Title: A qualitative study exploring opportunities for pharmacists to connect with young mental health consumers

Authors: Sara S McMillan (BPharm, PhD; Senior Lecturer),¹ Helen Stapleton (PhD; Research Fellow),² Victoria Stewart (BOccThy, MPhil; Lecturer),² Amanda J Wheeler (PhD, PGDipPubHelth, BPharm, BSc Professor in Mental Health),^{2,3} Fiona Kelly (BPharm, PhD; Senior Lecturer).¹

Author institutional affiliations:

¹Quality Use of Medicines Network, Menzies Health Institute Queensland, School of Pharmacy and Pharmacology, Griffith University, Gold Coast Campus, Southport, Qld, Australia, 4222

²Menzies Health Institute Queensland, Griffith University, Nathan Campus, Qld, Australia, 4111

³School of Pharmacy, Faculty of Medical and Health Sciences, University of Auckland, Auckland, New Zealand

Postal and email address of corresponding author:

Dr Sara McMillan

School of Pharmacy and Pharmacology

Room 3.13, Building G16

Gold Coast Campus, University Drive

Southport, Australia, 4222

Telephone +61 (0) 7 555 27266

Facsimile +61 (0) 7 555 28804

Email: s.mcmillan@griffith.edu.au

Acknowledgements: We are appreciative of the help provided by numerous individuals at the two Brisbane-based support organizations and thank all participants for sharing their stories and experiences in an interview or focus group.

Disclosure statement: The authors declare that they have no competing or potential conflicts of interest. In 2016 this study received financial support from a Griffith University New Researcher Grant (NRG) Scheme.

Author contributions: SM, FK, VS and AW participated in the design of the study. SM and VS conducted the interviews and SM transcribed 20 interviews. SM, VS and FK quality checked the interview transcripts. SM and FK facilitated the focus group using the nominal group technique. SM and HS analysed the data, which were discussed with the entire research team. SM and FK drafted the manuscript. All authors provided editorial comments, read and approved the final manuscript.

Word Counts

Abstract: 291

Manuscript: 5528

Abstract

Objectives: To explore how pharmacists can best support young people using medication for any mental health condition. The experiences of obtaining or supplying psychotropic medication and recommendations for service improvement were explored from the perspectives of young people, community pharmacists and key stakeholders.

Design: Qualitative study using semi-structured interviews with young people and pharmacists, and the Nominal Group Technique as a consensus method for stakeholders.

Setting: Face-to-face interviews with 18 young people and a nominal group with six stakeholders were conducted at one of two mental health support organizations in Brisbane, Queensland, Australia. Phone conversations were held with 11 pharmacists Australia-wide.

Participants: Young people were between 14-25 years of age, used any mental health medication for the last two months and lived in the community. Pharmacists recognized as mental health advocates or providing a mental health service, and stakeholders from one support organization, were purposively recruited.

Outcome measures: Themes related to the current and potential role/s for pharmacists when interacting with young people using psychotropic medication.

Results: There was limited awareness of the role of pharmacists, possible due to the largely transactional nature of young people's pharmacy experiences. However, young people perceived value in receiving information from pharmacists about their psychotropic medication, specifically side effects and interactions with alcohol and other recreational drugs. Respectful communication and access to a private space to discuss sensitive matters were identified as ways that pharmacists could encourage the development of supportive relationships with young people.

Conclusion: This study provides unique insights about the experiences of young people using psychotropic medication within the community pharmacy setting. There is an imperative for pharmacists to move beyond a transactional or reactive approach to create a safe health space and address young people's concerns about medication beyond initial supply.

Key Points

Background

- Although young people use psychotropic medication to manage their mental health, they experience challenges that could be addressed in a pharmacy setting
- When young people obtain prescription medication from pharmacies there are opportunities for pharmacists to support them with their medication use and promote mental wellbeing

Findings

- Study findings provide insight into the need for pharmacists to move beyond a transactional approach to connect with, and better support, young people
- Young people had limited experiences with pharmacists, but reflected acceptance of a greater pharmacist role in this area
- Community pharmacies can be an important place for young people to obtain information about their psychotropic medication, advice about alcohol and other recreational drug use, and to seek clarification of conflicting advice from treating professionals
- Study findings can inform pharmacy training such as the need for greater Mental Health First Aid training to improve communication skills and promote innovative, youth-friendly service development

There is a worldwide call to respond to the increasing prevalence and impact of mental health conditions, with emphasis on vulnerable populations such as young people.¹ Half of all serious mental health conditions commence between 14 and 25 years of age;² suicide is the second leading cause of death in this age group;³ and between 2005-2012 the rate of antidepressant use reportedly increased in people younger than 19 years.⁴ However, the prevalence of mental health conditions could be underestimated if youth are reluctant to seek, or experience challenges in accessing, relevant health services.⁵⁻⁷ Additionally, taking medication can introduce challenges including adverse effects,^{8,9} concerns about dependence^{10,11} and associated stigma;^{12,13} the journey to effective treatment can be difficult.¹¹ These medication experiences are reflected in the Medication Experience Model by Werremeyer et al, including other key themes associated with medication use, such as medication burden and adherence.¹⁴ This model outlines how medication experience is inter-related with medication acceptance and the illness experience, and while it was formed from the lived experience of adult consumers using psychotropic medication,¹⁴ it is likely to be of relevance for a younger population.

Psychotropic medication is routinely obtained from community pharmacies and pharmacists have worked successfully with adults to address challenges and promote mental wellbeing.¹⁵ Pharmacies are accessible healthcare destinations that provide opportunities for pharmacists to have a more prominent role in the area of mental health.^{16,17} This includes the early identification of individuals with mental health concerns¹⁸⁻²⁰ and suicide risk assessment and mitigation.²¹ These opportunities can be constrained by personal or workplace factors including limited confidence, stigmatising attitudes or restricted time or capacity.^{18,22} Consumers may not be aware of, or perceive limitations in, the role of pharmacists within the context of mental health.²¹

Overall, there has been limited exploration of the experiences and needs of young people in the context of community pharmacy. When Horsfield explored how community pharmacies could better meet the needs of young New Zealanders, there was minimal awareness of available services, and concerns about privacy and power imbalance.²³ Although there was a stated need for greater youth-specific health promotion, no firm conclusions could be made about the role of pharmacy in youth mental health.²³ In the United Kingdom (UK), researchers identified that the youth-friendly ‘You’re

Welcome' service criteria was applicable to the community pharmacy setting, however, the majority of surveyed pharmacists (n=34; 81%) did not offer formal mental health services to young people.²⁴

Australian research has demonstrated that trained community pharmacists can deliver an individualised medication service that promotes significant improvements in mental health consumer-reported outcomes, including quality of life.²⁵ Canadian community pharmacists resolved medication related issues for mental health consumers and assisted with health system navigation and triaging for health-related concerns.²⁶ While these are encouraging findings, the study designs excluded young people or did not report their participation. Although there is potential for community pharmacists to support young people with a mental health condition, how this is best done remains unexplored. This exploratory study addresses two key knowledge gaps:

- (i) young people's experiences and expectations with respect to obtaining psychotropic medication from the community pharmacy setting; and,
- (ii) how pharmacists can assist young people with a mental illness.

