

# The Role of Pharmacists in Enhancing Mental Healthcare in South Africa: A Narrative Review

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## Abstract

**Introduction:** Pharmacists have an obligation to comprehend the special requirements of people with mental disorders. Their role in mental healthcare is becoming more important as mental disorders are becoming more common and treatment plans get more complicated. Regrettably, pharmacists frequently fail to provide the best care possible to those with mental disorders.

**Purpose:** The purpose of this narrative review was to explore the role of pharmacists in enhancing mental healthcare services focusing on the current roles, challenges, and strategies for improvement.

**Methodology:** English language peer-reviewed articles from Google Scholar and PubMed, as well as guidelines and governmental data were screened and assessed for inclusion. The key terms "mental health," "mental health services," and "pharmacist role" and phrases related to the role of pharmacists in mental healthcare were used to extract the most pertinent literature from the databases. The Boolean operators "AND," "NOT," and "OR" were used alongside the keywords. The search covered literature published between 2010 and 2024.

**Results:** This review highlights the role that pharmacists play in providing mental healthcare services, emphasising their capacity to monitor and optimise therapy related to psychotropic medications, offer education and counselling, and manage substance use disorders. Although there are advantages to integrating pharmacists into mental healthcare, there are also obstacles, including systemic underutilisation of pharmacists, lack of training and specialisation, poor communication and collaboration, mental health stigma, lack of resources and time constraints.

**Conclusion:** The role of pharmacists in mental healthcare can be improved by employing strategies such as integrating mental health education into pharmacy curriculum, making use of technology, and implementing successful multidisciplinary approach. Given the increasing demand for mental healthcare services, integrating pharmacists into mental healthcare will be vital in providing comprehensive, patient-centred healthcare that improves the accessibility and quality of mental healthcare services, however, the realisation of this potential will require overcoming the mentioned obstacles.

## Keywords

Mental Health, Mental Health Care, Mental Disorders, Pharmacists, South Africa

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## Introduction

For many years, pharmacists have played a crucial role in the healthcare system by ensuring that drugs are used safely and effectively (Naidoo et al., 2021). Their role in mental healthcare is becoming more important as mental disorders are becoming more common and treatment plans get more complicated. Pharmacists are in a unique position to work with other medical specialists to promote patient outcomes, optimise pharmacotherapy, and manage mental health challenges. However, several obstacles prevent them from fully integrating into mental healthcare teams, despite their potential.

Globally, mental disorders are very common. Approximately 300 million individuals worldwide have been confirmed to have depression, 60 million with bipolar disorders, and 23 million with schizophrenia [World Health Organization (WHO), 2018]. In 2019, mental disorders affected approximately 12% of the global population and accounted for approximately 5% of the global burden of disability-adjusted life years (Schuch & Vancampfort, 2021). Literature shows that healthcare workers face high rates of depression (37%), anxiety (41%), and stress and insomnia (45%), with even greater levels in Africa, 54% for depression and 50% for anxiety (Mahmud et al., 2021). One in six South Africans may experience a common mental disorder such as anxiety, depression, or substance use disorder (Lund et al., 2012). Anxiety, mood, impulse control, and drug use disorders were among the common psychological conditions with a 12-month prevalence of 16.5% (Petersen & Lund, 2011). This escalating burden emphasises the need for pharmacists to step into more integrated, patient-centred roles within mental healthcare.

Pharmacists have an obligation to comprehend the special requirements of people with mental disorders. To address the demands of patients with mental disorders, this calls for a therapeutic partnership to be established in addition to a product-centred approach (Giannetti et al., 2018). Regrettably, pharmacists frequently fail to provide the best care possible to those with mental disorders. Most pharmacists do not detect drug-related issues or offer advice on medicines for psychotropic drugs as frequently as they do for other medications (Goodman et al., 2017). Although research on the role of pharmacists in mental health settings is still developing, existing studies have begun to highlight their positive impact. For instance, evidence from inpatient care settings shows that pharmacists contribute significantly to improved medication practices, better clinical outcomes, reduced healthcare costs, and the education

and training of healthcare professionals (Rubio-Valera et al., 2014).

## Purpose

This narrative review aims to synthesise existing evidence on the role of pharmacists in mental healthcare in South Africa. It seeks to explore the current roles that pharmacists play in supporting patients with mental disorders, while also identifying the challenges and barriers that limit pharmacists' effective participation in mental healthcare. In addition, the review explores strategies and opportunities for strengthening pharmacists' contribution within multidisciplinary teams. By mapping the current landscape, highlighting best practices, and identifying gaps, this review provides a foundation for guiding policy, practice and future research to enhance the integration of pharmacists into mental healthcare provision in South Africa.

