Maudsley Learning

# Mental wellbeing for pharmacists Simulation & Masterclass Course Report

## November 2022 – March 2023


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Maudsley Simulation

## Maudsley Simulation

Maudsley Simulation is the UK's first simulation training centre for mental health, aiming to improve clinical care and services for all who are affected or impacted by mental health issues. Since 2014, working as part of South London and Maudsley NHS Foundation Trust, we have successfully developed over 50 simulation training courses and trained more than 5,000 staff, from undergraduates to senior clinicians to non-healthcare workers such as Police and Probation staff.

Our courses span a variety of clinical and non-clinical settings, reaching beyond healthcare into any area involving people with mental health needs. As such we've worked with a range of organisations across the UK and internationally, developing a wealth of experience and expertise in meeting the learning needs of people working with mental health needs. Further information on our team and our courses is available on our website.

## Mental health simulation training

Our training provides participants with highly realistic experiences of healthcare and human interactions, using professional actors as simulated patients in these scenarios, followed by a reflective debrief supported by our skilled facilitators. Multiple scenarios and debriefs are completed throughout the day to ensure that all participants have a concrete experience on which to reflect, while also sharing group learning in a safe, non-judgemental environment.

Our actors are trained by our faculty and service user groups to not only portray symptoms, characters, and experiences, but to understand the perspective of service users. In this way scenarios are only partly structured and can develop naturally as an interaction between simulated patients and participants playing themselves rather than another professional.

Debriefs allow participants to reflect on their practice, understand emotional, cognitive, and behavioural processes, and share previous experiences and clinical approaches as they problem solve as a group. Facilitators guide discussions according to groups' needs, and learning is consolidated as debriefs end into concrete takeaways, insights, and realisations.

Learning objectives are often a blend of technical skills, and non-technical or human factors skills, as well as confidence, knowledge, and attitudes as required. These can be flexibly tailored to participant groups and their needs and are richest when training multi-professional groups.

Mental health simulation training is able to give participants practical experience of healthcare, targeted teaching, and a safe group setting to reflect and share insight and learning, providing an enjoyable, engaging, and beneficial educational experience.

## Background literature

Simulation training can be a highly useful tool in preparing trainees for clinical practice, supporting professional development, and improving clinical care provision. The benefits of simulation as an educational intervention have been well described (Cook et al 2011, Zendejas et al 2013). Specific benefits include increased knowledge and confidence, improved efficacy in technical skills, as well as improved non-technical skills, such as: teamwork, communication, and interprofessional collaboration (Cook et al 2011, Miller at al 2012).

**Project Summary:**

These digital simulation and masterclass courses were designed for pharmacists, each of which lasted one day. It aimed to develop skills and confidence in supporting well-being for individuals with long term Mental Health conditions, co-morbid mental and physical health issues and those experiencing mental distress for any reason. The simulation course was delivered on four occasions between November 2022 to February 2023. The masterclass course delivered on three occasions in January 2023 and March 2023.

**Course learning objectives**

After completing this course those attending will gain knowledge, understanding, and confidence to:

- Provide a framework as close to real life setting as possible
- Increase knowledge base of some clinical scenarios
- Explore some of the core issues of Non-Technical Skills (NTS)

**Main outputs achieved**

- 23%(simulation) and 7%(masterclass) decrease in stigmatising attitudes on the Mental illness clinicians' attitudes scale (MICA)
- 39%(simulation) and 25%(masterclass) improvements in course specific skills, confidence, attitudes and knowledge.
- Significantly Positive feedback on course quality and the facilitators.

# COURSE DESIGN

**Aim:** To develop skills and confidence in supporting well-being for individuals with long term Mental Health conditions, co-morbid mental and physical health issues and those experiencing mental distress for any reason. The course further increases knowledge base by exploring clinical scenarios, realistic frameworks, and issues of non-technical skills.

The 1-day course was delivered online with prepared slides guiding the session. The simulation course was delivered on four occasions in November 2022, and January and February 2023, each lasting 6 and half hours. The masterclass course was delivered on 3 occasions in January 2023 and March 2023, each lasting 7 hours.

All participants were pharmacists or trainee pharmacists.