This exploratory study provides key insights into how pharmacists can best support this vulnerable population through the experiences of young people obtaining psychotropic medication, combined with the opinions of pharmacists and stakeholders.

Methods

Data were obtained from three participant groups: young people (aged 14-25 years), pharmacists and stakeholders (service providers within the area of youth health). This study involved semi-structured interviews with young people and pharmacists, and the Nominal Group Technique (NGT) with one group of stakeholders who were representatives from a range of closely aligned service providers working with similar groups of young people, e.g. providing housing support, sexual health, drug and alcohol services. Qualitative interviews explored experiences and perceptions of young people with lived experience and pharmacists who were recognized as advocates for mental health related pharmacy services. Additionally, the NGT was used as a consensus method^{27, 28} with stakeholders to further identify how community pharmacy staff could better support this vulnerable population. Similar in form

to a focus group, but a more highly structured process, the NGT enables participants to generate ideas in relation to a question, discuss and group these ideas, and to individually rank the grouped ideas in order of priority.²⁹ An overview and explanation of the NGT as a consensus method is reported elsewhere.^{28, 29} Stakeholders responded to the question: *what services or care could community pharmacies offer to help young people with mental health conditions to meet their individual health goals*, from the perspective of what young people would want. Use of the NGT to explore this question from the viewpoint of young people is the subject of future research, and findings about the specific medication-related experiences of young people will be reported elsewhere.

Study setting, recruitment and participants

Young people were recruited through two youth-focused mental health support organizations in Brisbane, Queensland, to facilitate face-to-face interviews. These organizations provide information and resources to support young people with their mental health and wellbeing, as well as access to various healthcare professionals, such as psychiatrists. Flyers and postcards were used for study promotion and clinical intake teams screened clientele for eligibility. Young people were required to be between 14-25 years of age, had used prescription medication for the last two months to manage any mental health condition, and lived in the community. Researchers contacted interested participants to provide study information; parental consent was required for persons under 18 years. Young people were encouraged to bring a support person, and interview questions were provided beforehand to minimise any research-related concerns. The research team implemented a strategy to screen for, and manage, any emotional distress; participants were reminded that participation was voluntary prior to obtaining written consent.

Researchers purposively recruited community pharmacists who provided a mental health service listed on the 'Find a Pharmacy' website (<https://www.findapharmacy.com.au/>) and via researcher networks and social media posts. Pharmacists provided verbal consent prior to telephone interviews. Stakeholders from a consortium that provided aligned services to young people gave written consent to participate in the NGT on-site. Approval to audio-record all data collection was acquired, participants

were provided with a gift voucher (\$25-50AUD) and an opportunity to review individual interview transcripts. University human research ethics approval was obtained (GU Ref No: 2017/348).¹

Data collection

Two semi-structured interview guides (Table 1) were developed with reference to the literature^{15, 19, 23, 30-33} and feedback from the research team, two service clinicians, a community pharmacist and a consumer with lived experience. The interviews with young people were undertaken in a private consultation room at each service, and pharmacist interviews were conducted over the phone. All interviews were at a time that best suited participants. A qualitative researcher (SM) facilitated all but one interview between October 2017 and November 2018. Written debriefs were provided to all researchers to promote discussion of emerging themes and inform data collection.

[Insert Table 1 here]

Two pharmacist researchers (SM and FK) facilitated the generation, discussion, grouping and ranking of participant ideas (NGT) with stakeholders in November 2017 (active discussion 59.40 minutes).^{28, 29} In this instance, participants were asked to choose five key ideas identified by the group in response to the NGT question, and rank these five ideas in terms of importance (5=most important to 1=least important). The researchers then conducted a simple thematic analysis of the ideas to identify key concepts from the group.

The majority of audio-recordings were transcribed verbatim by a researcher (SM; n=20) to assist with data immersion; a purposive selection of these transcripts were checked by another researcher (VS or FK) for quality assurance with minimal amendments made. Due to researcher time-constraints, a transcription company was employed to transcribe the remaining interviews, which were quality checked by the interviewer (SM).

Data analysis

¹ A process equivalent to the Institutional Review Board in the United States.

The interviewer (SM) and another researcher (HS) independently read all interview transcripts to facilitate data familiarisation. A preliminary coding framework was established for each participant group informed by interview guides and the Medication Experience Model.¹⁴ Similar ideas present in both data sets were categorised into a single code, for example, all information related to the ideal pharmacy service; these codes were then further refined into sub-themes, such as privacy (i.e. axial coding). These two researchers met to discuss their respective analyses, resolve any anomalies and agree upon the dominant themes.³⁴ While an inter-coder reliability check was not conducted, there was initially widespread agreement about the emergent themes between the two researchers. The data analysis process was managed using NVivo (version 12, QSR International Pty Ltd, Doncaster, Victoria, Australia). The nominal group transcript and ranked list of priorities was used to provide additional context; given the different methods of data collection, these results are presented separately from the interview data, with some similarities highlighted.

Results

Twenty-nine interviews were conducted; 18 young people (mean 49.65 minutes) and 11 pharmacists (mean 36.57 minutes). Young people ranged from 14-25 years of age and 16 were female. Most young people were using antidepressants solely or in combination with other psychotropic medication; two participants did not specify the medication class being used to manage their depression or anxiety. Pharmacists were interviewed from across five Australian states/territories; four were pharmacy owners and all except one currently worked in the community pharmacy setting. Seven pharmacists were female and two worked for the same pharmacy banner group. The one hospital pharmacist had previous community pharmacy experience and was an accredited Mental Health First Aid trainer. Mental Health First Aid is a training program for healthcare professionals and the general public on how to support people with a mental illness, for example, in a crisis situation.³⁵ Six stakeholders participated in the NGT, one of which was female.

Data analysis revealed three higher-order themes: 1) increased vulnerability; 2) communicating medication information; and, 3) a spectrum of care. Verbatim quotes are provided to support the themes

and the following codes used to represent participant type: P=Pharmacist; YP=Young Person; S=Stakeholder. Additional quotes are reported in Table 2 as evidence of these themes.

