

A Qualitative Study of Psychiatric Patients' Perceptions of Pharmacy Services in the Psychiatric Department

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Abstract. This study aims to determine patients' perception of pharmacy services in the psychiatric polyclinic at PKU Muhammadiyah Gamping Hospital, Yogyakarta.

A descriptive qualitative technique was used in this investigation. The mental polyclinic patients' experiences with the pharmacological services they received were shared. Open-ended questions about the patient's knowledge of the medication, the objectives of therapy, the occurrence of side effects, the patient's response to them, whether the patient received treatment-related information from the psychiatrist, whether the patient received information from the pharmacist about drugs, and whether the patient was satisfied with pharmacy services were used during the March–April 2023 interview process.

There were 39 participants with mental health issues in this study. Eleven respondents could name the type of medication given to them. Ten patients reported not receiving an explanation from the doctor about their therapy. After using the medication, some patients reported feeling comfortable. Some patients reported experiencing adverse effects like sleepiness, tremors, shortness of breath, and spotting. Eight patients who consulted pharmacists for medication showed patient recognition of pharmacists. Most patients were satisfied with pharmacists' pharmaceutical services, but some demanded a more thorough explanation of their illness and alternative treatments.

Pharmaceutical services for psychiatry have been performed well according to patient perceptions. Several aspects still need to be improved.

Keywords: pharmacy services, pharmacist, psychiatric patient, drug, perception

1 Introduction

Currently, mental health illnesses, in general, have experienced a significant increase. In Indonesia, according to Basic Health Research in 2018, it was found that 9.8% of the population aged >15 years experienced mental health disorders [1]. Zuberi et al. conducted a systematic review and meta-analysis of the prevalence of mental health disorders in the Eastern Mediterranean Region (EMR) of the World Health Organization, obtaining high prevalence results [2,3]. Planczyk et al. also conducted a meta-analysis study from 27 countries. They denoted that the prevalence of mental disorders worldwide was 13.4%, anxiety 6.5%, attention-deficit hyperactivity 3.4%, and other mental disorders 5.7%. These figures continued to rise in line with the Covid-19 pandemic and changes in the world order [4].

With the increase in mental disorders, optimal therapy is urgently needed. One of the commonly given

therapies is pharmacological therapy. Antidepressants, antipsychotics, mood stabilizers, and muscle relaxants are often given to patients with mental disorders [5,6]. Combination therapy is widespread in treating the symptoms of mental disorders. Several articles have been written regarding the effectiveness of monotherapy and polytherapy. Although it is frequently not proven to be more effective, polytherapy is widely used in practice [7,8]. Because of this problem, pharmacists can take a role in optimizing therapy. This role can start with identifying drug-related problems, preventing drug-related problems, and even managing drug-related problems.

The role of pharmacists in successful therapy for mental illness is very much needed. Research in Malaysia by Abousheishaa et al. revealed that there were several obstacles to the implementation of pharmaceutical care for mental illness patients. The obstacles encountered by pharmacists included lack of time (89%), lack of pharmaceutical staff (87%), the inability of patients to understand medical information (85%), lack of patient requests and acceptance (82%), lack of formal policies

and standard practice protocols (78%), inaccessibility of patient medical records (77%) and lack of structured communication channels between pharmacists and physicians (75%), lack of knowledge /pharmacist skills and confidence (78%) and lack of recognition from doctors of pharmacist skills (76%) [9]. This condition is more or less the same as the condition in Indonesia. Qualitative research by Murphy et al. found that pharmaceutical care for mental illness patients has yet to be carried out optimally due to limitations in the work environment and a lack of structures and processes for full involvement as health care professionals [10]. Thus, research is still needed on the role of pharmacists in pharmaceutical care for mental illness patients. Therefore, the research to identify the opinions of mental illness patients regarding pharmaceutical services and map their perception is urgent.