## Methodology

The objective of this review was achieved through the use of a narrative review. A narrative literature review uses a non-systematic review approach to give summary and current information on a particular subject (Baumeister & Leary, 1997). The narrative reviews are more appropriate for broad issues than systematic reviews, which are more appropriate for a specific question or more focused area (Gregory & Denniss, 2018). This approach allowed the author to review the literature, explain important ideas, collect the available data, identify methods that have already been used, and point out gaps in the literature and possible directions for further study.

Since this was a narrative review with no specific protocol to adhere to, the literature was mostly conducted using a non-systematic electronic search from databases such as PubMed and Google Scholar. The key terms "mental health," "mental health services," and "pharmacist role" and phrases related to the role of pharmacists in mental healthcare were used to extract the most pertinent literature from the databases. The Boolean operators "AND," "NOT," and "OR" were then used alongside the keywords. Following the entry of the keywords, the relevant literature was filtered and chosen from the databases. To identify more comparable literature, the World Health Organization's website and other reputable websites were used to supplement the search sources. In terms of the inclusion and exclusion criteria, reviews and research were included if they were pertinent to the subject. Studies were included regardless of their designs. Each article was chosen according

to its methodological validity and compatibility with the review's thematic focus, even though no standard quality assessment technique was utilised. The literature search was confined to publications from 2010 to 2024 to capture contemporary evidence that aligns with current practices, policy frameworks, and educational developments in pharmacy and mental healthcare. This timeframe was selected to identify recent trends and gaps while ensuring the review remains directly relevant to present and future practice contexts.

There were no exclusions based on the type of study or publication, but only English-language papers were considered. The author checked the retrieved articles for pertinent information and looked through the recognised manuscripts' bibliographies for articles and other sources of information that would be pertinent to the review plan. The author gave priority to current guidelines, other original research, and thorough, high-quality reviews when evaluating all kinds of peer-reviewed, full-length English-language studies. To enhance the quality of the final article, the author employed SANRA (Scale for the Assessment of Narrative Review Articles), a critical evaluation instrument, to direct the manuscript's progress (Baethge et al., 2019).

### Theoretical framework

To guide the analysis of pharmacists' roles and the challenges in integrating them into mental healthcare in South Africa, this review adopts the World Health Organization's Health Systems Strengthening (HSS) Framework (WHO, 2007). Six interrelated components of a health system are identified by the framework: leadership/governance, financing, access to necessary medications, health information systems, health workforce, and service delivery. Adopting this framework allows for a systematic assessment of the potential and challenges associated with the integration of pharmacists across systemic levels of care.

This theoretical framework offers a thorough lens through which to examine the various aspects affecting pharmacists' participation in mental healthcare. For instance, the health workforce block underlines the importance of interprofessional collaboration, role clarity, and training, while service delivery emphasises the roles pharmacists play in drug management and patient counselling. Coordinated care is impacted by communication and data-sharing challenges, which are covered by health information systems. The importance of pharmacists in ensuring the availability and proper use of psychiatric drugs is highlighted by the availability of essential pharmaceuticals.

While leadership and governance concentrate on policy support, professional recognition, and integration into interdisciplinary teams, financing represents the South African health system's resource limitations and prioritisation issues. Thus, the HSS framework enables a methodical analysis of macro-level systemic factors as well as micro-level behaviours, enabling focused recommendations to enhance the role of pharmacists in mental healthcare.

## Review and Discussion

### Current role of pharmacists in mental healthcare

Pharmacists are involved in various aspects of mental healthcare, particularly in the management of pharmacotherapy for psychiatric conditions. Their primary responsibilities include:

#### Medication management

As custodians of pharmacological treatment, pharmacists play an essential role in encouraging the quality use of medications for mental health conditions such as schizophrenia, bipolar, and depression where medication is still the major treatment option (Eaves et al., 2020). Their responsibilities extend well beyond dispensing, encompassing counselling, patient education, monitoring for drug interactions, identifying adverse effects, and advising on appropriate dosing (Iheanacho et al., 2021; Rubio-Valera et al., 2014). In psychiatric care, where therapy frequently entails complicated pharmacokinetics and substantial dangers, this knowledge is extremely crucial. This crucial clinical function for pharmacists has been emphasized in earlier literature studies in hospital and community settings (Richardson et al., 2014). Pharmacological, psychological, and social therapies are all part of integrated treatment approaches that are necessary for the effective management of mental disorders (Meyer et al., 2019; Emsley et al., 2013). Even though psychosocial therapies such as cognitive behavior therapy, psychological education, family-oriented education, and supportive psychotherapy are crucial for fostering recovery and enhancing quality of life, pharmacological treatment is still the cornerstone of therapy.