[Insert Table 2 here]

Increased vulnerability

The young people referenced experiences or concerns that highlighted their increased vulnerability, including not having their illness validated, perceived judgement and/or stigma, poor medication-related experiences and uncertainty introduced through limited information or conflicting messages. For example, a pharmacist queried a doctor's advice to one young person to immediately cease a medication, yet no action was taken:

“...I was concerned, and the pharmacist even made like a comment being like, oh, I don't know about that. And I was like, yeah, I don't know about it either...they [pharmacist] were just sort of like... I'm not telling you not to listen to your doctor, but I just know that that's a sort of risky thing...” (YP14, female, 24 years)

Another participant described anxiety around a similar experience, reflecting they would have appreciated greater warning from the pharmacist about possible implications of abrupt medication cessation. Interactions with health professionals and parental attitudes towards psychotropic medication use did not always accommodate the vulnerability of young people, which could increase uncertainty or negatively influence medication adherence. One pharmacist discussed this in a general sense with the following statement:

“...all they [GP's] do is ask a bunch of very confronting questions and you go from there straight into a pharmacy, where you just get given the medicine and at *best*, you might even receive like an actual CMI [consumer medicines information]...mum thinks I shouldn't be on it...then they just go off the medicine...” (P5, male, pharmacy owner)

Both pharmacists and young people appreciated that collecting psychotropic medication from a pharmacy could be intimidating, particularly the initial supply. Young people were concerned about, or had experienced judgement from pharmacy staff, and one pharmacy owner stated that they must feel ‘*absolutely awful*’ when obtaining medication initially. Conversely, one participant explained that they were not concerned because people would understand that they were trying to help themselves. Young people expressed less concern when they had obtained medication for other health conditions. There was recognition that the pharmacy was a neutral space not particularly orientated towards young people, however, for a few participants, the older clientele made for a more daunting experience:

“...it could be very intimidating for people to go in have to get a script [prescription] filled when there’s a lot of older people there ’cause they might feel like there’s something wrong with them that they need to get this...they kinda feel like well maybe their body’s failing as well...” (YP1, female, 21 years)

Communicating medication information

The pharmacists recognized their role was to be knowledgeable about mental health and provide information on medication use and how to manage associated risks, as well as support medication adherence. Pharmacists believed that young people were most concerned about side-effects, risk of dependence, and treatment duration. However, young people also mentioned practical challenges to medication adherence, including strategically skipping doses of expensive medication; and forgetting to take antidepressants. One participant recommended that pharmacists need to:

“Ask them [young people] how they’re going, ask them if they’re taking it [medication] regularly...they really need to drum into young people, that you need to be taking this medication every day for it to have an effect” (YP2, female, 24 years)

Both pharmacists and young people recognized a need for additional medication-related information. For example, one young person wanted to know what the effects were from using both his mood

stabiliser and anxiolytic medication concurrently as this information was not readily accessible online. Two participants indicated that they received more information on other (short-term) medications, e.g. analgesics, compared to their long-term psychotropic medication:

“...there's been so many times where I've gotten over-the-counter [non-prescription] medications...or antibiotics or something like that where they're like, don't take this with this or, take this with food or take it um hours after you do this...but I don't get that with antidepressants. Like they don't even say, don't drink alcohol with it...” (YP12, female, 24 years)

The importance of contextual information to manage conflicting advice was highlighted by one young person; a medication label with the cautionary instruction of ‘*never stop immediately*’ contradicted her doctor’s advice to cease it because she was experiencing suicidal ideation:

“...if she [doctor] didn’t say that and I just kept taking it like, you never know what could have happened you know what I mean?” (YP6, female, 23 years)

Some pharmacists disclosed that they would directly or indirectly approach the topic of suicide when counselling on first-time medication use for a mental health condition, yet one young person felt that this discussion had ongoing relevance:

“...I should have been warned every time [about risk of suicidal ideation]. Every time it's relevant, tell me. Like it's a really big thing to be keeping from someone. I understand I can Google® it, but you can't rely on depressed people to be doing anything, except try and live...” (YP17, female, 20 years)

This same participant went on to describe that pharmacists could provide information on other support services, such as crisis helplines or Beyondblue² to normalise the process of seeking help. Pharmacists noted that there was room for improvement regarding this (Table 2), as well as concern about how to ensure the safety and wellbeing of the young person whilst maintaining confidentiality.

Another key area for contextual information identified by some young people was alcohol and recreational drug use, as this was considered a prime-time for young people to be out partying:

“There probably are other young people out there who are taking antidepressants and maybe thinking about taking illicit drugs as well, in combination or going off them...and it's like they [pharmacists] pretend, you know, everyone's going to be really good behaved little children and not do that and we just won't mention drugs, no one talk about the word, no one, no one *talk about ecstasy* (whispered), don't talk about it” (YP12, female, 24 years)

While this was not discussed by pharmacists, there was evidence of assumptions made about this age group with respect to alcohol. When asked if they approached conversations with young people differently to an older demographic, one pharmacist specified that they did not typically ask about alcohol use if they were under the legal drinking age (18 years). Conversely, two other pharmacists described their surprise upon identifying young people that did not drink alcohol:

“I don't want to assume that just because they're young they must go out partying...actually a lot of the time - for example, with her, she was like I don't drink alcohol at all. I'm like, oh, okay, cool, easy. Whereas I have had a lot of the elderly people be like, oh, I can't have a glass of wine?” (P11, female, community pharmacist)

² Beyondblue is an Australian non-government organization that provides information and support for young people to protect their mental health (www.beyondblue.org.au)

Ultimately, pharmacists' language was considered important, with a focus on communicating '*with feeling*' (Table 2) and being non-judgemental. A less interrogative approach to interacting with young people with informal conversation was suggested by one pharmacist to develop rapport:

"...I'm not too sure why people open up to me I guess um because I'm quite, in a way, laid back. When I'm at work I don't come down and I'm like, I'm going to speak to you and we're going to have a formal conversation, it's just like, oh, so how are you going?" (P11, female, community pharmacist)

A spectrum of care

Many young people described their own interactions with pharmacists as transactional in nature compared to the self-reported practice of many of the more proactive pharmacists interviewed, who themselves emphasised a need for further training on communication. The typical transactional approach described by young people and the more proactive, relationship building style described by participating pharmacists reflected a diverse spectrum of care. However, both recognized limited discussion of mental health within the pharmacy setting; collecting psychotropic medication was characterised by one participant as akin to '*buying milk*' (Table 2). For most young people, pharmacists were viewed as strangers (Table 2), with one participant commenting:

