

## Access to Inclusive and Culturally Sensitive Mental Healthcare in Pharmacy Students and Residents

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**Abstract :** Purpose: Inequities in mental healthcare accessibility are cited as an international public health concern by the World Health Organization (WHO) and National Alliance on Mental Illness (NAMI). These disparities are further exacerbated in racial and ethnic minority groups and are especially concerning in health professional training settings such as Doctor of Pharmacy (PharmD) programs and postgraduate residency training where mental illness rates are high. The purpose of the study was to determine baseline access to culturally sensitive mental healthcare and how to improve such access and communication for racially and ethnically minoritized pharmacy students and residents at one school of pharmacy and a partnering academic medical center in the United States. Methods: This IRB-exempt study included 60-minute focus groups conducted in person or online from November 2021 to February 2022. Eligible participants included PharmD students in their first (P1), second (P2), third (P3), or fourth year (P4) or pharmacy residents completing a postgraduate year 1 (PGY1) or PGY2 who identify as Black, Indigenous, or Person of Color (BIPOC). There were four core theme questions asked during the focus groups to lead the discussion, specifically on the core themes of personal barriers, identities, areas that are working well, and areas for improvement. Participant responses were transcribed and analyzed using an open coding system with two individual reviews, followed by collaborative and intentional discussion and, as needed, an external audit of the coding by a third research team member to reach a consensus on themes. Results: This study enrolled 26 participants, with eight P1, five P2, seven P3, two P4, and four resident participants. Within the four core themes of barriers, identities, areas working well, and areas for improvement, emerging subthemes included: lack of time, access to resources, and stigma under barriers; lack of representation, cultural and family stigma, and gender identities for identity barriers; supportive faculty, sense of community and culture supporting paid time off for areas going well; and wellness days, reduced workload and diversity of the workforce in areas of improvement. Subthemes sometimes varied within a core theme depending on the participant year. Conclusions: There is a gap in the literature in addressing barriers and disparities in mental health access for pharmacy trainees who identify as BIPOC. We identified key findings in regards to barriers, identities, areas going well and areas for improvement that can inform the School and the Residency Program in two priority initiatives of well-being and diversity equity and inclusion in creating actionable recommendations for trainees, program directors, and employers of our institutions, and also has the potential to provide insight for other organizations about the structures influencing access to culturally sensitive care in BIPOC trainees. These findings can inform organizations on how to continue building on communication with those who identify as BIPOC and improve access to care.

**Keywords :** mental health, disparities, minorities, wellbeing, identity, communication, barriers

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