-square analysis.

Results: Data were analysed from 537/577 respondents; 34.3% of participants had a lived experience of mental illness. Just under a quarter of participants (23.3%) had observed mental health promotion in community pharmacy. Pharmacy was viewed as a suitable environment for this promotion by most respondents (n=446/516), particularly those with lived experience, with a preference for in-store leaflets, posters and linking with existing national mental health organisations/campaigns. Lack of privacy and the busy pharmacy environment were identified as barriers for promotion in this setting.

Conclusion: There is a clear potential for mental health promotion within community pharmacies, although the uptake and impact of such activities requires further investigation.

So what?: These findings highlight a missed opportunity for pharmacists to engage with consumers about mental health and wellbeing, even though community pharmacies are accessible healthcare destinations.

Key words: Mental health promotion, community pharmacy, health consumers, Australia, mental illness.

Introduction

Mental illness remains an Australian national health priority, with an estimated 45% of adults experiencing mental illness during their lifetime,¹ and a reduced life expectancy compared to other health consumers.² Mental health promotion focuses on improving mental health literacy and associated stigma.³ Examples of Australian mental health campaigns/organisations involved in promotional activities include Lifeline, R U OK? Day and Beyondblue. These campaigns/organisations have increased public recognition and awareness of depression, decreased stigma and positively influenced consumer willingness to seek help.^{4, 5}

The high prevalence of mental illness and associated medication use means community pharmacists, as medication providers, routinely speak to mental health consumers and potentially have an important role in mental health promotion. Mental health consumers value and trust high-quality service input from community pharmacists.⁶ Such services can improve mental health consumers' quality of life, satisfaction with medication and medication adherence.⁷ However, stigma from pharmacy staff can discourage consumers from accessing pharmacies for mental health concerns or advice to promote mental wellbeing.⁸⁻¹⁰

Positive outcomes for other pharmacy-based health promotion related to oral health,¹¹ weight management,^{12, 13} smoking cessation¹⁴⁻¹⁶ and influenza vaccinations,¹⁷ highlight the value of these activities. Further, Australian feasibility studies of pharmacy screening for cardiovascular disease,¹⁸ sleep disorders¹⁹ and depression²⁰ provide important insights. However, pharmacy involvement in mental health related promotion is unknown; research is needed to understand the potential for, and benefits of, pharmacy related activities.²¹ This study aimed to identify the public's awareness of, and views on, mental health promotion campaigns/activities within pharmacy. These findings will inform whether and how mental health promotion methods could be appropriately implemented in pharmacies.

Method

An online survey (SurveyMonkey[®]) was conducted with adults between December 2018-January 2019. University Ethics approval was obtained (HREC: 2018/916).

Survey Development

A literature review on existing Australian mental health promotion campaigns/activities and five semi-structured interviews with pharmacy consumers (November 2018) informed survey design (see Supplementary Table 1). Interview questions explored consumer views on what mental health promotion involved, and experiences and expectations of pharmacy-based promotion (see Supplementary Table 2). Audio-recordings were reviewed to identify common ideas and categorise all related data.²² The lead author conducted all interviews and the analysis. Discussions were then held with the research team to design the survey, which consisted of a mixture of questions and statements related to mental health and wellbeing promotion in general and within the community pharmacy setting, as well as demographic details.

The survey was piloted with three University staff members and three pharmacy consumers known to the research team for content and face validity; minor adjustments were made, e.g. phrasing of questions, adding multiple-choice options. Demographic information, such as gender, age and education level, were collected as per the 2007 National Survey in Mental Health and Wellbeing.¹ Participants were asked to indicate which of 13 Australian mental health campaigns/organisations they were aware of and those they had seen promoted in pharmacy. Participants indicated agreement with 32 statements on their experiences, expectations, and needs relating to mental health promotion using a five-point Likert scale. The final survey is outlined in Supplementary Table 3.

Study participants

Australian residents aged ≥ 18 years who had visited a pharmacy at least once in the last 12 months were eligible to participate. Participants were recruited nationwide via the market research company Research Now[®] who were provided with specific age quotas to obtain a representative sample. Consent was taken as survey completion.

Data Analysis

Survey data were analysed using Microsoft Excel[®] and IBM SPSS[®] Statistics for Windows, version 25. Descriptive statistics were used to report demographic details and attitudes towards mental health promotion in the pharmacy setting. Chi-square analysis explored potential influence of demographic factors on consumer preferences. A $p < 0.05$ was taken as statistical significance.