"I've always just thought that pharmacies were an in - out business, because I never got the feeling that you could have a rapport with a pharmacist..." (YP12, female, 24 years)

Possible contributing factors to more limited interaction with pharmacists which were discussed by young people included perceived lack of insight into the impact of mental health conditions on young people and unfamiliarity with the pharmacist's role:

"...you just give them [the pharmacist] the script, they get your medication, they make you pay and then you're out of there...I don't actually know what I could actually ask them in terms of

medication...I've never kind of thought about it or like been aware, yeah" (YP6, female, 23 years)

Pharmacists discussed some of the environmental factors that influenced their ability to interact with this population, such as capacity with respect to workload. Three pharmacists described challenges of being a sole pharmacist and managing complex situations. There was also recognition that the unique setting of community pharmacy contributed to this complexity:

"...a doctor often sees someone's name down, knows they're coming in in half an hour, knows they're probably coming in with their mum, might know what their mum or dad is like and has prepared themselves. We just have someone walk in, no idea they're coming, you might just be a bit tied that day...so I can see why many pharmacists do find that overwhelming and don't engage as good as they could every time" (P4, female, hospital pharmacist)

There were examples of leading practice change by pharmacists. For example, one owner instigated Mental Health First Aid training for all staff, and increased collaboration with health professionals and local schools on health promotion to improve the transactional exchange. Another pharmacy owner commented:

"...we have a policy that anyone with an antidepressant medicine is automatically counselled in the consult rooms, in a very non-discriminatory fashion..." (P1, female, owner)

Participants expressed a preference for the option of a more private space, although this did not necessarily mean a consultation room which could draw unwanted attention. While there were minimal negative experiences reported, one participant described having their privacy violated by a pharmacist loudly discussing her health condition in an open area of the pharmacy:

“...I've had people I know in the background, you know hearing all about my mental health - which I didn't consent to...I know I have depression - you don't need to say it...” (YP17, female, 20 years)

Young people suggested proactive strategies to promote effective interaction with young people including an online chat service, and prompt service with minimal fuss for participants with anxiety. One young person preferred that the pharmacist make the initial approach:

“You know what if someone is a bit too anxious...they just want to get their medication and go. Because they're too scared to say hey, I've got this question. So maybe, yeah, I wouldn't mind if they [pharmacist] said how are you going with everything - any questions?” (YP16, female, 20 years)

Very few participants reported being asked how they were going, and some questioned the pharmacist's role and what they could do. However, responses were more positive in the context of medication use:

“...just kinda checking in and say how are these working for you? Are they working? Are you finding any negative side effects to them? Would probably be something really positive, something really good...” (YP1, female, 21 years)

There were examples of good pharmacy experiences, with one young person describing a pharmacist taking time to provide comfort and reassurance as well as providing an emergency supply of their antipsychotic tablets when they had run out. While some suggestions were made to make a pharmacy more 'youth-friendly,' such as a chill-out space, employing younger pharmacy staff, and making some written resources more user-friendly, the focus was on addressing medication-related issues in a considerate and kind way.

Stakeholder feedback

Consortia stakeholders proposed twenty-six service elements of an 'ideal' pharmacy service (Table 3). During the NGT, stakeholders grouped any similar ideas (a total of eight groups) and prioritised five of these categories related to young people being better informed or empowered in managing their mental health. These comprised of youth specific information resources and apps with simple clear messages; an innovative concierge service to guide young people throughout their pharmacy experience; and proactive support such as holding medicines for people identified as at risk of overdose, or periodic onsite support from psychologists and / or community organization representatives. After completing the NGT, two researchers (SM, FK) then grouped the generated ideas into themes using simple thematic analysis, which were: pharmacy environment, medicine supply, interaction between young people and pharmacists, medicines information, connection to support (psychologists and community organizations), checking in and cultural considerations (Table 3).

[Insert Table 3 here]

Although the pharmacy environment was not a key priority, it featured in nearly a third of the proposed service elements. This encompassed youth friendly signage, creating private spaces to discuss medication or conduct a welfare check, and a dedicated chill-out space replete with youth friendly information. Information related to both information on medicines and side effects, and judgement free advice related to drug interactions including with illegal drugs. Medication supply related elements included reminders to collect prescriptions, holding repeat prescriptions and a standard offer to provide dose administration aids co-branded with details of community mental health support organizations. Similarly, stakeholders perceived value in follow-up calls or texts as a gold standard to check-in on how young people were going.

Connection to support comprised of passive advertising of free services through to proactive activities such as onsite support services, talks at schools to increase pharmacy accessibility for young people, and building relationships with community service providers to facilitate referral processes.

Discussion

There are clear opportunities for community pharmacists to positively impact on a young person's experience of using psychotropic medication, a journey fraught with complexity and ambiguity. There is an imperative for pharmacists to move beyond a transactional or reactive approach³⁶ to create a safe health space, and address young people's concerns about medication beyond initial supply. There needs to be recognition that pharmacists work in a space less conducive to truly knowing the medical history of a person^{37, 38} and that some young people seek a simple, no-fuss experience whilst others welcome pharmacists proactively checking-in. Overall, there has been limited research into the role of community pharmacists in supporting young people with chronic conditions,³⁹ let alone for mental health conditions. This study provides unique insights about the experiences of young people using psychotropic medication within the community pharmacy setting, a healthcare destination with potential to become more accessible for this vulnerable population.

Although young people recognized that community pharmacists could check-in on their progress with medication, it was not often experienced or always wanted. Perceived value of a more active pharmacist role in treatment and medication-related information were noted by French Canadian adults,⁴⁰ with similar views expressed by other adult mental health consumers,^{41, 42} notwithstanding concerns related to privacy and confidentiality. A lack of privacy is a major barrier for pharmacists providing greater care to mental health consumers, from the perspective of both consumers and pharmacists.^{19, 41, 43} It remains an area of tension in the pharmacy environment, with a battle for space between retail activity and professional service delivery.^{44, 45} To our knowledge there have been no specific studies that have assessed the impact of providing a separate counselling room on pharmacist-consumer mental health consultations, including young people.