In mental healthcare, an integrated, holistic strategy is necessary to achieve successful drug management, and pharmacists are key players in this process. Comparative findings from Australia and New Zealand demonstrate that pharmacists can effectively provide adherence support and relapse prevention (Ng et al., 2024; Wheeler et al., 2020). These examples suggest

that similar approaches could be adapted in South Africa to alleviate the strain on psychiatrists and nurses, particularly in rural districts where specialized personnel are scarce. From the perspective of improving health systems, expanding pharmacists' current role would enhance the foundations of the workforce and service delivery. Although data from other countries highlights the potential of pharmacists in medication management, South African research remains limited. To assess the feasibility and outcomes of pharmacist-led interventions in mental healthcare, robust local research, structured training, a supporting policy, and collaborative referral systems are needed.

### **Patient education and counselling**

Pharmacists contribute significantly to improving medication adherence by providing education and counselling to individuals with mental health disorders. Chronic mental disorders such as bipolar, schizophrenia, and depression typically necessitate on-going medication treatment; however, adherence in these conditions is often hindered by factors such as adverse side effects, limited understanding of the therapy, cognitive challenges, and the stigma associated with mental disorders (Semahegn et al., 2020). As a result, pharmacists are in a unique position to help patients overcome these obstacles by providing readily accessible, individualized counselling that equips them with information and useful medication-use techniques. This intervention has been demonstrated to significantly improve adherence rates as well as patient trust and comprehension regarding medication management (Syrnyk & Glass, 2023). Beyond individual counselling, pharmacists also participate in more comprehensive educational programs including pharmaceutical literacy classes and community outreach that aims to lessen the stigma associated with mental disorders. Evidence shows that education about side effects helps patients manage adverse reactions and lowers stress, while longitudinal studies confirm that pharmacist-led interventions significantly enhance psychotropic medication knowledge (Kaminskiy et al., 2021; Munisi et al., 2020). Collectively, these findings position pharmacists as important, though often under-recognized, facilitators of adherence and empowerment in mental healthcare.

In South Africa, pharmacist-led counselling for mental health patients is not widely documented. Available literature indicates that pharmacists are more engaged in counselling for other diseases, while mental health receives limited attention (Jacobs et al., 2021). When counselling does

occur, it is frequently limited by heavy workloads, time constraints, and limited psychiatric expertise. This implies that pharmacists are not fully utilized as mental health educators, even if they are easily accessible. Evidence from previous studies shows that pharmacist-led patient education initiatives decreased discontinuation rates and enhanced drug understanding in patients with neurologic or psychiatric conditions (Werremeyer et al., 2020). Such evidence suggests that South African pharmacists, with targeted training, could replicate these interventions, particularly in rural and underserved communities. From a task-shifting perspective, assigning pharmacists to counselling and education responsibilities could aid in addressing the workforce shortage in mental healthcare. However, this would require structured training and recognition of pharmacists as members of the mental healthcare team. In the absence of these system-level support, counselling will remain an underutilized yet critical potential service.

### **Monitoring and optimizing drug therapy**

Pharmacists are essential in monitoring and improving drug therapy for people with mental disorders, especially when it comes to intricate pharmacological regimens. Their accessibility in community settings enables them to offer on-going care in between visits with psychiatrists. Despite this advantage, there is still a lack of public knowledge about the therapeutic services that pharmacists may provide, resulting in underutilization of their expertise (Lindsey et al., 2017). Pharmacists possess specialized expertise to evaluate the safety and therapeutic efficacy of psychotropic drugs through consistent monitoring of patient outcomes, recognition of side effects, and identification of possible drug-drug or drug-condition interactions. This role is particularly crucial in psychiatric treatment, where many drugs have a limited therapeutic window and polypharmacy is prevalent. Antipsychotic medications, which are central to the management of disorders such as schizophrenia and bipolar, have become the mainstay of pharmacotherapy during both acute and maintenance phases of illness (Bjornestad et al., 2017). This makes antipsychotic medication prescription rates to increase globally (Daliri et al., 2023). Pharmacists therefore contribute to optimizing these therapies by adjusting dosages based on clinical response and tolerability, managing side effects such as extrapyramidal symptoms and ensuring that treatment aligns with evidence-based guidelines.