Results

A total of 577 people expressed interest in the survey. Forty respondents were excluded due to incomplete responses ($n=38$) or because they were ≤ 18 years. A total of 537 responses were obtained. Just over half the respondents were female (51.8%) and most had tertiary education qualifications (68.5%). When comparing our study demographics to that of the 2017-18 National Health Survey²³ (NHS; $n=21,315$), we had a near exact proportion of gender with 52.68% of females, but a lower proportion of respondents under the age of 65 years (14.1% compared to 19.7% from the NHS). Around a third of our survey respondents ($n=183/534$) had a lived experience of a mental illness, which is higher in comparison to the NHS reported prevalence of 20.1%.²³ A total of 103 of the 150 respondents that disclosed specific mental health conditions, reported depression (66.7%; Table 1).

Insert Table 1 here

When asked what the term mental health and wellbeing promotion meant, 519 responses were analysed and grouped into ten key categories (See Supplementary Table 4). Just over a third of responses described either maintaining good, or increasing community awareness of, mental health, followed by providing or obtaining help/support and a holistic approach incorporating both mental and physical wellbeing. For example:

“to be mentally stable and happy”

“level of psychological wellbeing or an absence of mental illness”

“promoting awareness about mental health and starting discussions around it”

Most respondents agreed/strongly agreed that mental health promotion involved encouraging people to ask family/friends if they are okay (n=438/531; 82.5%) and to seek help (n=430/532; 80.8%). A smaller proportion of respondents thought that mental health promotion was targeted towards people requesting help (n=123/530; 23.2%) or those experiencing a mental illness (n=128/529; 24.2%).

While 30 respondents were not familiar with any of the listed campaigns/organisations (Table 2), 65.9% had heard of four or more mental health promotions/organisations. Beyondblue (83.2%), Lifeline (76.1%) and R U OK? (73.0%) were well recognised.

Insert Table 2 here

Mental health promotion in community pharmacy

Most respondents (n=468/537; 87.3%) were aware of health promotion service(s) provided in pharmacy, particularly blood pressure monitoring (52.7%) and flu vaccinations (42.8%).

A minority of respondents reported observing pharmacy-led mental health promotion (n=125/537) and 42.6% of respondents had observed national campaigns such as R U OK? implemented within the pharmacy setting (n=229/537), mainly as signage or posters (n=233/529; 44.0%).

Most respondents (n=446/516, 86.4%) agreed that the pharmacy was a suitable setting for promoting mental health and wellbeing. A significantly higher proportion of respondents with lived experience ($\chi^2=5.32$, df=1, p=0.021) or who knew someone with a mental illness ($\chi^2=8.18$, df=2, p=0.017) agreed with this than those without. No significant associations were identified for other factors.

More than half of respondents (n=275/525, 52.4%) believed that both pharmacists and pharmacy support staff were well placed to provide mental health promotion if they were well trained (n=478/526; 90.9%). Regular pharmacist-consumer contact (51.2%) and the potential to build relationships (48.4%) were considered key facilitators for pharmacy-based mental health promotion (see Table 3) and lack of privacy was a key barrier (69.5%). Supporting quotations for additional barriers are outlined in Supplementary Table 5.

Respondents agreed/strongly agreed that pamphlets/brochures (n=407/525), posters (n=394/518) and linking with existing campaigns/organisations (n=400/526) were effective health promotion methods.

Insert Table 3 here

Discussion

Despite only a quarter of study respondents observing pharmacy-led mental health and wellbeing promotion, community pharmacy was acknowledged as an appropriate setting with adequate staff training. However, insight into the views of respondents who did not

support pharmacy involvement in promotion is needed to inform training. These respondents were less likely to have personal experience with mental illness, but potentially could be affected in the future given the prevalence in Australia.¹

Participants expressed a preference for pamphlets on the pharmacy counter to promote mental health and wellbeing. This may be related to the potential anonymity of taking a leaflet to read at home, as pharmacy related stigma has been an issue when seeking mental health support.⁸⁻¹⁰ Future qualitative exploration of consumer rationale for preferences would inform training that supports pharmacy staff to recognise and meet consumer needs.

Community pharmacy staff should consider connecting with established organisations/campaigns that are acceptable to consumers. The impact that Beyondblue has had in increasing the public's awareness of depression⁵ and positive outcomes from the R U OK? campaign⁴ further supports their promotion in pharmacy settings. Our findings suggest that pharmacy staff could proactively draw consumer attention to information resources and offer to discuss mental health promotion in further detail.