Although factors such as involvement in decision making and individual preference guide the information sought by a young person,⁴⁶ this quick, transactional approach described by participating young people was not particularly valued, except by those with anxiety. The pharmacist is perhaps best to initiate a non-judgemental conversation about medication use in-person or by using the practical strategies proposed by young people and stakeholders. Follow-up is particularly important to support

young people with the burdensome process of trial and error when starting or changing medications.¹¹ Pharmacists should also consider the broader context of the individual when providing medication information or advice, for example, a young person's general medication beliefs and influencing factors, such as peer and parental attitudes. There are opportunities to address any medication-related myths that may be of concern to the young person. Further guidance on effective communication with young people and pharmacists may be warranted, which has been proposed by Australian, UK and US researchers.⁴⁷

We did not ask young people how they would prefer to obtain medication information and the usefulness of mobile applications, social media or other formats. It is well recognized that social media and digital technology can influence the health and wellbeing of young people.⁴⁸ The question of how community pharmacists can intersect information with digital technology to meet the needs of young people, irrespective of age, remains unanswered, with limited exploration of this within the pharmacy context.^{23, 39} However, health professionals can play an important role in increasing health literacy skills and navigation to evidence-based information that meets the needs of, or is directed towards, young people.⁴⁹ For example, the UK website YoungMinds involved pharmacists in providing some general medication information on psychotropic medication.⁵⁰

Increasing engagement and rapport with mental health consumers is attainable and was a goal of the pharmacists interviewed in this study, and in other research highlighting the value of such relationships.⁵¹ While young people had mostly limited expectations of community pharmacists, they and the stakeholders proposed a range of practical, achievable strategies to address this and meet the duty of care emphasised by participating pharmacists. This included thinking beyond typical service delivery such as conducting school-based health promotion activities or promoting a medication counselling service for consumers using psychotropic medication.

There was an identified need for extra pharmacy staff training; Mental Health First Aid is a way to improve associated communication skills. While the impact of this on consumer outcomes is not well documented,⁵² there is research highlighting the value of this training by pharmacists⁵³ and pharmacy students.⁵⁴ Indeed, Calogero and Caley proposed Mental Health First Aid training as part of a suite of solutions to remove barriers impeding mental health consumer access to community

pharmacists in the US.⁵⁵ While our study did not focus on barriers and facilitators, pharmacists did refer to the perceived challenge of engaging with young people, particularly when they do not routinely have detailed insight into a person's mental health journey. Compared to other health professionals who have specific appointment schedules for patient consultations, community pharmacists are in the unique and challenging position of trying to manage impromptu interactions to the best of their ability. These findings highlight the need for further exploration with both young people and pharmacists more broadly and within the same pharmacies.

Using psychotropic medication places young people in a particularly susceptible position with respect to medication-related issues, such as associated side effects and suicidal ideation. It is evident that young people implicitly trust healthcare professionals to act in their best interest.⁴⁶ However, this study identified young people being placed at increased risk of an adverse event when their medication-related concerns were not addressed. This was specifically related to advice about the abrupt withdrawal of medication. It appears that the pharmacists involved did not challenge or confirm this advice with the prescriber, yet their concern was evident to the young person in front of them. This placed the young person in a vulnerable position from the simple action of trusting in the care and advice of healthcare professionals. It is imperative that community pharmacists consider their role in advocating for more vulnerable populations, such as young people, that may be less likely to question the authority of healthcare professionals.

Lastly, this study identified that there is a significant information gap of relevance to this population; alcohol and recreational drug use. Some young people identified a role for pharmacists to support them to make informed decisions. There is limited research on the role of pharmacists in broaching this topic with young people, although there are self-report tools to support pharmacists, such as the youth-specific Substances and Choices Scale.⁵⁶ Additional training may be required to facilitate this and address implicit bias of pharmacists related to stereotypes that may be changing, for example, increasing rates of young people choosing not to drink alcohol.⁵⁷ Ultimately, information provision should be individualised to the specific needs or preferences of the individual.

To our knowledge, this is one of the few studies that have focused on the community pharmacy experiences of young people using a range of psychotropic medications. Our study findings provide a

call to action for pharmacists to move beyond a transactional approach while still accommodating those young people who do not wish to engage. This paper does not however provide a ‘how to’ guide for pharmacists to do this; further insight from a broader sample size should be obtained to inform such professional guidance. This also includes a need for further research into the experiences of young people at different stages of their medication journey, for example, when obtaining a prescription refill, which is likely to be a different experience from first time medication supply.

Limitations

This exploratory study involved interviews with a cross-section of young people from two specific organizational sites, therefore, the findings may not represent the views of other young people obtaining psychotropic medication from pharmacies in Australia or other countries. For example, participants were mostly white-Caucasian, female, and experienced medication users. Two participants under 16 years selected to bring a support person to the interview; we cannot determine if this adversely influenced the discussions held with these participants. We acknowledge that a wide age range was included for young people as participants, thereby representing significant diversity in youth developmental stages. This age-range was primarily selected to closely align with the service criteria used by the youth-focused mental health support organization. While most young people interviewed were autonomous in the management of their medication, future work is needed to explore the impact of a young person’s life course in relation to medication use and pharmacy experiences. This also includes where young people learn about medications and the impact of parental and peer influence. Many of the pharmacists involved were mental health advocates, which is likely to have resulted in socially-desirable responses to interview questions, and the risk of interviewer bias is possible as interviews were facilitated by a pharmacist researcher.

Conclusion

This qualitative study offers insights into the experiences of young people managing mental illness with psychotropic medication. Study findings highlight community pharmacies as an important place for young people to connect with pharmacists and obtain advice about managing psychotropic medication,

side effects and interactions with alcohol and other drugs. The potential role of pharmacists in clarifying conflicting healthcare professional advice and referral to other community supports was highlighted. Respectful communication and access to a private space to discuss sensitive matters were identified as ways that pharmacists could encourage the development of supportive relationships with young people. These findings provide a call to action for pharmacists to move beyond a transactional approach to explore innovative, youth-friendly strategies in this context.