2 Method

2.1 Study Design and Setting

The methodical and subjective methodology known as qualitative research uses participants' and researchers' perspectives and beliefs as its primary data source. Traditional content analysis techniques were applied in this study. A legitimate research technique for data analysis is content analysis. Word processes and patterns, their linkages, structure, and communication discourse can all be found in textual information using this methodical methodology to code and classify data. From March to May 2023, the study was conducted at the PKU Muhammadiyah Gamping Hospital's psychiatric clinic in Yogyakarta, Indonesia.

2.2 Research Participant and Sampling

Sampling used inclusion criteria, including outpatient psychiatric clinic patients in stable condition (verified by polypsychiatric nurse) who were willing to participate in research. To conduct research, researchers first explain the purpose of the research to participants and, if they wish, conduct investigative interviews with them after obtaining consent. The patients willing to become respondents by signing informed consent were interviewed. The interview included open questions to determine the patient's understanding of the drugs prescribed concerning pharmaceutical services. The questions consisted of 12 items using everyday language. The interview occurred at PKU Muhammadiyah Gamping Hospital's psychiatry clinic in Yogyakarta at the designated time and location. The process of gathering data is continued until data saturation occurs; at this point, all the data is repeated from earlier data sets, and no new information is found. The interviews ranged in length from thirty to forty minutes. General questions are asked to begin the interview. Data collection lasted for three months.

2.3 Data Analysis

We apply the Lincoln and Guba trustworthiness criteria to ensure data correctness and reliability. The four criteria used were transferability, confirmability, believability, and dependability. By giving them enough time to respond to questions, regularly reviewing and comparing data and categories in terms of similarities and differences, double-checking the findings with the participants, and having the findings verified by researchers experienced in qualitative research methods, the researcher was able to carefully select the participants, establish long-term contact with them, and earn their trust [11].

2.4 Ethical Approval

This research has ethical approval from the ethics committee PKU Muhammadiyah Gamping Hospital number: No. 026/KEP-PKU/ II/2023

3 Result and Discussion

Respondents in this study were people with a mental health condition who were willing to be respondents, could communicate normally, and were in stable condition at the time of the interview. The respondent profile can be seen in Table 1.

Table 1. Profile of participants

Description of participants' profile	N (%)
Gender	
Male	19 (48.72)
Female	20 (51.28)
Age (Years)	
17-25	13 (33.33)
26-35	9 (23.08)
36-45	8 (20.51)
46-55	3 (7.69)
56-65	5 (12.82)
>65	1 (2.56)
Duration of Therapy (months)	
1-12	15 (38.46)
13-24	14 (35.90)
25-48	6 (15.38)

>48	4 (10.26)
Total	39 (100)

The study involved 39 people with mental health conditions (19 males and 20 females). The patients' diagnoses with mental illness varied, most of whom underwent treatment for 1-24 months. The rest have been treated for more than two years. The respondents

were conscious, able to communicate, and willing to become a respondent by signing informed consent. Some respondents who were willing but experienced communication difficulties were excluded.

Interviews were conducted to determine the extent of the respondents' knowledge of therapy and their introduction to the pharmacist profession. A summary of the respondent's interview results is presented in Table 2.

