

Potential changes impacting psychiatric pharmacy by 2030

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Dear *Mental Health Clinician* Editors,

The American Association of Psychiatric Pharmacists (AAPP) provides a range of education and resources to support psychiatric pharmacists in their clinical practices. In an era of rapid change, AAPP initiated a focus group of volunteers to answer the question, what changes might impact the practice of psychiatric pharmacy in the next 5 years? We would like to share how we went about this and what we found with AAPP members.

The process began with an environmental scanning meeting held on April 6, 2024, in Orlando, Florida, the day prior to the AAPP 2024 annual meeting. The meeting was facilitated by 2 AAPP staff. Invitations were issued to 46 volunteers from all active AAPP workgroups to promote representation across diverse perspectives of the organization (eg, advocacy/education workgroups, practice setting). Thirty-nine invitees attended the focus group meeting (see Table 1 for demographics). The meeting began with asking the above broad question and each participant generating their own list of 5 to 10 likely changes. The group consolidated the approximately 100 ideas down to 17 key changes.

Participants were able to volunteer to lead a small group discussion of any potential change on the list that they deemed important. Over the following 2 hours, small group discussions were conducted on 10 of the 17 changes (Table 2). No participant volunteered to lead discussions on the remaining 7 changes, and these are labeled as “not discussed” in Table 2 with the implication that there was less to be said or less to be done about them. Discussions addressed why the change is important, how the specialty could respond, and when it might happen. The small group leaders documented the discussions within 24 hours, and the resulting 21-page report was circulated to all participants. Finally, using Survey Monkey,¹ participants were asked for each change whether they agreed (on a 5-point Likert scale of “strongly disagree” to “strongly agree”) that it had specific characteristics, including being “inevitable,” “positive for patients,” and other factors useful primarily

for AAPP planning. That anonymous survey was live April 7 through 17, 2024, and 32 (82.1%) participants responded.

Potential changes were categorized as clinical ($n = 6$), practice management ($n = 5$), administration/payment ($n = 2$), regulatory ($n = 1$), or other ($n = 3$). Interestingly, the group was not unanimous in its categorization of any specific change (eg, no change was universally perceived as being an advocacy issue).

When asked about workforce pipeline challenges, 35.5% responded that the role of the Board-Certified Psychiatric Pharmacist (BCPP) in addressing the change is well-defined or standardized and accepted. All other changes had less than 33% endorsement that the role of the BCPP in addressing the change is well-defined and 9 of them had less than 10%. Clearly, most respondents view the role of the BCPP in all the coming changes as unclear, actively contested, and/or significantly variable.

In light of the above-described changes highlighted by leaders in our field, we psychiatric pharmacists must prepare for what is coming. We recommend that the reader consider the following:

- How are you positioning yourself and your practice, educational efforts, and/or advocacy efforts to align with 1 or more of these changes?
- In what areas are you already well versed?
- What changes will be needed to do the following:
 - Utilize artificial intelligence?
 - Capitalize on use of new medications for optimal patient outcomes?
 - Adapt as genomics and personalized medicine expand?

Beginning to consider how to move in 1 or more of these directions now will help position us all for success in the future. We must also define our role in these areas as psychiatric pharmacists, or others will define our role and set our limitations. Defining our role can be done in many ways, including but not limited to (1) describing yourself as a



TABLE 1: Participant characteristics based on AAPP profile data

Characteristic	n (%)
Age, years	
20–29	1 (3)
30–39	12 (31)
40–49	16 (41)
50–59	7 (18)
60+	3 (8)
Gender	
Female	28 (72)
Male	11 (28)
Nonbinary	0 (0)
Transgender female	0 (0)
Transgender male	0 (0)
Not Listed	0 (0)
Race/Ethnicity ^a	
Caucasian or White	33 (87)
Two or More Races	2 (5)
Hispanic/Latino/LatinX	1 (3)
Native Hawaiian or Other Pacific Islander	1 (3)
Middle Eastern or North African	1 (3)
African American or Black	0 (0)
Asian or South Asian	0 (0)
Native American or Alaska Native	0 (0)
Other	0 (0)
Part of the LGBTQ+ Community ^a	
No	31 (94)
Yes	2 (6)
Training	
Completed any residency	34 (87)
Completed a Psychiatric Pharmacy Practice Residency (PGY2)	28 (72)
Years Since Initially Earning BCPP	
1–5	5 (13)
6–10	11 (28)
11–15	8 (21)
16–20	5 (13)
21–25	6 (15)
26–30	3 (8)
N/A – not certified	1 (3)
Consecutive Years of AAPP Membership	
1–10	6 (15)
11–20	19 (49)
21+	14 (36)
Primary Practice Function ^a	
Clinical Pharmacist	23 (61)
Teaching/Academician	12 (32)
Other	4 (11)
Primary Practice Locale ^a	
Academia (Academic Medical Center, College of Pharmacy)	19 (49)
Government (Veterans Affairs, State Hospital)	10 (26)
Outpatient Psychiatric Clinic	3 (8)
Primary Care Clinic	3 (8)
Managed Care	2 (5)
Consultant	1 (3)

AAPP = American Association of Psychiatric Pharmacists; BCPP = Board-Certified Psychiatric Pharmacist; N/A = not applicable.

