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Antecedents of willingness to provide pharmaceutical services for mental illness individuals

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ABSTRACT

Pharmacists play a role in providing health care for mental illness patients such as medication management, providing drug information, medication counseling, and facilitating treatment adherence strategies. This study aimed to determine the effect of stigma, attitude and belief on the willingness to provide pharmaceutival services for mental illness individuals. This study design is a quantitative correlational study with a cross sectional approach. The sampling technique in this study used a purposive sampling approach. The sample used was 376 respondents with the inclusion criteria of undergraduate and diploma pharmacy students in Central Java, Indonesia. Data analysis were conducted in structural equation modeling - partial least square (SEM-PLS). The statistical results showed that attitudes had a positive effect on the willingness of pharmacy students to provide pharmaceutical services for mental illness individuals ($p<0.05$). However, stigma and belief do not affect the willingness of pharmacy students to provide pharmaceutical services for mental illness individuals ($p>0.05$). This study suggested conducting learning evaluations such as improving mental health literacy and interdisciplinary collaboration.

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1. INTRODUCTION

Today, mental health issues are becoming a global epidemic. In 2017 nearly 20% or 46.6 million Americans had mental illness [1]. Mental health problems are the third health challenge after cardiovascular disease and cancer in the European region [2]. Furthermore, in 2015 Indonesia ranked second after India as a country in the Asia Pacific region with the most mental illness sufferers. A total of 9,162,886 cases experienced depressive disorders and 8,114,774 cases experienced anxiety disorders [3]. Mental illness is defined as a mental, behavioral, or emotional disorder. Mental illness has a variety of impacts, ranging from no disturbance to mild, moderate, and even severe disorders. Meanwhile, serious mental illness is defined as a mental, behavioral, or emotional disorder that results in serious functional impairment, which substantially interferes with or limits one or more major life activities [1].

The World Health Organization devised a strategy to reduce the number of mental illness cases by increasing interventions and services across community-based public health and specialist settings [4]. General practitioners who work more closely with a team of mental health specialists have a better perception and stigma associated with mental illness [5]. Self-efficacy of communication and respectful behavior was associated with mental health and illness. Causal attributions and perceived stigma influence attitudes to seek help with mental health problems [6]. Efforts to improve attitudes to seeking help should focus on reducing

stigma and increasing mental health knowledge [7]. However, these studies are mostly applied to community settings and medical services.

One of the health services provided by pharmacists is the handling of individuals with mental illnesses. The results of a literature review conducted by Rubio-Valera *et al.* suggest that pharmacists play a role in providing health care for mental illness patients such as treatment management, drug information providers, counseling on drugs, and facilitating treatment adherence strategies in provision of mental health care [8]. As health care professionals in the future, pharmacy students have an enormous contribution to make in handling cases of mental illness. A study by Bell *et al.* in Australia, Belgium, Estonia, Finland, India and Latvia stated that there is still a stigma from pharmacy students towards individuals with mental illness [9]. Meanwhile, a study conducted by Hanna *et al.* stated that some pharmacy students at U.K have a positive view of individuals with mental illnesses, however, they still have less confidence in providing services [10]. However, these studies are mostly carried out in developed countries while research related to mental illness in developing countries is still limited. Therefore, this study tries to apply it in developing countries such as Indonesia, especially Central Java, which aims to determine the effect of stigma, attitudes and beliefs on the willingness to provide pharmaceutical services for mental illness individuals.

2. METHOD

2.1. Study design and data collection

Study design used correlational quantitative study with a cross sectional approach. The sampling technique in this study used a purposive sampling approach. The sample used was 376 respondents with the inclusion criteria of undergraduate and diploma pharmacy students in Central Java, Indonesia. This study used a questionnaire that is distributed with the snowball technique through the Google Form platform.