Table 2. Summary of interview result

No	Questionnaire	Summary
A. Questions related to patient knowledge		
1	Have you received any drug therapy? Do you know the kind of drug you received?	Some mentioned the full name of the medicine, for example, "I memorize my medicine, fluoxetine, clobazam, then the medicines formulated include stelosi® 1 mg, hexymer® 2 mg, alprazolam, clorilex® 25 mg, diazepam 2 mg". Some mentioned the amount of medicine received, such as "There are two kinds of medicine; one is a concoction of several medicines made into capsules." Some respondents mentioned the indications of the drugs they received, for example, "I only remember depression, mood, and tranquilizer drugs."
2	Do you know the medication prescribed to you is for long-term use?	Most respondents knew. Only a small number of respondents did not know if they would undergo long-term therapy.
3	Are there any side effects?	16 people stated that there were no side effects While other respondents felt side effects with different complaints, most were sleepy. Other side effects included spots, oculogyric crisis, tingling, shortness of breath, and shaking.
4	Have you stopped taking the medication when there have been side effects?	Only one patient discontinued the medication.
5	When side effects occurred, did you contact your doctor/pharmacist?	Almost all patients told their psychiatric about the side effects of the medicine, and only one patient told the pharmacist.
6	Do you ever get tired of taking your medication?	Five respondents said they were bored with taking medication but still tried to suppress the boredom; the other respondents were not bored.
7	Do you ever get tired of taking your medication?	Most of them continued to take their medicine, some were encouraged by their families, and some encouraged themselves, for example, "Yes, actually I once did not take my medicine, but it was okay, but afterward, my body was shaking, cold sweat and then I retook it, I wanted to stop taking it, but then it felt bad."
8	If you have questions about medicine, who do you usually contact?	Pharmacists, psychiatrists, and google search
B. Questions related to knowledge of pharmaceutical services		
1	Did you get an explanation from the doctor/pharmacist as to what the medicine was for?	Some respondents stated that they received explanations related to therapy, and some felt that they did not.
2	Is there an explanation of the purpose of therapy?	The goal of therapy is sometimes explained by the doctor, sometimes not.
3	Did you find the explanation of the medicine prescribed to you was sufficient?	Some respondents said the explanations were sufficient.
4	What are your expectations regarding pharmaceutical services?	Some patients hope that the queue for medicines at the pharmacy will not be too long. Someone (patient) gave good input: "The weakness of pharmaceutical services is that they

		do not explain what the disease is, for example, schizophrenia, whether there are other therapies besides taking medication, what activities can be done. Is it just taking medicine? I am confused. Moreover, if people with schizophrenia are still laymen, what should they do after taking medicine? And if the medicine does not have any effect, what should they do? What else should they take? They will be confused. From a psychologist, I received attention by asking about my condition. Psychiatric only tell us to take medicine; they do not even tell me the dosage."
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3. 1 Patient perception

This study aims to determine the extent to which psychiatric patients understand their therapy and the extent to which they recognize the pharmacist profession. Regarding patient knowledge, respondents must answer eight questions freely. Respondents' answers were very diverse. However, the general items are written in Table 2. Several sentences from the summary results were mapped to find significant themes.

3.1.1 Perception of Medicine

In this section, most patients understood why they took the medication. This condition was seen in how they recognized the medicine and its indication. Some patients could mention the brand of the medicine given to them, even down to the frequency of use.

...fluoxetine, diazepam, and one drug I forgot the name of (R9)

...memorized, that morning, fluoxetine, clobazam, then the same drug mix. There was stelozi 1 mg, hexymer 2 mg, alprazolam, clorilex 25 mg, diazepam 2 mg (R18)

Most patients understood the purpose for which they were being treated, such as depression, mood improvement, and others.

I only remember depression, mood, and sedative drugs (R10)

Only a few patients mentioned the dosage form of the medicine they received without knowing its use. Patients with mental disorders require more comprehensive counseling than the average person. According to research by Abousheishaa et al., common obstacles for patients with mental disorders in receiving counseling are the low ability to receive medical information and the low demand and acceptance of pharmacist counseling [9]. This condition requires more attention from the pharmacist so that the patient can more readily accept the explanation regarding the medication. The more familiar the patient is with the medication, the more compliant the patient will be [12].

3.1.2 Perception of therapy duration

Most patients understood that their drug therapy was for the long term. Some respondents revealed they felt bored when asked if they ever felt bored.