Despite this expertise, their role remains under-recognized, leading to limited utilization of their therapeutic capacity. This gap is especially

pronounced in South Africa, where drug therapy monitoring is almost exclusively undertaken by psychiatrists and nurses who are already strained by high patient volumes, while pharmacists largely remain confined to supply-chain functions (Docrat et al., 2019). Evidence from previous studies shows that pharmacist-supported follow-up for patients on antipsychotics improves clinical outcomes and reduces medication errors (Howe & Lindsey, 2023), suggesting that South African pharmacists could play a critical role in strengthening continuity of care if effectively integrated into multidisciplinary systems. From a health systems perspective, pharmacist involvement in monitoring drug therapies could enhance service delivery and quality of care by improving adherence tracking and reducing relapse rates. However, this requires policy support, collaborative follow-up strategies and digital monitoring technologies that record pharmacists' clinical contributions.

#### **Provide support in substance abuse and misuse**

Pharmacists are increasingly recognized as essential contributors to the management and treatment of substance use disorders, particularly given their expertise in pharmacotherapy and accessibility in both community and clinical settings (Pope et al., 2024). Their involvement includes a range of responsibilities, including the dispensing and monitoring of medications such as opioids (Hoppe et al., 2014). In addition to overseeing safe and appropriate medication use, pharmacists provide critical support in identifying signs of misuse (Bronkhorst et al., 2024), managing withdrawal symptoms, and counselling patients on harm reduction strategies (Alanazi et al., 2024). Their frequent patient interactions and well-regarded reputation in the community put them in a unique position to support adherence, intervene early, and provide direction through the complicated and frequently stigmatized recovery process.

Evidence from Low- and Middle-Income Countries (LMICs) suggests viability of such roles. For instance, pharmacists in Nigeria are involved in alcohol use screening and brief treatment programs, demonstrating that these practices are acceptable and effective (Rotimi et al., 2022). By contrast, in South Africa where substance abuse represents a pressing public health challenge, pharmacists' involvement in rehabilitation remains marginal. Their exclusion from community-based substance use programs constitutes a missed opportunity to leverage their accessibility and expertise, particularly in underserved settings grappling with co-occurring mental illness and substance use. Lessons from

comparable LMICs suggest that structured integration of pharmacists into addiction services could significantly expand community-based support, reduce stigma, and help close treatment gaps.

#### **Challenges in the integration of pharmacists in mental healthcare**

Although there are advantages of integrating pharmacists into mental healthcare, there are challenges to capitalize the prospective advantages of pharmacists participating in mental healthcare and such challenges include among others:

##### **Underutilization of pharmacists**

Pharmacists are systematically underutilized in mental healthcare in South Africa. Despite having extensive training in courses like pharmacotherapy and drug management, pharmacists primarily only perform dispensing duties when it comes to mental healthcare. This dispensary-focused model is outdated in the context of integrated care, where proximity and participation in daily clinical ward rounds or multidisciplinary team discussions are essential. As noted by Chuene and Moloto (2023), pharmacists remain on the periphery within the healthcare system, often excluded from clinical decision-making and treatment planning. Without ward-based integration, pharmacists cannot adequately advocate for patients or intervene in suboptimal medication regimens.

One of the factors contributing to underutilization of pharmacists in mental healthcare is role ambiguity which arises from misunderstandings among other healthcare professionals about the scope of practice of pharmacists. Many healthcare professionals like doctors and nurses continue to view pharmacists as mere dispensers, leading to professional tension and exclusion from multidisciplinary teams. Therefore, their significance in mental healthcare remains neglected in many healthcare settings, which restricts their ability to participate in patient care and multidisciplinary teams. Research highlights that the unclear roles and resistance from other healthcare professionals, particularly doctors and nurses, are major barriers to the integration of pharmacy services (Moloto et al., 2024). This lack of recognition of pharmacists' clinical competencies creates a missed opportunity for improving mental healthcare outcomes through better medication management, side-effect monitoring, drug interactions, and support for psychotropic medication adherence.

### Limited training and specialization

The management and treatment of complex mental disorders require specialized training in psychiatry or mental health, which many pharmacists lack. This gap limits their ability to function as effective collaborators in mental healthcare teams. Mental disorders such as schizophrenia, bipolar, and severe depression require not only pharmacological knowledge but also an understanding of the psychosocial and behavioral aspects of care. Without specialized training in psychiatric pharmacy, pharmacists may find it difficult to make a significant contribution to clinical monitoring of psychotropic drugs, patient counselling, or treatment planning.

Lack of specialized mental healthcare training is a common challenge among pharmacists, which impairs their self-confidence and capacity to interact with patients. Pharmacists report anxiety, discomfort, or fear when interacting with patients with mental disorders (Samorinha et al., 2022). This discomfort can lead to a reduction in patient-focused care, where interactions are minimized, and the role is reduced to medication dispensing with limited engagement or follow-up. Current pharmacy education tends to emphasize drug-related knowledge while neglecting holistic, patient-focused competencies, particularly in mental health. There is frequently little emphasis on evaluating patient behavior and mental health, developing communication skills specific to psychiatric settings, and comprehending mental diseases beyond medication mechanisms (Bamgboye et al., 2021). The absence of courses on therapeutic communication, interdisciplinary teamwork, and psychiatric assessment limits pharmacists' capacity to fully participate in mental healthcare.