References

1. World Health Organization. Mental Health Action Plan 2013-2020. Available at: https://apps.who.int/iris/bitstream/handle/10665/89966/9789241506021_eng.pdf?sequence=1. Accessed June 7, 2019.
2. Kessler RC, Berglund P, Demler O et al. Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Arch Gen Psychiatry*. 2005;62(6):593-602.
3. World Health Organization. Mental Health: Suicide data. Available at: https://www.who.int/mental_health/prevention/suicide/suicideprevent/en/. Accessed June 6, 2019.
4. Bachmann CJ, Aagaard L, Burcu M et al. Trends and patterns of antidepressant use in children and adolescents from five western countries, 2005-2012. *Eur Neuropsychopharmacol*. 2016;26(3):411-19.
5. Ipsos Public Affairs. Children and youth mental health survey: getting help in ontario. . Available at: https://www.ipsos.com/sites/default/files/ct/news/documents/2017-11/Children%20and%20Youth%20Mental%20Health%20Survey%20Findings_FINAL_Nov.pdf. Accessed June 7, 2019.
6. Gulliver A, Griffiths K, Christensen H. Perceived barriers and facilitators to mental health help-seeking in young people: a systematic review. *BMC Psychiatry*. 2010;10(1):1-9.
7. Goodwin J, Savage E, Horgan A. Adolescents' and Young Adults' Beliefs about Mental Health Services and Care: A Systematic Review. *Arch Psychiatr Nurs*. 2016;30(5):636-44.
8. Murphy A, Gardner D, Kisely S et al. A Qualitative Study of Antipsychotic Medication Experiences of Youth. *Can Acad Child Adolesc Psychiatry*. 2015;24(1):61-69.
9. Narendorf S, Munson M, Floersch J. Perspectives on Psychotropic Medication Treatment Among Young Adults Formerly Served in Public Systems of Care: A Thematic and Narrative Analysis. *J Soc Social Work Res*. 2015;6(1):121-43.

10. Kranke D, Guada J, Kranke B et al. What Do African American Youth With a Mental Illness Think About Help-Seeking and Psychiatric Medication?: Origins of Stigmatizing Attitudes. *Soc Work Ment Health*. 2012;10(1):53-71.
11. Maroun RA, Thackeray LA, Midgley N. Meaning and medication: a thematic analysis of depressed adolescents' views and experiences of SSRI antidepressants alongside psychological therapies. *BMC Psychiatry*. 2018;18(1):374.
12. Bluhm RL, Covin R, Chow M et al. "I Just Have to Stick with It and It'll Work": Experiences of Adolescents and Young Adults with Mental Health Concerns. *Community Ment Health J*. 2014;50(7):778-86.
13. Kranke D, Floersch J, Townsend L et al. Stigma experience among adolescents taking psychiatric medication. *Child Youth Serv Rev*. 2010;32(4):496-505.
14. Werremeyer A, Skoy E, Kelly G. Use of Photovoice to Understand the Experience of Taking Psychotropic Medications. *Qual Health Res*. 2017;27(13):1959-69.
15. Wheeler A, Fowler J, Hattingh L et al. Exploring the role of community pharmacy in supporting mental health consumers and carers. Available at: <http://6cpa.com.au/resources/fifth-agreement-rd/mental-health-project/>. Accessed June 25, 2019.
16. Rubio-Valera M, Chen TF, O'Reilly CL. New roles for pharmacists in community mental health care: a narrative review. *Int J Environ Res Public Health*. 2014;11(10):10967-90.
17. Silva SN, Lima MG, Ruas CM. Pharmaceutical interventions in mental health: A review of the literature to support evidence-informed policymaking. *Res Social Adm Pharm*. 2018;14(10):891-900.
18. Royal Pharmaceutical Society England. No health without mental health: How can pharmacy support people with mental health problems? Available at: https://www.rpharms.com/Portals/0/Documents/RPS%20mental%20health%20roundtable%20report%20June%202018_FINAL.pdf?ver=2018-06-04-100634-577. Accessed June 25, 2019.
19. O'Reilly CL, Wong E, Chen TF. A feasibility study of community pharmacists performing depression screening services. *Res Social Adm Pharm*. 2015;11(3):364-81.

20. Rosser S, Frede S, Conrad WF et al. Development, implementation, and evaluation of a pharmacist-conducted screening program for depression. *J Am Pharm Assoc.* 2013;53(1):22-9.
21. Murphy AL, Hillier K, Ataya R et al. A scoping review of community pharmacists and patients at risk of suicide. *Can Pharm J (Ott).* 2017;150(6):366-79.
22. Giannetti V, Caley CF, Kamal KM et al. Community pharmacists and mental illness: a survey of service provision, stigma, attitudes and beliefs. *Int J Clin Pharm.* 2018;40(5):1096-105.
23. Horsfield E. Exploring the Role of Community Pharmacy in Providing Healthcare to Young People in New Zealand: Using a Youth Participation Approach. Auckland, NZ: University of Auckland; 2003.
24. Alsaleh F, Smith FJ, Rigby E et al. Applying the 'You're Welcome' youth-friendly service criteria to community pharmacy in the UK. *J Pharm Health Serv Res.* 2016;7(1):71-79.
25. McMillan SS, Kelly F, Hattingh HL et al. The impact of a person-centred community pharmacy mental health medication support service on consumer outcomes. *J Ment Health.* 2018;27(2):164-73.
26. Jacobs L, Garnder D, Murphy A. Outcomes Evaluation of the Bloom Program. 2016.
27. Delbecq A, Van de Ven A, Gustafson D Group Techniques for Program Planning: a guide to nominal group and delphi processes, Editor ed.^eds. USA:Scott, Foresman and Company; 1975.
28. McMillan SS, King M, Tully MP. How to use the nominal group and Delphi techniques. *Int J Clin Pharm.* 2016;38(3):655-62.
29. McMillan S.S, Kelly F, Sav A et al. Using the Nominal Group Technique: How to analyse across multiple groups. *Health Serv Outcomes Res Method.* 2014;1492-108.
30. Haugbolle LS, Devantier K, Frydenlund B. A user perspective on type 1 diabetes: sense of illness, search for freedom and the role of the pharmacy. *Patient Educ Couns.* 2002;47(4):361-8.
31. Gray N.J., McDonagh J.E., Harvey K et al. Arthriting: Exploring the relationship between identity and medicines use, and to identify the contribution of medicines and pharmacy services, for the care of young people with arthritis. Final Report. Available at: <https://pharmacyresearchuk.org/wp-content/uploads/2013/07/Arthriting-full-report-final-formatted-12dec13.pdf>. Accessed June 25, 2019.