**Course day**

Participants were welcomed in the first 25 minutes and shown introductory slides via PowerPoint on the aims of the course and principles to adhere to for a psychologically safe session. Some guidelines on how to engage online and digital learning etiquette were also presented. They were then invited to complete a consent form and a pre-course questionnaire at the start of the course. Participants were introduced to the value of simulation as a training tool, followed by an introduction to the faculty and an icebreaker activity that lasted 45 minutes.

*Simulation*

Participants were involved in a series of 5 simulated scenarios using highly trained actors simulating patients with different physical and mental health presentations. During scenarios, participants who were not actively involved in the scenario were instructed to turn off their cameras. Each scenario lasted 10 minutes and was followed by a 40 minute debrief. Participants were invited to participate in scenarios, suspending disbelief and performing as they would as if in a real situation.

Participants who were not taking part in the scenario actively observed the scenario. The whole group was debriefed after each scenario by trained facilitators using the Maudsley Debrief Model which focuses on describing the scenario, guided reflection and analysis, and application to practice. Each of the scenarios was supported by a short didactic teaching session that covered the key principles and clinical skills related to the scenario. Evaluation data was captured at the end of the course to assess learning and satisfaction.

*Masterclass*

Participants were shown a series of 4 cases through videos of highly trained actors simulating patients with different physical and mental health presentations. After each case was presented, participants were asked to discuss, and answer set questions within smaller groups.

The whole group was debriefed after each case by trained facilitators using the Maudsley Debrief Model. This was supported by a short didactic teaching session that covered the key principles and clinical skills related to the scenario. Each case lasted 1 hour and 45 minutes, with a break after. Evaluation data was captured at the end of the course to assess learning and satisfaction.

**Summary of scenarios:**

| | Simulation | Masterclass |
|---|---|---|
| *1* | Yasmine is a 27-year-old woman with a history of asthma and chest infections. One of the pharmacy team has gone through her inhaler technique with her on 2 occasions this month already, as she was worried, she was not using them correctly. You have been asked to see her. | Alexandra is a 41-year-old woman who underwent several rounds IVF with her partner and gave birth 11 months ago. She worked as bank clerk till the end of her pregnancy for financial reasons. The latter part of pregnancy was tough and developed gest. Diabetes. Her water broke at work, and she remains embarrassed. She was seen 6 months ago c/o dyspepia. It was noted that she asked if normal to keep thinking about the birth. |
| *2* | Maria has come for her routine pill check. She is 18. She takes the pill to control for menorrhagia and dysmenorrhoea rather than contraception. She has been on antidepressants, Sertraline 100mg for the past year. You note that there was evidence of self-harm from previous appointments. | Ben is 55-year-old White British man with a long history of Paranoid Schizophrenia. He has been managed by your surgery for many years and has been stable without community psychiatry input. He is on 'annual physical health check' with results available to you. |
| *3* | Maria is a 25 year old. She is 16.5 weeks pregnant with her first child. All scans and tests have been normal. Her last urine dip, BP check were done 3 days ago. She to the practice 6 weeks ago with headaches across her entire scalp. Her physical exam, vitals, urine and BP were normal. She was seen 3 weeks ago, with tiredness A full systems enquiry, physical examination and blood tests revealed nothing. She has consistently declined an HIV/syphilis/hepatitis screen. | Carly is a 35-year-old Black British woman with a long-standing diagnosis of Bipolar Affective Disorder. She attends her GP fairly frequently asking for help around social issues but has no major medical history of note. She has a good relationship with your practice nurse who takes her blood every 3 months but hasn't seen her for 6 months. She has been booked into see you for a review of medications. |
| *4* | Paul Smith has come in requesting OTC medication/ supplements to help with insomnia and stress. He's been in a few times now and each time appears more upset and desperate. | Andy is a 36-year-old Black British man who you meet for the first time today but is well known to your surgery. Last year he was referred x 3 to the CMHT and discharged after a few weeks twice and rejected once. He is open to local 3rd sector substance misuse group and has a key worker. You have had no recent communication from them. The system records his diagnoses and meds follows. |
| *5* | Michael Pascoe has been diagnosed with Diabetes Mellitus II and been commenced on metformin. He has been booked in for a discussion about his diabetes, and to begin his baseline checks signposting as appropriate. He is prescribed Olanzapine 10mg for chronic schizophrenia. He tried Aripiprazole which wasn't effective in the past, so this was switched to Olanzapine. | - |

# SIMULATION FINDINGS

## Quantitative Data

17 participants completed the pre-course evaluation, while a total of 19 participants completed the post-course evaluation. Only 7 participants completed all the post-course evaluation questionnaires.