2.2. Research instrument

The instrument in this study was a questionnaire adopted from Giannetti *et al.* and Barnes [11], [12] which consisted of four parts with a total of 36 statement items using a 4-point Likert scale. The first part measures the stigma of individuals with mental illness (nine items). The second part measures attitudes towards individuals with mental illness (13 items). The third part measures beliefs in individuals with mental illness (five items). The fourth part measures willingness to individuals with mental illness (nine items). The pilot test was conducted on 30 respondents, the results obtained were the value of Items-Content Validity Index (I-CVI) ≥0.78, so that all items were declared valid [13]. Furthermore, the statement items, sequence, and instructions for filling out the questionnaire were well understood by the respondents. Therefore, at this point, no statement components are dropped out.

2.3. Data analysis

Data analysis used structural equation modeling-partial least square (SEM-PLS) with the help of Smart-PLS version 3.0 software. The analysis consists of several steps. First, the validity test was carried out with convergent validity and discriminant validity. The second is a composite reliability test. Following that, path analysis used to examine the link between constructs.

3. RESULTS AND DISCUSSION

3.1. Respondents characteristics

Table 1 shows that the majority of respondents are 18-25 years old (99.2%) with the majority of the sex being female (90.2%). The majority of respondents is undergraduate pharmacy student with a percentage of 44.7% and was in the second year of 48.4%. Most of the respondents have an interest in working in the hospital at 48.1%. In addition, 92.6% of respondents knew about mental illness. According to the research of Wong *et al.* that pharmacists who work in community pharmacies and hospitals have good knowledge of mental illness and have neutral perceptions of individuals with mental illnesses [14].

3.2. Evaluation of measurement models

Evaluation of the measurement model aims to determine the validity and reliability of the questionnaire [15]. This evaluation consists of three criteria, namely convergent validity, discriminant validity and composite reliability [16]. Convergent validity aims to analyze the closeness of the indicator with its construct, where the required loading factor value is ≥0.50 [17]. The results show that all constructs have average of variance extracted (AVE) values that meet the requirements. Discriminant validity aims to ensure that each concept of each latent variable is different from other variables [18]. The results of discriminant validity (Fornell-Larcker) show that the square root value of AVE is greater than the correlation value between the constructs [16]. The reliability of a construct is indicated by the composite reliability value

>0.6 [19]. The results show that all constructs have composite reliability values in the range of 0.773-0.954. Thus, the questionnaire in this study was declared valid and reliable. Table 2 (see Appendix) reveals the test results of measurement models.

Inner model evaluation was applied to evaluate the relationship between constructs [20]. Table 3 shows the R^2 value of 0.218, so it can be stated that stigma, attitude, and belief are able to explain the willingness variable of pharmacy students in providing pharmaceutical services to individuals with mental illness by 21.8% while the remaining 78.2% is explained by other unexamined variables in this research. According to Sugiyono [21], the R^2 value in the range 0.20-0.399 is categorized as having a low level of relationship. Perception, knowledge, and mental health literacy variables that were not measured in this study were predicted to have an influence on the willingness of pharmacy students to provide pharmaceutical services to individuals with mental illness.

Table 1. Characteristics of respondents

Characteristics	Frequency (%)
Age (years old)	
18–25	373 (99.2)
26–45	3 (0.8)
Gender	
Male	37 (9.8)
Female	339 (90.2)
Year of student	
I	77 (20.5)
II	182 (48.4)
III	94 (25.0)
IV	23 (6.1)
Educational program	
Bachelor degree of pharmacy	168 (44.7)
Associate degree of pharmacy	208 (55.3)
Interest in work	
Hospital	181 (48.1)
Pharmaceutical company/industry	80 (21.3)
Pharmacy	41 (10.9)
Public health center	32 (8.5)
Government	31 (8.2)
Entrepreneur	11 (2.9)
Do you know about mental illness?	
Yes	348 (92.6)
No	28 (7.4)

Table 3. Test results of structural model

Hypothesis	Relationship	Original Sample	p-values	Conclusion	R square
1	Stigma→Willingness	-0,074	0.212	Rejected	
2	Attitude→Willingness	0,411	0.000*	Accepted	0.218
3	Belief→Willingness	-0,076	0.140	Rejected	