^aPercentages exclude 1-6 participants whose profiles do not include the specified information.

psychiatric pharmacist to your pharmacist and nonpharmacist colleagues, students, and patients; (2) collecting information to describe the impact you make with your patients, highlighting the ways you improve their access to and quality of care; (3) advocating with your local legislators to let them know what psychiatric pharmacists are, what a difference we make in patient care, and why we should be paid for our efforts; (4) taking ownership to lead the way into and through some of the above changes in your local practice, health system, or trainee education; and (5) aligning your practice with others so that health care systems will see more standardization across BCPP practices.

We will accomplish more by working together. AAPP is already addressing many of these topics²⁻⁹ with continuing education and journal publications. We recommend that the reader engage with AAPP to network with others experiencing the same forces, learn about the changes, share new best practices, and be equipped to move ahead into the future prepared to meet these changes head on.

In closing, psychiatric pharmacists must continue to push forward, doing our best to provide high-quality care to our patients and communities today, also keeping a keen eye on the care provision and educational needs of tomorrow.

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TABLE 2: Changes that might impact the practice of psychiatric pharmacy in the next 5 years

Anticipated Change	Discussion Summary	Inevitable		Positive for Patients	
		Agree, % ^a	Disagree, % ^a	Agree, % ^a	Disagree, % ^a
Clinical (6)					
Changing landscape of novel medication mechanisms of action and procurement models	Not discussed	90.6	0.0	90.6	0.0
Changing patient demographics ^{3,4}	Psychiatric pharmacists will increasingly need to address unmet mental health needs, expanding care to marginalized communities including children and adolescents, older adults, immigrants, people who identify as LGBTQ+.	90.6	0.0	68.8	0.0
Changing landscape of substance use disorder treatment ⁶	Psychiatric pharmacists will have increased legal and logistical ability to offer, manage, and promote treatment success with substance use disorders medication treatments.	87.5	3.1	90.6	0.0
Evolution of genomics/ personalized medicine	Genomics/personalized medicine will be an increasingly used psychotropic medication decision support tool. Psychiatric pharmacists will need to apply their expertise to clinical interpretation of test results and improve the evidence supporting whether pharmacogenomics should be routinely used in all patients with psychiatric disorders.	53.1	0.0	68.8	0.0
Autoimmune encephalitis as a sign of a new age of psychiatry	New understandings about disease and inflammatory processes in psychiatric disorders will usher in new diagnostic practices, increased collaborations with neurology and nutrition, and an abandoning of symptom-based treatments.	34.4	21.9	43.8	0.0
Nutritional impact on psychiatric disorders	Increased public and media attention on nutrition-based mental health treatments will mean psychiatric pharmacists will need to educate themselves, correct misinformation, provide education, and advance high-quality research in this area to promote optimal mental health outcomes.	34.4	21.9	65.6	9.4
Practice Management (5)					
Increased use of telehealth, virtual care, and digital therapeutics ²	Not discussed	96.9	0.0	96.9	0.0
Artificial Intelligence	Emergence of artificial intelligence in health care may impact future roles and processes of psychiatric pharmacists in ways that are not yet fully understood.	87.5	3.1	28.1	15.6
Psychiatric pharmacy workforce pipeline disruption ⁷	Various factors may disrupt the supply of psychiatric pharmacists, including burnout, decreased interest in residency training, decreased interest in the profession of pharmacy, and budget challenges.	87.5	6.3	6.3	87.5

TABLE 2: Changes that might impact the practice of psychiatric pharmacy in the next 5 years (continued)

Anticipated Change	Discussion Summary	Inevitable		Positive for Patients	
		Agree, % ^a	Disagree, % ^a	Agree, % ^a	Disagree, % ^a
Incorporation of psychiatry into primary care	Psychiatric pharmacists will increasingly need to collaborate with ambulatory care pharmacists, other mental health providers, and primary care clinicians to bring evidence based mental health care into primary care.	81.3	6.3	90.6	0.0
Shifting job market away from Veteran's Affairs institutions Administration/Payment (2)	Not discussed	37.5	9.4	31.3	18.8
Healthcare finances and payment models ⁵	Psychiatric pharmacists will face challenges and must pursue new opportunities related to reimbursement, cost saving initiatives, and escalating medication cost.	90.6	0.0	21.9	50
Provider status and payment for pharmacists ⁹	Not discussed	59.4	15.6	75.0	0.0
Regulatory (1)					
Inability to advocate due to state regulation diversity, ⁸ and lack of alignment as a pharmacy profession	Not discussed	84.4	3.1	0.0	84.4
Other (3)					
Politicization of diversity, equity, and inclusion	Legislation will have a significant impact on psychiatric pharmacists' delivery of pharmacy education, provision of gender affirming care and other aspects of high-quality care, and on their patients' level of comfort in seeking care.	84.4	6.3	15.6	65.6
Climate changes leading to more disasters and greater negative impact on mental health	Not discussed	75.0	9.4	3.1	75.0
Social media as a source of all education rather than reliance on educated/credentialed experts	Not discussed	59.4	18.8	9.4	87.5

^aPercentages represent the percentage who agree (or strongly agree) or disagree (or strongly disagree) that the respective change is inevitable and/or positive for patients. Each change was placed under a heading based on its most common categorization from the survey such that each categorization aligns with the opinion of 42% to 97% of respondents.

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