Participants showed a 9% change in the MICA scale from their pre-course (M = 38.62) and post-course (M = 30.14) scores. Participants also showed a 25% increase in scores in the course specific questions relating to the learning objectives from their pre-course (M = 28.56) and post-course (M = 40.00) scores. In the Toronto Empathy questionnaire, participants showed a 1% change from their pre-course (M = 66.24) to their post-course (M = 66.73) scores.

We were unable to conduct paired samples t-tests due to the limited number of participants completing both the pre and post evaluation survey.

**Table 1. MICA scale**

17 participants responded to the pre-course questionnaire, and 19 responded to the post-course questionnaire. Responses were scored below with higher scores indicating more stigmatising attitudes. Results show a promising 9% decrease in stigmatising attitudes post-course.

| Please read each statement carefully and choose your answers | Mean pre-course | Mean post-course | Percentage change |
|---|---|---|---|
| Being a health/social care professional in the area of mental health is not like being a real health/social care professional. | 2.41 | 1.53 | -15% |
| Working in the mental health field is just as respectable as other fields of health and social care. | 1.71 | 1.21 | -8% |
| I feel as comfortable talking to a person with mental illness as I do talking to a person with physical illness. | 2.59 | 1.57 | -17% |
| It is important that any health/social care professional supporting a person with mental illness also ensures that their physical health is assessed. | 1.71 | 1.36 | -6% |
| The public does not need to be protected from people with mental illness. | 3.47 | 3.26 | -4% |
| If a colleague told me they had a mental illness, I would still want to work with them. | 1.59 | 1.74 | 3% |
| People with mental illness are dangerous more often than not. | 2.18 | 2 | -3% |
| I just learn about mental health when I have to and would not bother reading additional material on it. | 2 | 1.32 | -11% |
| People with severe mental illness can never recover enough to have a good quality of life. | 2.41 | 1.42 | -17% |
| Health/social care staff know more about the lives of people treated for a mental illness than do family members and friends. | 3.06 | 2.42 | -11% |
| If a person with a mental illness complained of physical symptoms (such as chest pain), I would attribute it to their mental illness. | 3.35 | 2.16 | -20% |
| If I had a mental illness, I would never admit this to any of my friends because I would fear being treated differently. | 2.67 | 2.63 | -1% |

| | | | |
|---|---|---|---|
| If I had a mental illness, I would never admit this to my colleagues for fear of being treated differently. | 3.12 | 2.32 | -13% |
| General practitioners should not be expected to complete a thorough assessment for people with psychiatric symptoms because they can be referred to a psychiatrist. | 2.29 | 1.63 | -11% |
| I would use the terms "crazy," "nutter," "mad," etc., to describe to colleagues' people with mental illness that I have seen in my work. | 1.65 | 1.68 | 1% |
| If a senior colleague instructed me to treat people with mental illness in a disrespectful manner, I would not follow their instructions. | 2.41 | 1.89 | -9% |
| **Total** | 38.62 | 30.14 | -9% |

**Table 2: Course specific questions**

17 participants responded to the pre-course questionnaire, and 7 responded to the post-course questionnaire. Results show a significant increase in knowledge, understanding and confidence with a 25% change between pre- and post-course.

| **Please rate how much you agree with the following statements** | **Mean pre-course** | **Mean post-course** | **Percentage change** |
|---|---|---|---|
| I can confidently recognize signs of reduced well-being and mental health needs. | 3.41 | 4.57 | 23% |
| I feel confident in my understanding of how reduced well-being is related to the early onset of various mental health issues. | 3.5 | 4.71 | 24% |
| I know the different levels at which interventions can tackle the interplay between reduced well-being and mental health issues. | 3.06 | 4.57 | 30% |
| I feel confident in my ability to support patients in improving their well-being. | 3.17 | 4.57 | 28% |
| I know where to signpost patients for further mental wellbeing support. | 3.5 | 4 | 10% |
| I am confident engaging the different systems involved in patient care to support the patient's wellbeing. | 3.06 | 4.14 | 22% |
| I know how to assess risk through using combined sources of risk information. | 2.94 | 4.43 | 30% |
| I know which risk assessment and screening tools to consult for detecting various risks. | 2.72 | 4.57 | 37% |
| I know from where and when to seek support if patients are experiencing mental health issues. | 3.39 | 4.43 | 21% |
| **Total** | 28.56 | 40.00 | 25% |