### Mental health stigma-related barriers

Stigma related to mental disorders is characterized as an adverse mindset that is sparked by the presence of illness and is founded on discrimination and false information (Thornicroft et al., 2022). In pharmacy practice, mental health stigma has been observed among both practicing pharmacists and pharmacy students and is associated with reduced patient engagement, inadequate counselling, and a diminished role for pharmacists in mental healthcare. A study by Bazzari and Bazzari (2023) demonstrated that a significant proportion of pharmacy students in Jordan held stigmatizing views toward people with mental disorders, reflecting similar trends in other regions. This stigmatization results in pharmacists feeling less comfortable providing counselling for mental health conditions compared to physical health

issues such as hypertension or diabetes (O'Reilly et al., 2015).

A study has shown that pharmacists often avoid engaging with patients who have mental disorders due to discomfort, lack of confidence, or emotional distress (Murphy et al., 2016). Moreover, pharmacists' own mental health challenges can influence patient care. For instance, during the COVID-19 pandemic, many South African pharmacists reported elevated levels of depression, anxiety, and stress, impacting their work and their interactions with patients (Dhindayal et al., 2022). On the other hand, patients who are stigmatized may encounter social marginalization, prejudice, and obstacles to care. As a result, they are more likely to have treatment non-adherence, poor therapeutic outcomes, and shorter lifespans (Calogero & Caley, 2017). It has also been demonstrated that pharmacists enhance mental health outcomes. For instance, pharmacists who have a high level of schizophrenia knowledge and low levels of stigma around mental health are more likely to be ready to help patients with schizophrenia with their medication and detect challenges associated with treatments (O'Reilly et al., 2015). This highlights how crucial it is to reduce stigma and increase understanding of schizophrenia to enhance the quality of care provided to patients on medication for the disorder.

### Lack of resources and time constraints.

The healthcare system in South Africa is distinguished by a lack of resources (Docrat et al., 2019), lack of well-defined pharmacist roles and shortage of pharmacist (Crafford et al., 2025). The integration of pharmacists into mental healthcare is therefore severely hampered by a lack of resources, such as shortages of staff, limited space, and equipment constraints. Because of their heavy patient loads and staffing shortages, pharmacists may find it challenging to offer the kind of care that is required. These constraints have the potential to raise stress levels and effort, which could lower the standard of mental healthcare.

Although systemic resource constraints are successfully identified in the literature as the main obstacles, the various ways in which policy and infrastructure development might explicitly support the growing role of pharmacists are not sufficiently explored. Most of the research focuses on capacity and shortage issues in general, paying little attention to how to optimize current workflows, to the redistribution of tasks within teams, or use pharmacy support staff to free up pharmacist time for patient-centered care. Furthermore, mental healthcare is still given less

priority when it comes to funding and the distribution of human resources while acute care and high-burden communicable diseases are still given priority in existing healthcare models. This hinders the advancement of more integrated models of care and has a prolonged impact on the growth of pharmacy-based mental healthcare services.

#### **Inadequate communication and collaboration**

Despite the overwhelming data that supports their benefits, pharmacists often face interpersonal and structural barriers that limit their full participation in mental healthcare teams. One of the most pressing barriers to integrating pharmacists into mental healthcare teams is the persistent lack of effective communication and collaboration. This problem is further exacerbated by systemic issues, including disjointed healthcare systems, isolated professional functions, and the absence of unified electronic medical records. A recurrent theme in the literature is the perception of pharmacists as peripheral actors in mental healthcare, rather than integral members of the clinical team (Bø et al., 2024). This perception is likely due to a general lack of awareness among other healthcare professionals about the full scope and value of pharmacists' contributions in mental healthcare. Consequently, pharmacists are sometimes left out of essential clinical activities such as case discussions, ward rounds, and treatment planning sessions, effectively marginalizing their expertise and diminishing the quality of collaborative care.

A key component of successful interprofessional collaboration is trust. According to Akour et al. (2022), a lack of trust and cooperation between pharmacists and other stakeholders including physicians, nurses, and patients further weakens the potential for integration. The failure to establish strong working relationships undermines the development of effective, team-based approaches to care and may lead to duplicated efforts or conflicting treatment strategies. Efforts to overcome these barriers have increasingly focused on structured collaborative models, such as Collaborative Drug Therapy Management and multidisciplinary treatment pathways. These models formalize the role of pharmacists in clinical decision-making and promote shared accountability in patient care (Snyder et al., 2015). The effectiveness of such models is well documented, with evidence suggesting that their adoption can significantly enhance medication adherence, reduce hospitalizations, and promote more responsive

and patient-tailored pharmacotherapy (Davis et al., 2020).