Despite the popularity of social media, only half of the respondents considered social media an effective way to promote mental health and wellbeing in the pharmacy, irrespective of age. This finding aligns with Australian research identifying consumer preferences for face-to-face over online delivery methods.²⁴ Whilst this study did not explore why social media would be ineffective, issues regarding lack of confidentiality,²⁴ and reports that people learnt more from face-to-face consultations,²⁵ have been noted. Evidence for the utilisation and effectiveness of social media for the delivery of pharmacy services is also limited.²⁶

This study identified barriers to the successful promotion of mental health and wellbeing in pharmacy. Primarily these related to pharmacy staff judgement or stigma, lack

of staff experience/training, and lack of privacy. Whilst these barriers need to be addressed, important reasons to support mental health promotion in pharmacy settings were noted, including convenience and/or accessibility, and the ability to build relationships with staff. Indeed, further promotion of mental health may assist in reducing any related stigma and many pharmacies now have private consultation rooms.

This study did not survey Australian pharmacists to identify the types of mental health promotion campaigns they were aware of and their involvement in promoting these in the workplace. Since consumer participants were recruited via a third-party research market company, response rates were encouraging given what is often seen as a sensitive research topic. However, self-selection bias could have been introduced and the sample may reflect consumers who are more interested in mental health. Even so, a large sample size was able to be achieved as the respondents were already known to be willing research participants and their identity is confidential; this strengthens the external validity of the results. The diversity and representativeness of this sample of Australian consumers also increases the relevance of the findings. It is however important to note that responses relied on participant recall and self-reporting, which is a study limitation, particularly in relation to those participants who are not regular pharmacy consumers.

Conclusion

Whilst mental health promotion is supported in pharmacy, the relative uptake in this setting appears to be low. Future research should identify the actual prevalence of mental health promotion activities from community pharmacists and related views on implementation.

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Table 1: Demographic details of consumer participants (n=537)

Characteristics	n	Valid %
Gender (n=537)		
Female	278	51.8
Male	252	46.9
Prefer to self-describe	3	0.6
Prefer not to say*	4	0.7
Age range (n= 523)		
18-24 years	92	17.6
25-34 years	92	17.6
35-44 years	94	18.0
45-54 years	90	17.2
55-64 years	81	15.5
65-99 years	74	14.1
State/territory (n=536)		
Australian Capital Territory	11	2.1
New South Wales	161	30.0
Northern Territory	6	1.1
Queensland	113	21.1
South Australia	39	7.3
Tasmania	10	1.9
Victoria	140	26.1
Western Australia	56	10.4
Highest level of education (n=533)		
High school year 10	68	12.8
High school year 12	100	18.8
TAFE degree	138	25.9
Bachelor degree	130	24.4
Graduate Diploma	53	9.9
Master Degree	38	7.1
PhD	6	1.1
Mental illness diagnosis (n=534)		
Yes	183	34.3
No	334	62.5
Prefer not to say	17	3.2
Mental Illness diagnosis specified (n=150) ^a		
One mental illness	95	63.3
Two mental illnesses ^b	46	30.7
Three or more mental illnesses	9	6.0

Table 1 contd.		
Depression ^c	103	66.7
Anxiety	69	46
Post-Traumatic Stress Disorder (PTSD)	13	8.7
Bipolar Disorder	9	6
Obsessive Compulsive Disorder (OCD)	6	4
Panic Attacks	4	2.7
Schizophrenia	4	2.7
Other conditions ^d	8	5.3
Know someone with a mental illness (n=518)		
Yes	323	62.4
No	187	36.1
Prefer not to say	8	1.5
Medication used regularly (n=519)^e		
Yes ^f	322	62.0
No	190	36.6
Prefer not to say	7	1.3
Number of medications used daily (n=322)		
One	92	28.6
Two	80	24.8
Three or more	150	46.6
Frequency of pharmacy visits (n=517)		
Weekly	31	6.0
Fortnightly	67	12.9
Monthly	235	45.5
Every three to six months	134	25.9
Annually	50	9.7
Pharmacy Choice (n=514)		
One pharmacy most of the time	293	57.0
Mostly one but other pharmacies for specific needs	147	28.6
Different pharmacies	74	14.4

^a19 participants did not provide a response and 14 participants preferred not to answer; ^bThe majority of participants had depression and anxiety, either with or without other mental illnesses (n=45); ^cincluded two participants with post-natal depression; ^dOther conditions included dissociative identity disorder (multiple personality disorder), autism, anorexia, attention deficit hyperactivity disorder and addiction; ^e medication included prescription, over-the-counter or complementary and alternative medicines; ^fTwo participants stated yes but reported the total number of medications used per day as zero.