32. McDonagh JE, Shaw KL, Prescott J et al. "Sometimes I feel like a pharmacist": identity and medication use among adolescents with juvenile arthritis. *Pediatr Rheumatol Online J*. 2016;14(1):57.
33. Newbould J, Smith F, Francis SA. 'I'm fine doing it on my own': partnerships between young people and their parents in the management of medication for asthma and diabetes. *J Child Health Care*. 2008;12(2):116-28.
34. Moser A and Korstjens I. Series: Practical guidance to qualitative research. Part 3: Sampling, data collection and analysis. *Eur J Gen Pract*. 2018;24(1):9-18.
35. Kitchener BA and Jorm AF. Mental health first aid training for the public: evaluation of effects on knowledge, attitudes and helping behavior. *BMC Psychiatry*. 2002;2(1):10.
36. Guillaumie L, Moisan J, Grégoire J-P et al. Perspective of community pharmacists on their practice with patients who have an antidepressant drug treatment: Findings from a focus group study. *Res Social Adm Pharm*. 2015;11(2):e43-e56.
37. Crump K, Boo G, Liew FS et al. New Zealand community pharmacists' views of their roles in meeting medicine-related needs for people with mental illness. *Res Social Adm Pharm*. 2011;7(2):122-33.
38. Liekens S, Smits T, Laekeman G et al. Pharmaceutical care for people with depression: Belgian pharmacists' attitudes and perceived barriers. *Int J Clin Pharm*. 2012;34(3):452-59.
39. Gray NJ, Shaw KL, Smith FJ et al. The Role of Pharmacists in Caring for Young People With Chronic Illness. *J Adolesc Health*. 2016;60(2):219-25.
40. Guillaumie L, Ndayizigiye A, Beaucage C et al. Patient perspectives on the role of community pharmacists for antidepressant treatment: A qualitative study. *Can Pharm J (Ott)*. 2018;151(2):142-48.
41. Murphy AL, Martin-Misener R, Kutcher SP et al. From personal crisis care to convenience shopping: an interpretive description of the experiences of people with mental illness and addictions in community pharmacies. *BMC Health Serv Res*. 2016;16(1):569.
42. Fejzic J, Knox K, Hattingh HL et al. Australian mental health consumers and carers expect more health management information from community pharmacy. *Int J Pharm Pract*. 2017;25(6):454-62.

43. Hattingh HL, Knox K, Fejzic J et al. Privacy and confidentiality: perspectives of mental health consumers and carers in pharmacy settings. *Int J Pharm Pract.* 2015;23(1):52-60.
44. Rapport F, Doel MA, Jerzembek GS. “Convenient space” or “a tight squeeze”: Insider views on the community pharmacy. *Health Place.* 2009;15(1):315-22.
45. Hattingh HL, Emmerton L, Ng Cheong Tin P et al. Utilization of community pharmacy space to enhance privacy: a qualitative study. *Health Expect.* 2016;19(5):1098-110.
46. Jordan A, Wood F, Edwards A et al. What adolescents living with long-term conditions say about being involved in decision-making about their healthcare: A systematic review and narrative synthesis of preferences and experiences. *Patient Educ Couns.* 2018;101(10):1725-35.
47. Gilmartin-Thomas JFM, Sleath B, Cooper Bailey S et al. Preparing pharmacy students to communicate effectively with adolescents. *Int J Pharm Pract.* 2019; 10.1111/ijpp.12581:
48. Goodyear VA, Armour KM, Wood H. The Impact of Social Media on Young People’s Health and Wellbeing: Evidence, Guidelines and Actions. Birmingham, UK2018.
49. Smith F and Gray N. Empowering young patients with long-term conditions to take control of their medicines. *Expert Rev Clin Pharmacol.* 2009;2(5):453-59.
50. Gray NJ, Burton J, Campbell R et al. Expanding the Role of the Pharmacist, Editor ed.^eds. Cham:Springer International Publishing; 2018.
51. Mey A, Knox K, Kelly F et al. Trust and safe spaces: mental health consumers' and carers' relationships with community pharmacy staff. *Patient.* 2013;6(4):281-9.
52. Morgan AJ, Ross A, Reavley NJ. Systematic review and meta-analysis of Mental Health First Aid training: Effects on knowledge, stigma, and helping behaviour. *Plos One.* 2018;13(5):e0197102.
53. Kirschbaum M, Peterson G, Bridgman H. Mental health first aid training needs of Australian community pharmacists. *Curr Pharm Teach Learn.* 2016;8(3):279-88.
54. O'Reilly CL, Bell SJ, Kelly PJ et al. Impact of mental health first aid training on pharmacy students' knowledge, attitudes and self-reported behaviour: a controlled trial. *Aust N Z J Psychiatry.* 2011;45(7):549-57.
55. Calogero S and Caley CF. Supporting patients with mental illness: Deconstructing barriers to community pharmacist access. *J Am Pharm Assoc (2003).* 2017;57(2):248-55.

56. Christie G, Marsh R, Sheridan J et al. The substances and choices scale (SACS)--the development and testing of a new alcohol and other drug screening and outcome measurement instrument for young people. *Addiction (Abingdon, England)*. 2007;102(9):1390-8.
57. Pavlidis A, Ojajarvi A, Bennett A. Young people and alcohol abstention: youth cultural practices and being a non-drinker in Finland and Australia. *J Youth Stud*. 2019; 10.1080/13676261.2019.1566597:

Table 1: Interview Guides

<i>Young People</i>
<p><u>Let's talk about your experience of taking medication for your mental illness</u></p> <ul style="list-style-type: none"> • What do you think about using or taking medication for mental illness? • How involved were you in the decision to start medication? • How did you feel when you first started to take medication for your mental illness? • Can you describe how you manage your medication? • Where would you go / who would you talk to if you wanted advice on your medication? <p><u>Pharmacy understanding</u></p> <ul style="list-style-type: none"> • What do community pharmacies do (e.g. medication provision, services)? • What do community pharmacists do (i.e. their role/s, expertise)? • In general, what would you go to/visit a community pharmacy for? • What do you expect from a pharmacy when you go there (for anything / mental health medication)? <p><u>Pharmacy experiences</u></p> <ul style="list-style-type: none"> • How often would you go into a community pharmacy (e.g. monthly etc.)? • What are your experiences (positive/negative) of community pharmacies (in general, and specific to obtaining MH medication)? Prompts: How did you feel when you first entered a pharmacy for your mental illness medication? Was it easy to get what you wanted (e.g. to get medication, advice)? How did the staff treat you? • Has a community pharmacist or other staff member ever approached you to ask how you are going on your medication? • How can community pharmacies support young people taking medication for a mental illness(s)? Prompts: How could community pharmacies help young people to manage or take their medication? Mental health in general? • What does the term 'youth-friendly' pharmacy mean to you?
<i>Pharmacists</i>
<ul style="list-style-type: none"> • What do you think are the challenges/concerns faced by young people with any mental illness? • What do you do in your pharmacy to support young people with a mental illness?

- What have been your experiences interacting with young people with a mental illness in the pharmacy?
- How youth-friendly is your community pharmacy? How could it become more youth-friendly?
- How do you think community pharmacies can assist young people with mental illness? Why?
- What benefits would pharmacy staff obtain by supporting young people with mental illness?
- What are the facilitators for pharmacies to have a bigger role in supporting young people with mental illness?
- What are the barriers? What could help to overcome these barriers?