#### **Potential solutions to enhance the role of pharmacists in mental healthcare.**

To address these challenges and improve the role of pharmacists in mental healthcare, the strategies that follow can be adopted:

#### **Integrating mental health into pharmacy education and specialization.**

Presently, the undergraduate pharmacy programs at universities in South Africa do not fully place much focus on mental healthcare, yet pharmacists work in a wide range of environments, including psychiatric facilities. This highlights the necessity of providing pharmacists with pertinent mental health education within the universities and in clinical settings to improve their perspectives and practices. Pharmacists can acquire the skills required to properly manage mental health cases through integrating education on mental healthcare into the pharmacy curriculum and offering chances for continuous professional growth. To increase pharmacists' proficiency in this field, universities should introduce psychiatric pharmacy qualifications. Additionally, universities need to consider revising pharmacy curricula to potentially improve attitudes of pharmacists towards people living with mental disorders. This suggestion supports previous findings and has been reaffirmed in more recent studies that have examined the professional conduct of registered pharmacists (Silverio et al., 2023).

Research supporting the inclusion of mental health education in pharmacy curriculum for students and continuing professional education for pharmacists is supported (Crespo-Gonzalez et al., 2022). Expanding the role of pharmacists in mental healthcare should however not be restricted to those with psychiatric specializations. Community pharmacists, for instance, are among the most accessible healthcare providers who are in a good position to perform screenings for mental disorders, identify individuals at risk, conduct mental health awareness campaigns, and educate those who are living with mental disorders. El-Den et al. (2021) contend that for community pharmacists to fulfil these responsibilities, their contributions to mental healthcare must be acknowledged and supported, not solely via compensation but also through adequate education and training.

#### **Strengthening collaborative mental healthcare.**

Inadequate institutionalization of collaborative care with pharmacists in public institutions is one

of the major obstacles to the provision of healthcare in South Africa. Collaboration between pharmacists and mental healthcare clinicians can be a key strategy for reducing these obstacles to quality mental healthcare. Pharmacists and medical professionals working together in mental health clinics can be a useful strategy for reducing medication-related issues linked to mental healthcare, especially when it comes to managing common drug therapy issues. This has been shown to enhance patient outcomes and medication adherence. For instance, the implementation of a Hospital-in-the-Home approach to care demonstrates that the inclusion of a pharmacist with clinical expertise in a mental health program greatly enhanced the accomplishment of key performance measures related to medication safety (Farag et al., 2022). Furthermore, a systematic analysis demonstrates that programs that involve pharmacists to help clients with mental health conditions have improved both clinical and service user-reported results (Ng et al., 2022).

Thus, it should be the primary objective to find techniques to better engage pharmacists in promoting efficient collaborative decision-making to maximize the effectiveness of antipsychotic drugs and enable patients to achieve suitable and acceptable therapeutic results. Additional strategies for promoting inter-professional cooperation in mental healthcare could be holding joint multidisciplinary collaborative sessions, which could help with role clarification and trust building. The recognition of pharmacists' involvement in mental healthcare may also be reflected in this partnership, which could improve pharmacists' job satisfaction. According to Saraiva et al. (2020), collaboration between healthcare professionals has been linked to better medication adherence, improvements in the identification and management of mental disorders. Additionally, the significance of integrated mental healthcare was highlighted by the results of another study (Rugkåsa et al., 2020). It is therefore essential that pharmacists and other medical professionals have open lines of communication. This can entail establishing collaborative processes for care, multidisciplinary group discussions, and integrated digital health records to guarantee that all medical professionals are pursuing the same patient objectives. The incorporation of these valued team members into already-existing interdisciplinary teams can be facilitated at the organizational level by clear policies and guidance from those in the leadership positions.

### **Integrating pharmacists into Primary Health Care Clinics to enhance mental healthcare screening and care.**

Since primary health care (PHC) clinics serve the majority of South Africans, integrating pharmacists into PHC mental healthcare services will significantly expand the service's reach. Pharmacists can broaden their roles, for example, by conducting risk assessments and screening for mental disorders. As per the World Health Organization (2023) ideal integration of services structure, PHC facilities are responsible for screening, evaluating, and managing mental health conditions. The significance of PHC in the delivery of mental healthcare services has been brought to light by problems with access to mental health experts in rural and regional locations as well as certain patients' unwillingness to consent to psychological referral (Kroenke & Unutzer, 2017). In PHC settings, pharmacists have a special opportunity to help with opportunities to screen for depression. It has been determined by previous studies that pharmacists with specialized training may possess the abilities and expertise to help identify and support patients suffering from mental disorders like depression (Venetia et al., 2022).