**Table 3. Toronto Empathy Questionnaire**

17 participants responded to the pre-course questionnaire, and 7 responded to the post-course questionnaire. Higher scores indicate higher levels of empathy. Results showed a small change (1%) in empathy pre- and post-course.

| **Please read each of the statement carefully and rate how frequently you feel or act in the manner described.** | **Mean pre-course** | **Mean post-course** | **Percentage change** |
|---|---|---|---|
| When someone else is feeling excited, I tend to get excited too. | 3.29 | 3.57 | 6% |
| Other people's misfortunes do not disturb me a great deal. | 3.47 | 3.86 | 8% |
| It upsets me to see someone being treated disrespectfully. | 4.47 | 4.29 | -4% |
| I remain unaffected when someone close to me is happy. | 4.06 | 4.14 | 2% |

| | | | |
|---|---|---|---|
| I enjoy making other people feel better. | 4.41 | 4.29 | -2% |
| I have tender, concerned feelings for people less fortunate than me. | 4.24 | 4.29 | 1% |
| When a friend starts to talk about his/her problems, I try to steer the conversation towards something else. | 4.47 | 4.57 | 2% |
| I can tell when others are sad even when they do not say anything. | 3.82 | 3.71 | -2% |
| I find that I am “in tune” with other people’s moods. | 3.59 | 3.71 | 2% |
| I do not feel sympathy for people who cause their own serious illnesses. | 4 | 4.29 | 6% |
| I become irritated when someone cries. | 4.59 | 4.29 | -6% |
| I am not really interested in how other people feel. | 4.47 | 4.43 | -1% |
| I get a strong urge to help when I see someone who is upset. | 4.24 | 4.29 | 1% |
| When I see someone being treated unfairly, I do not feel very much pity for them. | 4.41 | 4.57 | 3% |
| I find it silly for people to cry out of happiness. | 4.47 | 4.29 | -4% |
| When I see someone being taken advantage of, I feel kind of protective towards them. | 4.24 | 4.14 | -2% |
| **Total** | 66.24 | 66.73 | 1% |

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# MASTERCLASS FINDINGS

## Quantitative and Qualitative Data

### Key quantitative findings:

9 participants completed the pre-course evaluation, while 19 participants completed the post-course evaluation overall. Not all participants completed all questionnaires.

Participants showed a 2% change in the Mental illness clinicians' attitudes scale (MICA) from their pre-course (M = 34.57) and post-course (M = 32.28) scores. Participants also showed a 20% increase in scores in the course specific questions relating to the learning objectives from their pre-course (M = 20.67) and post-course (M = 27.68) scores.

We were unable to conduct paired samples t-tests due to the limited number of participants completing both the pre and post evaluation survey.

**Table 1. MICA scale**

Participants' responses were scored below with higher scores indicating more stigmatising attitudes. Results show a 2% decrease in stigmatising attitudes post-course.

| **Please read each statement carefully and choose your answers** | **Mean pre-course** | **Mean post-course** | **Percentage change** |
|---|---|---|---|
| Being a health/social care professional in the area of mental health is not like being a real health/social care professional. | 3.13 | 2.17 | -16% |
| Working in the mental health field is just as respectable as other fields of health and social care. | 1.22 | 1.39 | 3% |
| I feel as comfortable talking to a person with mental illness as I do talking to a person with physical illness. | 1.89 | 2 | 2% |
| It is important that any health/social care professional supporting a person with mental illness also ensures that their physical health is assessed. | 1.22 | 1.28 | 1% |
| The public does not need to be protected from people with mental illness. | 2.67 | 2.83 | 3% |
| If a colleague told me they had a mental illness, I would still want to work with them. | 1.67 | 1 | -11% |
| People with mental illness are dangerous more often than not. | 2.22 | 2.33 | 2% |
| I just learn about mental health when I have to and would not bother reading additional material on it. | 2.11 | 1.61 | -8% |
| People with severe mental illness can never recover enough to have a good quality of life. | 1.89 | 1.57 | -5% |
| Health/social care staff know more about the lives of people treated for a mental illness than do family members and friends. | 2.78 | 2.83 | 1% |
| If a person with a mental illness complained of physical symptoms (such as chest pain), I would attribute it to their mental illness. | 1.78 | 2.22 | 7% |
| If I had a mental illness, I would never admit this to any of my friends because I would fear being treated differently. | 2.44 | 2.67 | 4% |
| If I had a mental illness, I would never admit this to my colleagues for fear of being treated differently. | 3.33 | 2.83 | -8% |