*Included participants who did not answer the question.

Table 2: Consumer awareness of mental health promotion campaigns/organisations

	General awareness (n=507) ^b		Community pharmacy (n=229) ^c	
	n	%	n	%
<i>Number of specific organisations (n=537)^a</i>				
One organisation/campaign	46	8.6	98	18.2
Two organisations/campaigns	48	8.9	44	8.2
Three organisations/campaigns	59	11.0	46	8.6
Four or more organisations/campaigns	354	65.9	41	7.6
<i>Specific organisations^d</i>				
Beyondblue	422	83.2	108	47.2
Lifeline	386	76.1	71	31.0
R U OK?	370	73.0	120	52.4
Movember	315	62.1	56	24.5
The Black Dog Institute	240	47.3	26	11.4
Mental Health Week	203	40.0	50	21.8
ReachOut	154	30.4	25	10.9
HeadsUp	109	21.5	22	9.6
KidsMatter	86	17.0	25	10.9
Mindmatters	63	12.4	23	10.0
PANDA	43	8.5	15	6.6
Man Therapy	24	4.7	4	1.7
Livin	18	3.6	5	2.2
Other ^e	10 ^d	1.9	-	-

^aPercentages reported for 537 participants. ^b30 participants were not familiar with any organisations / campaign and % are reported for those that were aware of one or more organisations; ^b308 participants were not familiar with any and % are reported for those that had observed one or more organisation promoted in pharmacies. ^dMultiple responses were allowed; ^eOther: included headspace (n=4), Men's Shed (n=2), BetterHelp, Endeavour Foundation, SOXS, Mater Wellness Centre.

Table 3: Potential barriers and facilitators for mental health and wellbeing promotion in community pharmacy ^a

<i>Facilitators (n=523)</i>	n	% valid
Pharmacy staff see consumers more regularly than other health professionals such as GP's and Psychologists	268	51.2
There is the potential to build relationships with community pharmacy staff	253	48.4
There are lots of community pharmacy locations	242	46.3
Community pharmacies have convenient opening hours	232	44.4
Pharmacists are experienced and trusted health professionals	232	44.4
Community pharmacy staff can connect consumers to helpful resources and support organisations	226	43.2
Pharmacist's and staff are non-judgemental towards mental-illness	142	27.2
Community pharmacy has been successful in implementing other health promotions	139	26.6
Pharmacists may have different opinions or experiences with different mental health treatments than other health professionals	122	23.3
None of the above	33	6.3
Other ^b	3	0.6
<i>Barriers (n=537)</i>	n	% valid
Lack of privacy	373	69.5
Lack of staff training	364	67.8
Sensitive nature of mental health	333	62.0
Busy pharmacy environment	317	59.0
Pharmacy consumers don't know they can talk to community pharmacy staff about mental health	252	46.9
Community pharmacies location in a retail environment makes it difficult for consumers to identify pharmacist's role in allied health teams	203	37.8
Other ^c	9	1.7
<i>^a Data will not total 523 or 537 as multiple responses were allowed; ^bOther facilitators included: pharmacy staff being less intimidating or providing a safe space, pharmacy accessibility in rural areas; ^cOther barriers included: age of pharmacy staff; inability to schedule appointments; not an appropriate setting; staff are not qualified; staff are not able to book appointments.</i>		

Supporting Information

Table 1: Key search terms for literature review

Medline, Embase, Google Scholar

("mental health" OR "mental illness" OR "mental disorder" OR "psychiatric illness" OR "wellbeing" OR "stress" OR "anxiety" OR "depression")

AND

("promotion" OR "marketing" OR "improve" OR "selfcare" OR "self-care" OR "management" OR "advocacy" OR "endorsement" OR "support" OR "education")*

AND

("pharmacy" OR "pharmacist" OR "pharmacies")

OR

("consumer" OR "patient" OR "client" OR "public" OR "user")

("organisation/campaign name")

AND

("evidence" OR "effect" OR "outcome*" OR "result")*

AND

("mental health")

Table 2: Interview guide questions

-
1. What mental health campaigns have you seen?
 2. What do you believe is involved in mental health promotion?
 3. What areas outside of pharmacy do you believe are especially successful in promoting mental health and wellbeing?
 4. How have you seen pharmacy promote mental health and wellbeing? If yes, what was good about it? What did you like? How could it be improved?
 5. What else should pharmacy be doing in relation to mental health and wellbeing?
 6. What role do you believe pharmacies have in promoting mental health and wellbeing?
 7. Do you have any other comments you would like to make that you think would be important to our interview?
-

Table 3: Consumer survey

Demographic Information

In which state or territory do you currently reside in?