I know the medicine takes a long time (R1)

...not yet, so I know the medicine is long-term, right? The doctor said it's okay (R4)

However, they did not stop taking their medication because they understood the goal of the therapy. They suppressed the boredom by remaining compliant with the therapy. They felt that by obediently taking their medication, they could control their mood, could rest well, and were more stable. When they stopped taking their medication, some felt confused, trembling, cold sweats, and other discomfort. This condition made respondents "forced" to adhere to their medication.

I don't get bored if I take medicine, it's nice, I can sleep, I keep taking it(R6)

Yes, I once didn't take medicine, but it was okay, afterward, my body was shaking. I had cold sweats, and after that, I took it again; I wanted to stop taking it, but it didn't taste good. (R18)

Psychiatric illnesses generally require long-term therapy, so they are prone to drug withdrawal, side effects, drug interactions, and other drug-related problems. These facts make the patient's understanding of the therapy and patient compliance essential to support the goals of the therapy. Pharmacists, psychiatrists, and other health workers must collaborate to help psychiatric patients undergo therapy to achieve the desired therapeutic outcome [13,14].

3.1.3 Perception of Side Effects

Side effects of the drug occurred in some patients. The side effects were classified as mild side effects. Some side effects reported by respondents included spots, shortness of breath, oculogyric crisis, irregular periods, drowsiness, nausea, tingling, constipation, dizziness, and weight gain. Despite these side effects, many patients continued to take their medication.

No, the doctor said that there are side effects, but there are stages, then the dose is reduced, the medication is paused, and so on until it is zero, I can't stop the medication myself. (R2)

...ever felt short of breath and unable to move. (R3)

On average, respondents would tell the psychiatrist about the side effects when they had the medical follow-up the following month.

I consulted the doctor, and he said to reduce the dose. (R37)

.... tell the doctor. (R1)

Only one respondent consulted a pharmacist regarding side effects and how to solve drug-related problems.

... doctor or pharmacist. (R8)

Drugs that work on the nervous system tend to have a high incidence of side effects. Moreover, these drugs are often used for long-term therapy. When side effects are not handled appropriately, it can lead to drug withdrawal and even reduce the patient's quality of life, especially in the physical and psychological domains [15].

In general, respondents understood the medicine given to them, although their understanding differed.

3.2 Respondent's perception of pharmaceutical services

At this point, questions were asked to respondents regarding the actions they took if there was uncertainty regarding the medicine. Respondents' answers varied. Some asked the doctor, while others asked the pharmacist. Some respondents searched the internet themselves, and some even asked acquaintances or neighbors who were considered to understand.

I rarely search on Google because I think the doctor has given an explanation, and the pharmacist has also given an explanation because the medicine is a concoction, so I don't know what's in it. (R2)

I asked my neighbor who works in a hospital; some relatives are pharmacy graduates who know what this medicine is for and what its effects are... (R3)

Based on the interview results, only a few respondents understood the pharmacists' tasks. They only knew that a pharmacist's job was to prepare and dispense medicine. When they experience medication-related problems, they prefer to consult a doctor directly or find out themselves by searching on Google. Tri Murti Andayani and Satibi, in the chapter Pharmacy Practice in Indonesia, stated that although the pharmaceutical practice law already exists, the pharmacist profession still needs to be fully recognized by Indonesian society [16]. According to Konx et al., not all patients talk to pharmacists when they receive medication, and not all pharmacists take the initiative to initiate conversations with patients. Of the 75 patients who spoke with pharmacists or staff, 73 said they understood the discussion points, while two others did not [17].

The questionnaire respondents had to answer regarding pharmaceutical services, beginning with whether the respondents received an explanation of the drug therapy

they received. The explanation was either from the psychiatrist or from the pharmacist.

Yes, it was explained to me from the mental health clinic. (R2)

yes explained (R14)

Some respondents stated they received an explanation about their medicine from the doctor, and some from the pharmacist at the pharmacy department. Their explanation included the purpose of therapy and side effects that might be experienced. Only a few respondents received an explanation about the length of therapy they would undergo.