| | | | |
|---|---|---|---|
| General practitioners should not be expected to complete a thorough assessment for people with psychiatric symptoms because they can be referred to a psychiatrist. | 2.11 | 2.39 | 5% |
| I would use the terms “crazy,” “nutter,” “mad,” etc., to describe to colleagues people with mental illness that I have seen in my work. | 1.11 | 1.11 | 0% |
| If a senior colleague instructed me to treat people with mental illness in a disrespectful manner, I would not follow their instructions. | 3 | 2.05 | -16% |
| **Total** | 34.57 | 32.28 | -2% |

**Table 2: Course specific questions**

Participants were asked to rate their confidence on course specific knowledge and skills on a 5-point scale, with a higher score indicating a higher level of confidence. Results show a significant increase in knowledge, understanding and confidence with a 20% overall change post-course.

| Please rate how strongly you agree with each of the following statements: | Mean pre-course | Mean post-course | Percentage change |
|---|---|---|---|
| I feel confident in my knowledge and understanding of a range of mental health disorders including anxiety, depression, OCD, PTSD, ADHD, bipolar affective disorder & schizophrenia. | 3.11 | 4.05 | 19% |
| I feel confident in my knowledge and understanding of different personality disorders. | 2.78 | 3.89 | 22% |
| I understand how personality disorders interact with different mental health disorders. | 2.78 | 3.74 | 19% |
| I am aware of the latest range of evidence-based pharmacological therapies used to treat and manage common disorders. | 2.89 | 4.11 | 24% |
| I am aware of the latest range of evidence-based psychological therapies used to treat and manage common disorders. | 2.78 | 3.95 | 23% |
| I am able to support patients to navigate various healthcare pathways, including primary care, IAPT, acute trusts, and secondary mental health services. | 3 | 3.95 | 19% |
| I feel confident in promoting wellbeing in patients. | 3.33 | 4 | 13% |
| **Total** | 20.67 | 27.68 | 20% |

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## *Quality Assurance*

### Quantitative responses

**Table 1:** 100% of participants responded that they would recommend this course to others.

| | Yes | No |
|---|---|---|
| **Would you recommend this course to colleagues?** | 15 | - |
| **Would you recommend Maudsley Learning as a training provider?** | 15 | - |

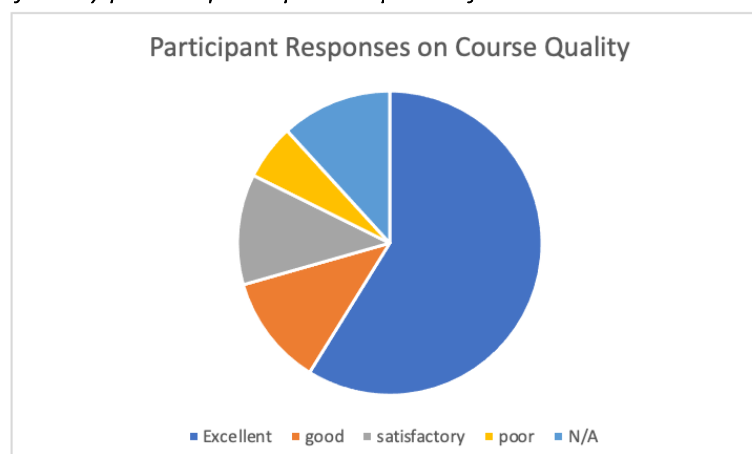
**Table 2:** From 15 responses, 0% had negative reflections on the course.

| Please rate the following: | Strongly Agree | Agree | Somewhat agree | Neither agree nor disagree | Somewhat disagree | Disagree | Strongly Disagree |
|---|---|---|---|---|---|---|---|
| Overall, this course met my learning needs | 11 | - | 4 | - | - | - | - |
| Overall, I enjoyed the course | 13 | - | 2 | - | - | - | - |
| Overall, this course met my individual expectations | 11 | - | 3 | 1 | - | - | - |
| Overall, this course is useful for my clinical practice/workplace | 13 | - | 2 | - | - | - | - |