☐ ACT ☐ NSW ☐ NT ☐ QLD ☐ SA ☐ TAS ☐ VIC ☐ WA

What does the term mental health and wellbeing promotion mean to you?

What best describes your gender?

☐ Female ☐ Male ☐ Prefer not to answer ☐ Prefer to self-describe:

Please specify your age:

☐ I'd prefer not to answer

What is the highest level of education you have completed? (If currently enrolled, please select the highest obtained):

☐ High school year 10 ☐ High school year 12 ☐ TAFE degree ☐ Bachelor degree
☐ Graduate Diploma ☐ Master degree ☐ PhD

Have you ever been diagnosed with a mental health related condition?

☐ Yes ☐ No ☐ Prefer not to answer

If yes, could you please specify the condition?

☐ I'd prefer not to answer

Has someone you know ever been diagnosed with a mental health related condition?

☐ Yes ☐ No ☐ Prefer not to answer

Do you personally take any regular medicines? (i.e. prescription, over-the-counter, vitamin/herbal/mineral/supplement?)

☐ Yes ☐ No ☐ Prefer not to answer

What is the total number of medicines that you use each day? (please count each medicine once, i.e. regardless of frequency of use)

☐ Prefer not to answer

Which one of the following options best describes the frequency of your visits to a community pharmacy?

☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Once every 3 months
☐ Once every 6 months ☐ Once a year

Which one of the following options best describes the community pharmacy that you usually visit?

☐ I use one pharmacy most of the time
☐ I usually use one pharmacy but also visit other pharmacies for specific needs
☐ I use different pharmacies

Which of the following health promotion topics have you seen in community pharmacy?

(Please select all that apply)

- ☐ Blood pressure ☐ Cholesterol ☐ Iron ☐ Sleep apnoea ☐ Diabetes ☐ Asthma
☐ Stroke Awareness ☐ Mental health wellbeing ☐ Diet/Weight Management
☐ Flu Vaccination

Do you believe community pharmacies are a suitable place to promote mental health and wellbeing?

- ☐ Yes ☐ No

Which of the following mental health and wellbeing promotion campaigns or organisations have you heard of? (Please select all that apply)

- ☐ R U OK? ☐ Beyondblue ☐ ReachOut ☐ MindMatters ☐ HeadsUp
☐ KidsMatter ☐ Lifeline ☐ Movember ☐ Man Therapy ☐ The Black Dog Institute
☐ Mental Health Week ☐ PANDA (Perinatal Anxiety and Depression Australia)
☐ Livin ☐ None ☐ Other (please specify):

Which of the following mental health and wellbeing promotion campaigns or organisations does your community pharmacy promote? (Please select all that apply)

- ☐ R U OK? ☐ Beyondblue ☐ ReachOut ☐ MindMatters ☐ HeadsUp
☐ KidsMatter ☐ Lifeline ☐ Movember ☐ Man Therapy ☐ The Black Dog Institute
☐ Mental Health Week ☐ PANDA (Perinatal Anxiety and Depression Australia)
☐ Livin ☐ None ☐ Other (please specify):
-

Please indicate your agreement with the statements below related to promotion of mental health and wellbeing.

Mental health promotion involves:	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree	I don't know
1. linking consumers with resources such as organisations and campaigns						
2. educating consumers on the risks of not seeking help						
3. advising consumers to see other health professionals e.g. GP's						
4. using posters						
5. using TV advertisements						
6. using radio advertisements						
7. using social media such as twitter [®] , Instagram [®] and Facebook [®]						
8. encouraging people to seek help for mental health by having conversations with family and friends						
9. encouraging people to ask family and friends if they are OK						
10. only targeting those with a mental health condition						
11. only targeting those who ask for help						

Please indicate your agreement with the statements based on your experiences in community pharmacies						
I have observed or experienced:	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree	I don't know
1. signs and posters promoting mental health and wellbeing in the community pharmacy						
2. community pharmacies promote mental health and wellbeing using social media such as twitter [®] , Instagram [®] and Facebook [®]						
3. community pharmacies promote mental health and wellbeing using TV advertisements						
4. community pharmacies promote mental health and wellbeing using radio advertisements						
5. community pharmacies promote established mental health and wellbeing organisations and campaigns						
6. pharmacy staff discuss mental health and wellbeing topics						
7. pharmacy staff provide counselling for new mental health related medications						
8. pharmacy staff ask consumers how they are when they collect mental health related medications						
9. pharmacy staff discuss mental health and wellbeing with consumers who are not collecting mental health related medications						
10. promotion in the pharmacy focusing more on products than services						