Not only the therapy, it should be explained how to divert anxiety and so on. (R20)

yes, 5 years term. (R23)

It has been explained. Sometimes, the child (patient) is the one who actively asks the pharmacist and receives the medicine, and I (the patient's parent) monitor the rules for using the medicine. (R5)

Respondents generally felt that pharmaceutical services in the pharmacy department were quite good; there were only notes related to drug queues. There was good feedback from one respondent, who was quite comprehensive. He hoped that pharmacists would pay more attention to respondents with mental disorders to listen to their complaints. In addition to explaining the use of drugs, they also hoped to receive an explanation of non-pharmacological therapies.

not enough, not enough to explain what this disease is like, for example, schizophrenia, what is the cure, apart from taking medicine, what are the activities, you don't know, take medicine and then it's finished, it's confusing, isn't it, especially if people are sick like schizophrenia or something like that, it's still a layman, right? So, you're that person who takes medicine, and then what do you do? What happens when the medicine doesn't work? What else do you have to take? You're confused. If you go to a psychologist, they say to ask questions like that; if the doctor doesn't, tell them to take medicine; the dosage is the same. didn't even know (R6)

I hope the queue is short. (R16)

In general, respondents only understood the pharmacists' tasks for drug and counseling services. Based on the respondents' perceptions, the drug and counseling services provided by the pharmacy department were quite good. On the other hand, they still needed to understand other pharmaceutical service tasks. In research in the UK and Qatar, pharmacists were well-known in the community. Health stakeholders and patients have felt the role of pharmacists to be beneficial [18,19]. A systematic review by Jebara et al. revealed that obstacles to pharmaceutical practice included Pharmacists' skills (clinical examination and diagnostic

skills), Resources (workforce, access to medical records, space, time), Physicians and organizational support, Funding, Legal aspects (accountability, conflict of interest), and pharmaceutical practice recognition [20]. Therefore, pharmacists must improve their practical abilities through lifelong learning and continuous evaluation of the pharmacy education curriculum [21].

4 Conclusion

This study concluded that patients with mental illness at PKU Muhammadiyah Gamping Yogyakarta understood the drug therapy they received and assessed that the pharmaceutical services were good. Several aspects that need to be improved regarding pharmaceutical services include improving patient counseling, empathy for patients, and explanations related to disease and non-pharmacological therapy.

