

## Our vision for the future

Carla Cobb, PharmD, BCPP

Ashley E. Little, PharmD<sup>1</sup>

Jose A. Rey, PharmD, BCPP<sup>1</sup>

<sup>1</sup>College of Pharmacy

Nova Southeastern University

Fort Lauderdale, Florida

### KEYWORDS

psychiatry, pharmacist, legislature, awareness

### CALL TO ACTION

Carla Cobb, PharmD, BCPP

With **Positioning, Advancement, Awareness and Development** have become key words in my vocabulary in my daily life as a psychiatric pharmacist and in my work as CPNP Legislative Committee Chair, member of the Behavioral Health Care Pharmacist Integration into Primary Care Task Force, and CPNP Foundation Board Member.

Although the key words included in the CPNP Psychiatric Pharmacy Manifesto may not use these exact key words, the same theme is evident throughout the manifesto. The manifesto envisions a

future we should all should be striving toward, both as a member of CPNP and as an individual practitioner.

Although we can each impact our practices and the daily lives of our patients, we have the great benefit of our membership in CPNP and other pharmacy associations where we can work together in large numbers to craft this future. CPNP is making progress towards **Positioning, Advancing, Increasing Awareness and Developing** but much more can be done.

Let's make our future together by:

1. **Volunteering** for CPNP and other association committees and task forces where we can learn from each other and present strength in numbers.
2. **Responding** to CPNP calls to action whether it be a contact to your congressional delegation or a plea to send a letter to a governmental agency.
3. **Engaging** and serving consumers and caregivers through such organizations as your local chapter of the National Alliance on Mental Illness.

4. **Proving** the value of psychiatric pharmacists in improving outcomes, day by day, patient by patient and through publication of your research and successes.
5. **Developing** future psychiatric pharmacists by serving as a preceptor or Residency Director.
6. **Supporting** CPNP and the Foundation with your dues, product purchases and donations so the organizations can dedicate resources towards meeting the organizations' goals and priority initiatives.

Together as CPNP members, we can accomplish much.

### THE RESIDENCY PERSPECTIVE

Ashley E. Little, PharmD

Jose A. Rey, PharmD, BCPP

"Bath As a psychiatric pharmacy practice resident and residency coordinator, we ponder what our roles within the health care system may be ten years from now. Our primary goal is to improve the overall care for patients with psychiatric and neurologic illnesses. We would like our profession to function independently and collaboratively as practitioners to improve medication treatment outcomes for patients with mental diseases. Also, we will be participating in the development and training of future psychiatric pharmacists by being engaged and competent preceptors to students of pharmacy and the other healthcare disciplines. All healthcare students should have an increased understanding of mental illness and the use of psychotherapeutic medications. It is important to educate students regarding this underserved patient population, and demonstrate how they can positively influence the care for these patients. We envision the majority of us becoming board certified psychiatric

pharmacists and continuing the endless pursuit for knowledge.

It is very important for patients with psychiatric and neurologic illnesses to be given proper and evidence-based care. To achieve this, we will actively work within the health care multi-disciplinary team. This will include active assessment, interpretation, and evaluation of the patient's medication history, laboratory parameters, current clinical status, and how they are responding to and tolerating their current medication regimen. We will work diligently to elucidate potentially negative outcomes that can be avoided or better tolerated. Ten years from now, our specialized skill set and abilities will be globally recognized, and sought after, by other types of health care providers, including the general medical community. It will not be uncommon for a facility or healthcare system to have a psychiatric pharmacist on their treatment teams, and patients will be able to get the proper and more immediate care that they need through our interventions resulting in optimal drug therapy outcomes.

In a decade, the quality of research in neuropsychiatric pharmacotherapy will be improved. As psychiatric pharmacists, we will actively participate in conducting research to advance the evidence for the appropriate use of psychotherapeutic medication. There will be new (and hopefully not "me too") medications and guidelines for optimal patient treatment. Future research will allow us to provide the most effective treatment based on the patient's psychiatric or neurologic illness, social status, and other co-morbid medical conditions. Having a psychiatric pharmacy practitioner on the treatment team will assist in the appropriate and evidence-based prescribing of neuropsychiatric medications, whether by a psychiatrist or other type of physician, and even other types of prescribers, including pharmacists (e.g., VA clinical pharmacy specialists).

Psychiatric and neurologic pharmacists are essentially unknown to the lay public or even the general medical community. In ten years, we will be working closely with community practice pharmacists and other general practitioners to assure the appropriate pharmacotherapeutic care for patients with mental illness. We will also be nationally and globally recognized and reimbursed for the clinical services we provide. The public will be educated about the value of a psychiatric pharmacist due to our interactions with advocacy groups and initiatives locally and nationally. Our employment will be both secure and in high demand since more psychiatric pharmacists will be needed to provide our specialized and

unique skills to the care for individuals with mental illness. In conclusion, our future as psychiatric or neurologic pharmacists is bright because we will be able to provide a unique perspective and contribution to the mental health care team and thus ensure optimal treatment outcomes for the person requiring neuropsychiatric care.

\*Dr. Little is currently completing a PGY2 Psychiatric Residency.

**How to cite this editor-reviewed article**

Cobb C, Little A, Rey J. Our vision for the future. Ment Health Clin [Internet]. 2011;1(4):72-3. Available from: <http://dx.doi.org/10.9740/mhc.n83635>