Enabling pharmacists to conduct screenings for symptoms such as anxiety, depression, or adverse drug reactions may result in early detection of mental problems, better patient outcomes and earlier referral where needed. As pharmacists generally keep an eye out for adherence and a side effect, incorporating mental health screening is a logical progression of their patient-facing responsibilities. To close the gap in mental healthcare, integrating pharmacists into PHC clinics to provide mental health screening services is a workable, sustainable solution. In addition to regularly monitoring patients' drug adherence, well-trained pharmacists can be able to identify early signs of some mental disorders and serve as a link with the proper medical or therapy provider. Considering their role in the community, pharmacists can successfully help manage prevalent mental disorders as PHC providers (Mossialos et al., 2015). In South Africa, studies have examined the viability, acceptability, and efficacy of incorporating mental health treatments, such as task-shared psychological interventions, within PHC (Jacobs et al., 2021).

### **Utilizing digital technology to enhance access to mental healthcare.**

The increase in mental health disorders has put healthcare systems under tremendous strain, exposing the shortcomings of traditional mental healthcare approaches (Qin & Hsieh, 2020). The

traditional method, which mostly depends on face-to-face consultations and therapy, lacks the capacity to meet the growing need for conveniently accessible flexible and affordable mental healthcare services (Wainberg et al., 2017). Paper-based processes and in-person interactions have traditionally been the mainstays of pharmacy services. However, the increasing demand for digital transformation is evident in the push for more efficient, clear, and patient-centered healthcare.

The use of digital technology, which seeks to improve the flexibility, effectiveness, and productivity of healthcare delivery, is significantly changing the global pharmaceutical industry (Almeman, 2024). Technological advances such as automation, computerization, and robotics are crucial for improving service delivery and reducing costs in the pharmacy sector. Pharmacists can reach more patients by offering remote medication counselling and monitoring using modern technologies like tele pharmacy and e-health platforms. Research has demonstrated that digital health efforts can effectively enhance medication adherence among mental health patients by improving access to and quality of pharmacist services, especially after psychiatric hospitalizations (Barrett et al., 2020). There is currently a poor adoption of mental healthcare services in South Africa, as well as a shortage of mental healthcare personnel. One way to bridge the gap between medical facilities and patients in need of mental healthcare support is through the use of social media and mobile phones. According to Naslund et al. (2017), digital technologies can be utilized for drug adherence, treatment monitoring, self-diagnosis, mental health education, decision support systems, post-clinical care, and substance addiction management.

Apart from improving accessibility, digital platforms can enable pharmacists to take a more proactive approach to treating mental health disorders. Pharmacists can monitor patients remotely, handle adherence issues, and offer individualized drug counselling through tele pharmacy and mobile-based communication solutions. To guarantee continuity and uniformity in care, pharmacists can also use digital health data to collaborate with other medical specialists. Considering the scarcity of mental health professionals in South Africa, empowering pharmacists through digital training and integration into mental health networks can greatly improve patient outcomes and service delivery. Pharmacists can provide online consultations using tele pharmacy, educating patients about psychotropic drugs, detecting obstacles to adherence, and providing solutions

for managing side effects. Furthermore, pharmacists can assist patients with substance use disorders in digital mental health environments by providing motivational interviews, tracking treatment compliance, and connecting patients to support resources through telehealth tools.

In South Africa, the use of digital health applications in mental healthcare is still emerging but has demonstrated feasibility and possibility. For instance, MomConnect, a maternal health mobile health initiative, has demonstrated how broad messaging platforms can reach a variety of demographics and may be a model for mental health assistance (Barron et al., 2018). Groen et al. (2025) also discovered that healthcare providers in PHC settings were willing and able to utilize a mobile screening app for detecting psychological disorders in adolescents seeking treatment. Furthermore, Botes (2025) highlighted that apps like BetterHelp and MyTherapist offered online treatment sessions with certified mental health specialists and were frequently used during COVID-19 when physical therapy was difficult. These examples offer empirical evidence that South Africa is in a strong position to grow its use of digital mental health therapies, with pharmacists playing a central role.