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References

1. Badan Penelitian dan Pengembangan Kesehatan KKR. Riset Kesehatan Dasar 2018.pdf. 2018.
2. Zuberi A, Waqas A, Naveed S, Hossain MM, Rahman A, Saeed K, et al. Prevalence of Mental Disorders in the WHO Eastern Mediterranean Region: A Systematic Review and Meta-Analysis. *Front Psychiatry*. 2021;12:665019.
3. Steel Z, Marnane C, Iranpour C, Chey T, Jackson JW, Patel V, et al. The global prevalence of common mental disorders: a systematic review and meta-analysis 1980-2013. *Int J Epidemiol*. 2014 Apr;43(2):476–93.
4. Polanczyk GV, Salum GA, Sugaya LS, Caye A, Rohde LA. Annual research review: A meta-analysis of the worldwide prevalence of mental disorders in children and adolescents. *J Child Psychol Psychiatry*. 2015 Mar;56(3):345–65.
5. Orzechowska A, Filip M, Gałeczki P. Influence of Pharmacotherapy on Cognitive Functions in Depression: A Review of the Literature. *Med Sci Monit Int Med J Exp Clin Res*. 2015 Nov 24;21:3643–51.
6. Jakobsen JC, Katakam KK, Schou A, Hellmuth SG, Stallknecht SE, Leth-Møller K, et al. Selective serotonin reuptake inhibitors versus placebo in patients with major depressive disorder. A systematic review with meta-analysis and Trial Sequential Analysis. *BMC Psychiatry*. 2017 Feb 8;17(1):58.
7. Pae CU. Antipsychotic Polypharmacy in Treatment of Schizophrenia; Should or Should Not? *Chonnam Med J*. 2020;56(3):157.
8. Zhang L, He S, He L, Yu W, He S, Li Y, et al. Long-Term Antipsychotic Effectiveness and Comparison of the Efficacy of Monotherapy and Polypharmacy in Schizophrenia: A 3-Years Follow-Up “Real World” Study in China. *Front Pharmacol [Internet]*. 2022 [cited 2023 Oct 7];13. Available from: <https://www.frontiersin.org/articles/10.3389/fphar.2022.860713>
9. Abousheishaa AA, Sulaiman AH, Huri HZ, Kamis SFB, Hamidi H, Ang WC, et al. Psychiatric pharmaceutical care service across Malaysian hospitals: results from a cross-sectional study. *BMC Health Serv Res*. 2022 Mar 9;22:321.
10. Murphy AL, Phelan H, Haslam S, Martin-Misener R, Kutcher SP, Gardner DM. Community pharmacists’ experiences in mental illness and addictions care: a qualitative study. *Subst Abuse Treat Prev Policy*. 2016 Jan 28;11:6.
11. Lincoln Y, Guba E. *Naturalistic Inquiry*. CA Sage Publ [Internet]. 1985 [cited 2023 Dec 26]; Available from: <http://www.qualres.org/HomeLinc-3684.html>
12. Aljumah K, Hassali M. Impact of pharmacist intervention on adherence and measurable patient outcomes among depressed patients: a randomised controlled study. *BMC Psychiatry*. 2015 Sep 16;15:219.
13. De Las Cuevas C. Psychiatric Patients’ Perceived Health Control and Reactance: Implications for Medication Adherence. *Patient Prefer Adherence*. 2023;17:1591–601.
14. Kamusheva M, Ignatova D, Golda A, Skowron A. The Potential Role of the Pharmacist in Supporting Patients with Depression – A Literature-Based Point of View. *Integr Pharm Res Pract*. 2020 Feb;Volume 9:49–63.
15. Chawla S, Kumar S. Adverse Drug Reactions and their Impact on Quality of Life in Patients on Antipsychotic Therapy at a Tertiary Care Center in Delhi. *Indian J Psychol Med*. 2017;39(3):293–8.
16. Fathelrahman AI, Mohamed Izham Mohamed Ibrahim, Wertheimer AI, editors. *Pharmacy practice in developing countries: achievements and challenges*. Amsterdam: Elsevier/AP, Academic Press is an imprint of Elsevier; 2016. 475 p.

17. Knox K, Kelly F, Mey A, Hattingh L, Fowler JL, Wheeler AJ. Australian mental health consumers' and carers' experiences of community pharmacy service. *Health Expect Int J Public Particip Health Care Health Policy*. 2015 Dec;18(6):2107–20.
18. Jebara T, Cunningham S, MacLure K, Awaisu A, Pallivalapila A, Al Hail M, et al. Health-related stakeholders' perceptions of clinical pharmacy services in Qatar. *Int J Clin Pharm*. 2021;43(1):107–17.
19. Hindi AMK, Schafheutle EI, Jacobs S. Patient and public perspectives of community pharmacies in the United Kingdom: A systematic review. *Health Expect Int J Public Particip Health Care Health Policy*. 2018 Apr;21(2):409–28.
20. Jebara T, Cunningham S, MacLure K, Awaisu A, Pallivalapila A, Stewart D. Stakeholders' views and experiences of pharmacist prescribing: a systematic review. *Br J Clin Pharmacol*. 2018 Sep;84(9):1883–905.
21. Abduelkarem AR. Extending the Role of Pharmacists in Patient Care: Are Pharmacists in Developing Nations Ready to Change? *Pharmacol Amp Pharm*. 2014;05(09):865–75.