Statistical evidence shows that attitudes had effect on the willingness of pharmacy students to provide pharmaceutical services to individuals with mental illness ($p<0.05$). These results are in line with the research of Bamgbade et al. which explained that if pharmacy students have a positive attitude about mental illness, it will have an impact on the willingness to disclose information related to mental illness [22]. Research conducted by Volmer *et al*. showed that poor attitude of pharmacy students affects the willingness to provide appropriate treatment counseling for individuals with mental disorders [23]. According to Rickles *et al*. , lack of negative attitudes towards schizophrenics significantly impacts pharmacists' willingness to provide services to individuals with mental illness [24]. The findings of Vainio *et al*. suggest poor attitudes contribute to the lack of drug information provided to individuals with mental illness [25].

Several studies have revealed that low knowledge is the cause of more negative attitudes towards individuals with mental illness [26], [27]. Rickles *et al.* added that the lack of experience of a pharmacist compared to a doctor is one of the causes of a more negative attitude towards individuals with mental illness. The findings also provide solutions for the need for future interventions to improve the provision of community pharmacist services for individuals with mental illness with professional development, reduce barriers, and facilitate interdisciplinary collaboration.

Stigma and belief do not affect the willingness of pharmacy students to provide pharmaceutical services to individuals with mental illness (p>0.05). The results of this study contradict the research of Bamgbade *at al.* and Lebowitz [28], [29]. According to Bamgbade et al. a person's belief can influence willingness to interact which states that pharmacy students are more willing to provide advice to diabetes patients than individuals with mental illness [28]. Lebowitz research found that a person's beliefs can influence willingness to interact [29]. These findings indicate that stigma does not change their commitment to providing pharmaceutical services to individuals with mental illnesses. Several literature found that in general pharmacy students have a neutral to positive attitude in providing pharmaceutical services to individuals with mental illnesses [23], [30]–[32].

The difference in results is due to differences in the level of knowledge and perceptions related to sociodemographic and cultural characteristics. In addition, several other factors such as low levels of mental health knowledge, low perceptions of individuals with mental illness in Indonesia, low literacy and mental health education which results in a lack of public awareness, lack of mental health experts and their unequal distribution, as well as a lack of mental health education. Accurate information to the public regarding the function and existence of these experts [33], [34]. Perception will produce beliefs and relate to emotions that can be positive and negative which in turn will have an impact on the tendency or willingness to take certain actions [35].

The results of this study can provide an idea that pharmacy students have a responsibility as pharmaceutical personnel to always meet the needs of individuals with mental illnesses [11]. These needs are related to mental health medication, treatment-related problems especially in terms of taking medication properly, side effects and drug interactions [36]. Therefore, pharmaceutical services are not only product-centered, they also work to build therapeutic relationships in meeting the needs of individuals with mental illnesses [37]. Therefore, a pharmacist needs to have an increased role in managing individuals with mental illness, including involvement in screening and risk assessment, the broader provision of treatment reviews, adherence interventions and participation in joint decision-making [8]. These services are needed and wanted by patients but must start with the motivation and commitment of the profession [36]. Figure 1 as shown in Output of inner model.