Effective promotion of mental health and wellbeing in community pharmacy						
This would involve:	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree	I don't know
1. posters in store						
2. social media such as twitter®, Instagram® and Facebook®						
3. staff discussing mental health and wellbeing with consumers						
4. pamphlets and brochures placed on the pharmacy counter						
5. radio advertisements						
6. TV advertisements						
7. using celebrity endorsements and their real-life stories						
8. using real people's stories						
9. linking with already existing campaigns and organisations						
10.using health workers such as naturopaths in store						
11.using visiting health professionals in store						

In relation to your responses to Q10-11 above, if using health workers/professionals in store would be effective, which types of health professionals should these be? Please specify:

If a community pharmacy is going to promote mental health and wellbeing, which staff members are best placed to do this?

- ☐ Pharmacists
☐ Pharmacy Support Staff
☐ Both

Do you think community pharmacy staff need to be trained to promote mental health and wellbeing?

- ☐ Yes ☐ No

Which of the factors below do you feel could be barriers to promoting mental health and wellbeing in community pharmacy? (Please select all that apply)

- ☐ Busy pharmacy environment
- ☐ Lack of privacy
- ☐ Lack of staff training
- ☐ Sensitive nature of mental health
- ☐ Pharmacy consumers don't know they can talk to pharmacy staff about mental health
- ☐ Community pharmacies location in a retail environment makes it difficult for consumers to identify pharmacist's role in allied health team
- ☐ Other: please specify

Which of the following options do you think could be reasons to support the promotion of mental health and wellbeing in community pharmacy? (More than one option can be selected)

- ☐ Community pharmacies have convenient opening hours
 - ☐ There are lots of community pharmacy locations
 - ☐ There is the potential to build relationships with community pharmacy staff
 - ☐ Pharmacy staff see consumers more regularly than other health professionals such as GP's and psychologists
 - ☐ Community pharmacy staff can connect consumers to helpful resources and support organisations
 - ☐ Pharmacists are experienced and trusted health professionals
 - ☐ Community pharmacy has been successful in implementing other health promotions
 - ☐ Pharmacist's and staff are non-judgmental towards mental-illness
 - ☐ Pharmacists may have different opinions or experiences with different mental health treatments than other health professionals
 - ☐ None of the above
 - ☐ Other: please specify:
-

Table 4: Consumer themes of mental health and wellbeing promotion (n=519) **n**

1. Maintaining good or positive mental health (<i>e.g. healthy mind, happiness, etc.</i>)	95
2. Holistic approach (<i>e.g. physical and mental health, balanced life, body and mind, etc.</i>)	68
3. Increasing mental health awareness and/or understanding and reducing stigma (<i>e.g. promoting mental health, community awareness</i>).	95
4. Providing or obtaining help or support (<i>e.g. checking-in; providing encouragement, directing to help or services, etc.</i>)	81
5. Mental illness prevention (<i>e.g. coping strategies, being proactive, self-management, etc.</i>)	25
6. Do not know, no information provided (<i>e.g. nothing</i>)	33
7. The importance of promoting good mental health (<i>e.g. good, positive, etc.</i>)	55
8. Reference to a mental illness (<i>e.g. problems coping, poor health, etc.</i>)	31
9. Mental health promotion is not effective (<i>e.g. not much</i>)	8
10. Unclear responses	33

Table 5: Supporting quotations for additional barriers to mental health and wellbeing promotion in community pharmacy

Barrier Type	Supporting quote
Stigma	<i>“Embarrassment if already an existing relationship”</i>
Pharmacy environment	<i>“It’s not appropriate in a pharmacy setting” (respondent did not indicate why it would not be appropriate)</i> <i>“Anger and emotional outbursts could be off putting to regular customers”</i>
Beyond scope of practice	<i>“Those at this stage of seeking advice, require more attention than any pharmacy is capable or qualified”</i> <i>“See a doctor who is trained for this pharmacist and staff are there to supply medicines”</i> <i>“I don’t want a teenager speaking to me about mental health”</i> <i>“Inability to refer/book in for care plan”</i>