Table 2: Additional Participant Quotes

<i>Increased Vulnerability</i>	<p>“...she [pharmacist] was like - he said to just stop? Double-checked. And I was like, yeah. And then she said, okay...I don't know if maybe second-guessing a doctor is frightening for your job. So. She looked uncomfortable and that did plant the seed in my head of anxiety...” (YP17, female, 20 years)</p> <p>“...it's not an easy experience to walk into somewhere that, for them probably is a very unfamiliar environment if they haven't been to that particular pharmacy before, they don't know the people, everyone's a stranger, but then now I've got this medicine...they'll know that it's for my depression or anxiety and so then what are they going to think about me...” (P2, female, community pharmacist)</p> <p>“...I'd only shared that [information] with people that were close, and I knew they were understanding like obviously a pharmacist they probably give these things out every day to everyone, but I was still kind of sharing that with a stranger...” (YP8, male, 25 years)</p> <p>“...she [pharmacist] was looking at the medication I had and kind of looking at me, kind of...like a, subconscious judgement...she was a little bit extra nice to me. It was, it wasn't the best kind of feeling um to think that, you know, there is a pharmacist who does this kind of, you know, judging people for what medication they take...” (YP13, male, 25 years)</p>
<i>Communicating medication information</i>	<p>“every time I've had somebody start on antidepressants I've asked them that question [about suicidal ideation], and in more than half the cases they will cry at me in relief that somebody has actually asked...has actually got that how deeply they're feeling in depression” (P7, male, pharmacist)</p> <p>“...to provide customers with the information that they need regarding their medication, how to take it. Um, all relevant you know symptoms of um what this medication may do and where to seek help if this, if the situation arises I guess...” (YP13, male, 25 years)</p> <p>“maybe there's scope for, um, collaborating a bit more with places like you know beyondblue or headspace... ensure that locally they know they can be referred to a pharmacy and that's probably something that, that um, pharmacies not particularly strong on in that collaboration with others” (P3, male, pharmacist owner)</p> <p>“...this person is already in the situation, you know, they're probably going to be most relieved if someone approaches them but without them having to do the hard work or awkward conversation first” (P4, female, hospital pharmacist)</p> <p>“Because, unless we want to be replaced by robots, we should be talking to people. With feeling. So, we need to learn about how to approach people who have mixed up feelings, and not be ashamed of it and not judge them...” (P2, female, community pharmacist)</p>
<i>A spectrum of care</i>	<p>“...it's just is a bit weird sometimes when they like kind of act like it's just your buying milk or something...I would like it if they asked more questions about when I'm filling things out, you know” (YP7, female)</p> <p>“...I get what I need and I go straight back out again [laugh]. Yeah I just hate sitting around at the pharmacy mainly because older people like to talk” (YP4, female)</p> <p>“...something I could personally improve on, is being more like um, offering of um - other like resources and things, like headspace and beyondblue and do you need this phone number and that phone number? And um have you got a mental health care plan with your doctor or has he only just given you the script and you're on your way, type thing?” (P11, female, community pharmacist)</p> <p>“I think they probably should be checking in on people like especially if people have come in and it's clear they've only got one repeat left. You know like - it's probably like is it working now? Or have you thought about like - have you got any check-ups soon or something?” (P18, female, 21 years)</p> <p>“the benefit for the patient is there's someone there they can access on a daily basis as a referral point, not a counsellor, but a referral point or a judge of whether they're, whether they're condition needs, needs a referral at this stage or requires just a simple check in or requires you know um them to maybe ring their psychiatrist or go to ED [Emergency Department] you know” (P4, female, hospital pharmacist)</p>

Table 3: Nominal Group Technique Results

Stakeholder Category	Idea Raised by Stakeholders	Researcher Coding	1	2	3	4	5	Total	Rank
A	1. E-prescription to present at any pharmacy and all linked to an app and information such as the youth specific information sheets	Information	4	2	3	4	5	18	1
	2. Mechanisms to remind clients that prescriptions are due for review of medicines - as a digital format, text etc.	Medicine Supply							
	3. Follow-up phone call text or app as gold standard - can be to check how you are going.	Check-In							
B	4. Have specific visitors who provide free advice over a half-one day and young people can book in.	Community Support	1	4	4	1	1	11	4
	5. Aboriginal and Torres Strait Islander liaison fostered by pharmacy to reduce the stigma of taking medicines	Cultural Support							
	6. Relationships with mental health services / youth services to make referral easier	Community Support							
	7. Go to schools to explain what pharmacy is about to make it a more acceptable place	Community Support							
	8. Cultural awareness around mental health being a taboo subject in some cultures e.g. refugees	Cultural Support							
C	9. Advertise free alternative options such as online coaching, reach-out, local community services	Community Support							
	10. Always offer an assisted service so concierge where young people are walked through the entire process. It can be available as an option and young people know there is someone there who will do this	Interaction	3	3	2	5	4	17	2
	11. Privacy / private spaces in submission of scripts	Environment							
	12. Privacy / private spaces when issuing sensitive medicines or equipment (e.g. syringes)	Environment							
	13. Privacy / private spaces when being asked if you are taking other medicines - explain why	Environment							
	14. Privacy / private spaces for a welfare check when asking about medicine response, how they are going	Environment							
D	15. Privacy / private area - payment point for prescriptions is at the front and young people have to carry it to the front and there is stigma - suggestion to bag it with the label of what it is not evident.	Interaction							
	16. Training young staff to engage well with young people	Interaction					3	3	

E	17. Targeted youth brochures / factsheets on medicines - e.g. simple, clear messages on generics	Information	2	5	5	2	2	16	3
	18. Youth friendly signage - like a heart check, young people vote on it	Environment							
	19. Full consultation on side effects, risk management, dose delivery	Information							
	20. Signage that is clear pointing young people to a young persons' corner, information booth (interactive), private space to <i>talk about STIs</i>	Environment							
	21. Judgement free advice on drug interactions, including drugs used socially, illegal	Information							
F	22. Chill out space for young people	Environment							
G	23. Pharmacist holds medicines for people at risk of overdose, e.g. red flag raised at a certain dose of a medicine, the young person does not have to identify, the doctor can say	Check-In	5	1	1	3		10	5
	24. Always offer to hold scripts - manage medication, let them know it is an option	Medicine Supply							
	25. As standard offer dose administration aid or own pack to pack yourself with branding such as headspace, lifeline, etc.	Medicine Supply							
H	26. Lower confusion about how to walk through the pharmacy to the script services - there are multiple aisles with a high number of products can be very intimidating to walk down that pathway. Lower this confusion so that there is a pathway that goes straight to the dispensary.	Environment							