#### **Policy-level barriers**

In addition to operational and structural challenges, the integration of pharmacists into mental healthcare is hampered by policy-related barriers. The persistent inadequate funding of mental health services in South Africa is a significant barrier. According to Docrat et al. (2019), mental health in South Africa continues to get a relatively inadequate share of national health budget. Freeman (2022) further illustrates that most of this constrained funding is allocated to inpatient psychiatric services, which restricts opportunities for broader community-based and preventive initiatives. In the 2016-17 fiscal year, the public sector's expenditure on mental healthcare services accounted for less than 5% of South Africa's overall health budget, with significant variations in per capita spending between the provinces (Docrat et al., 2019). At the provincial level, attempts to decentralize and incorporate mental healthcare into basic healthcare services are undermined by the lack of dedicated funding for mental health, which leads to inadequate implementation of national frameworks like the Mental Health Policy Framework.

In addition, pharmacists' current scope of practice and regulations are frequently restrictive, which limits their ability to prescribe or modify psychotropic drugs, even when they have the

necessary training. In the absence of legislative changes that broaden the pharmacist's scope of practice in psychiatry, their contributions are still mostly limited to dispensing duties. Another challenge at the policy level is the lack of formal national or provincial regulations that outline the responsibilities of pharmacists in interdisciplinary mental healthcare teams. This lack of guidance erodes the acceptance of pharmacists as essential members of mental healthcare teams and leads to inconsistencies in practice across institutions. By addressing these policy gaps with targeted funding, expanded scopes of practice, and supportive legislation, the foundational framework required to improve pharmacist involvement in mental healthcare may be established.

#### Implications for policy and future research

The South African Pharmacy Council (SAPC), in collaboration with the Department of Health (DoH) and Pharmaceutical Society of South Africa (PSSA) should consider amending pharmaceutical and healthcare regulations to formally recognize pharmacists' scope in mental health screening, medication management, and patient education. These statutory bodies should also develop specific funding and reimbursement models to incentivize pharmacist-led services within PHC settings. Robust monitoring frameworks will be essential to evaluate impact and guide scaling.

Educational institutions should also play a central role in integrating mental health competencies into undergraduate pharmacy curricula and expand continuing professional development and postgraduate programs in mental healthcare. Additionally, universities should encourage collaborative research to generate local evidence on pharmacist-led mental health interventions. Although there is potential for these changes to succeed, barriers such as workforce shortages, resource constraints, and resistance from other healthcare providers may hinder implementation. To mitigate these barriers, strategies could include phased policy rollouts, pilot programs in PHC clinics, and joint training initiatives to promote trust and collaboration among pharmacists, physicians, and nurses.

To address the gaps identified in this review, future research should go beyond descriptive studies and concentrate on addressing the following questions: (i) What is the cost-effectiveness and clinical impact of pharmacist-led mental health interventions in South African PHC settings? (ii) How do patients and healthcare professionals perceive the expanded role of pharmacists in mental healthcare (iii) Which

training models best build pharmacists' mental health competencies? (iv) What strategies enable sustainable integration of pharmacists into mental health pathways? (v) How do regulatory and funding structures affect pharmacist participation? Addressing these questions with robust methodologies such as mixed-methods economic evaluations, qualitative research, longitudinal studies, and randomized trials, will provide the evidence foundation needed to guide practice and policy can be established.

#### Conclusions

Pharmacists have the capacity to significantly enhance mental healthcare outcomes by optimising medication management, promoting patient adherence, and providing education to healthcare professionals and patients. The realisation of this potential, however, will require overcoming obstacles such as lack of specialised training and education, limited recognition, and communication barriers. By improving education and training, fostering better collaboration, and utilising the current technology, pharmacists can become an essential part of mental healthcare teams, leading to improved outcomes for individuals with mental health conditions. Given the increasing demand for mental health services, integrating pharmacists into mental healthcare will be vital in providing comprehensive, patient-centred healthcare that improves both the accessibility and quality of mental healthcare services.

#### Limitations

There are limitations in this review. Since narrative reviews are non-systematic, selection bias is possible in article inclusion leading to omission of other studies. Additionally, the presented evidence's validity was not systematically evaluated. Despite these limitations, it is crucial to acknowledge that narrative reviews are valuable for condensing and integrating a substantial amount of data on a wide-ranging subject. Although the author did not conduct a risk of bias assessment because this analysis was not a systematic review, the results of this review may help formulate a more focused research topic for a subsequent systematic review. Furthermore, notwithstanding these drawbacks, the review revealed gaps and opportunities on the role of pharmacists in enhancing mental healthcare.

## Ethical considerations

This study did not require ethical approval from an ethics board or institutional review board because it focused on analysing and synthesising data from previously published studies and did not involve direct interaction with human participants or the collection of new data.

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## Conflict of interest

The author declares no conflicts of interest.

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