

A psychological intervention by community pharmacies to prevent depression in adults with subthreshold depression and long-term conditions: the CHEMIST pilot RCT

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Declared competing interests of authors: Jan Badenhorst reports being the Superintendent Pharmacist for Whitworth Chemists Ltd (Newcastle upon Tyne, UK), of which some pharmacies took part in the Community Pharmacy Mood Intervention Study (CHEMIST), and is chairperson of Tees Local Pharmaceutical Committee representing community pharmacies in Teesside, where some pharmacies involved in CHEMIST were based. Adam Todd is currently a member of the National Institute for Health Research (NIHR) Health Technology Assessment (HTA) Prioritisation Committee A (2020–present). This committee aims to develop funding calls in the areas of primary and social care. Catherine Hewitt reports being a member of the NIHR HTA Commissioning Sub Board (2016–17) and NIHR HTA Commissioning Committee (2015–20). Simon Gilbody has been a member of several NIHR Committees (2008–20). David Ekers was a member of the National Institute for Health and Care Excellence Depression Guideline development group and is a member of the NIHR HTA programme funding committee. Carolyn Chew-Graham reports personal fees from West Midlands National Institute for Health Research Applied Research Collaboration during the conduct of the study.

Disclaimer: This report contains transcripts of interviews conducted in the course of the research and contains language that may offend some readers.

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Plain English summary

The CHEMIST pilot RCT

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Plain English summary

People with long-term physical health conditions (e.g. diabetes) often experience a few symptoms of depression (e.g. 'low mood'), but these symptoms often go untreated in mental health services. Community pharmacies may be a good place to offer mental health support because they are easy to access by most people. We wanted to adapt a psychological treatment ('behavioural activation') aimed at reducing low-mood symptoms in people with long-term conditions to make this suitable for delivery by pharmacy staff. Pharmacy staff and general practices identified suitable people ('participants') and we trained pharmacy staff ('support workers') to deliver the treatment.

In the first phase, we tested the study procedures and asked participants and support workers about the treatment to help us determine what changes were required. After refinements, we ran a small pilot study and compared participants who were offered the treatment with participants who continued with their usual care. All participants were asked to complete questionnaires when they started the study and again after 4 months.

Fewer people than we needed took part in the pilot study. However, the majority of participants engaged with the study and completed questionnaires at 4 months. Most people in the treatment arm started treatment and most of these completed two or more of the six sessions offered, with some participants reporting improvements in mood and behaviour. Participants and support workers told us that they felt that the treatment was understandable and that the community pharmacy was a suitable place to deliver this treatment. Pharmacy staff reported finding it difficult to incorporate the study and deliver the treatment within their busy workloads.

The study findings suggest that pharmacy staff can be trained to deliver this treatment but that more research is needed to overcome the problems with identifying participants and incorporating the delivery of psychological treatments into pharmacy routines.

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