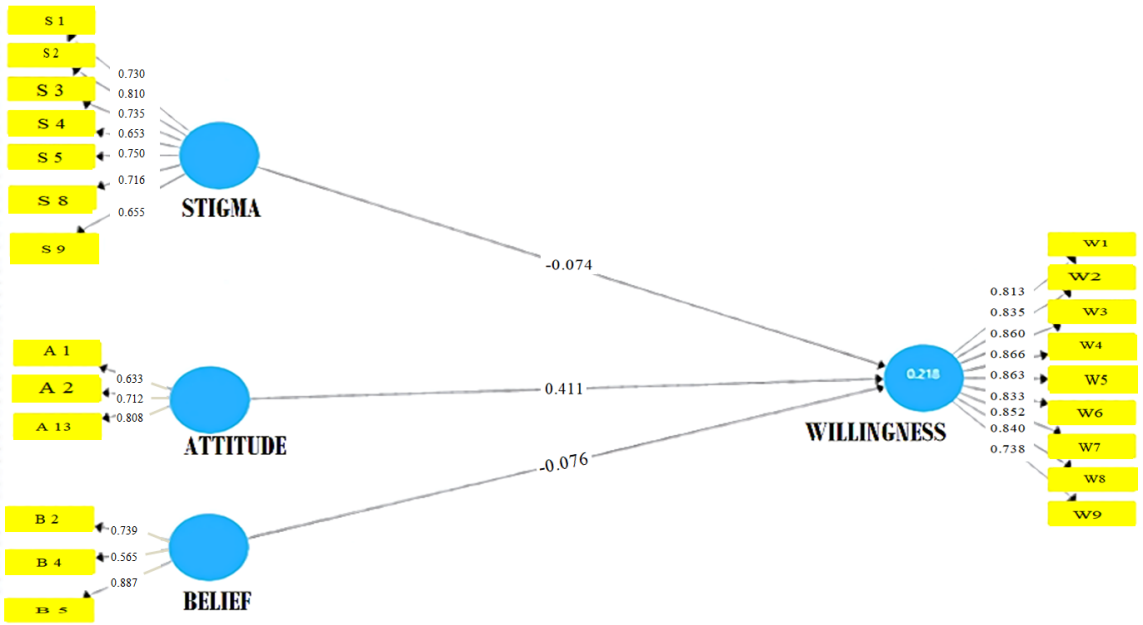

Figure 1. Output of inner model

4. CONCLUSION

Stigma and belief do not affect willingness to provide pharmaceutical services for mental illness individuals. However, attitude proven affect willingness to provide pharmaceutical services for mental illness individuals. This study suggested conducting learning evaluations such as improving mental health literacy and interdisciplinary collaboration.

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APPENDIX

Table 2. Test results of measurement models

Variable			Loading factor	AVE	Composite reliability	Discriminant validity
Stigma	S1	I would be willing to consider a person with mental illness as a close friend.	0.730	0.521	0.883	Yes
	S2	I would be willing to work alongside a person with mental illness.	0.810			
	S3	I would be willing to hire a person with mental illness.	0.735			
	S4	I would be willing to live with a person with mental illness.	0.645			
	S5	I would be willing to have a person with mental illness as a neighbour.	0.750			
	S8	I would be willing to introduce a friend as a	0.716			

Variable			Loading factor	AVE	Composite reliability	Discriminant validity
		relationship partner to a person with mental illness.				
	S9	I would recommend a person with mental illness for a job.	0.655			
Attitude	A1	Mental illness is a real disease.	0.663			
	A2	Anyone can suffer from mental illness.	0.712			
	A13	I believe that community pharmacists should make an effort to be active supporters of the recovery efforts being made by individuals with mental illness.	0.808	0.533	0.773	Yes
Belief	B2	Patients with mental illness will never recover	0.739			
	B4	Patients with mental illness are a danger to others.	0.565	0.551	0.781	Yes
	B5	Patients with mental illness have themselves to blame.	0.887			
Willingness						
	W1	I would be willing to ask the individual questions about how the medication is helping his/her symptoms.	0.813			
	W2	I would be willing to ask the individual what his/her goals are in using the medication.	0.835			
	W3	I would be willing to ask the individual about adverse effects he/she may be having with the medication.	0.860			
	W4	I would be willing to ask the individual questions about what he/she knows about the medication.	0.866			
	W5	I would be willing to ask the individual questions about how he/she is using the medication.	0.863	0.696	0.954	Yes
	W6	I would be willing to help the individual solve any issues he/she was having with the medication.	0.833			
	W7	I would be willing to discuss any major concerns the patient was having with the medication with his/her physician.	0.852			
	W8	I would be willing to help the individual monitor his/her condition and help him/her identify any unmet goals of using the medication.	0.840			
	W9	I feel very comfortable talking to an individual about his/her condition and medications.	0.738			