**Table 3:** 15 participants responded to the questionnaire below on the course attended.

| Please rate the following statements about the course you attended: | Excellent | Good | Satisfactory | Poor | N/A |
|---|---|---|---|---|---|
| The quality and content of information | 13 | 2 | - | - | - |
| The hand-outs and materials provided | 6 | 1 | - | - | - |
| The pre-course information | 7 | 2 | 3 | - | 3 |
| The administration/booking process | 11 | 2 | 2 | - | - |
| The overall timetabling | 8 | 4 | 1 | 1 | 1 |
| The price of the course reflects its value | 12 | 1 | 1 | - | 1 |

***Figure 1.*** *Showing significantly positive participant responses from Table 3.*



***Quality of the platform***

**Table 4:** 17 participants responded to the questionnaire below. Not all participants completed every question.

| How would you rate the following about the course | Excellent | Good | Satisfactory | Inadequate | Poor |
|---|---|---|---|---|---|
| The look and feel of your learning account | 12 | 4 | 1 | - | - |
| Ease of use of webinar platform | 12 | 5 | - | - | - |
| Chat functionality | 11 | 6 | - | - | - |
| Break out space | 10 | 6 | - | 1 | - |
| Raising hand function | 11 | 5 | 1 | - | - |
| Ability to engage with other participants on the course | 10 | 6 | 1 | - | - |
| Ability to interact with the facilitators on the course | 12 | 4 | 1 | - | - |
| Ability to ask questions | 13 | 4 | - | - | - |
| Video quality | 11 | 6 | - | - | - |
| Sound quality | 11 | 6 | - | - | - |
| Technical support | 10 | 5 | 1 | - | 1 |

**Table 5:** 100% of participants in this questionnaire rated facilitators as excellent on the categories shown below.

| How would you rate the following about our speakers/facilitator(s) | Excellent | Good | Satisfactory | Poor | N/A |
|---|---|---|---|---|---|
| Their knowledge of the subject | 15 | - | - | - | - |
| Encouraging you to participate and reflect | 15 | - | - | - | - |
| Clearly explaining things | 15 | - | - | - | - |
| Enthusiasm | 15 | - | - | - | - |
| Engaging you in the content | 15 | - | - | - | - |

## Qualitative feedback:

The following section presents quotes from the qualitative feedback shared by participants.

**Do you have any additional comments about our speakers/facilitators?**

- Very useful
- Was very well presented
- Very good indeed
- Very useful, thank you
- Very useful and engaging session
- Excellent speaker and session, but I think organisers should on no account cancel a session last minute and make people that make the effort to attend suffer for last minute dropouts...

**Was there anything that you would have liked to explore more of?**

- Breakout rooms - problems with audio as unable to hear the group
- To know what the outcome of the case studies if they were real life cases, especially with Case 4.

- Treatment of resistant depression?
- Video comparison of presentation of various MH illness in real life.
- More time on the information part
- Would like more help with what to do with ADHD/EUPD type presentation however no diagnosis with regards to medication sensitivity/avoid etc.
- bipolar disorder and depression/OCD/PTSD case studies
- Everything was covered well during the time allocated.
- Perhaps a bit more information on the medications would have been good. But appreciate a lot of info to cover, so getting the balance is a bit tricky

**Which activities did you find helpful? Were any unhelpful? - please give an example**

- Case studies were helpful
- Case studies, topics on ADHD and EUPD. It is also a good recap for me for things like depression, anxiety, schizophrenia however I enjoyed the practical advice that you can apply to real patients.
- Case studies were very useful
- ADHD, depression
- All of it, from case studies group discussion to evidence-based practices
- it was really good to have breakout sessions and then a teaching after
- Break out rooms, case discussions.
- Break out rooms, group discussion
- Alcohol misuse tool kit and PND questionnaire
- I think the whole course was very useful.
- I found all the information useful
- The video/ case studies were very useful
- Everything, great refresher and helped fill in a lot of gaps in knowledge from a theoretical and practical angle

**What will you do differently in the workplace after having participated this course?**

- More confidence in choosing treatment
- I will reflect on my practice and apply what I know to my work.
- More empathy with MH patients. Audit against monitoring guidelines
- Change my practice more comfortable to talk about suicide
- understanding of MH medications more, useful for meds op
- how to approach different patients and pathway
- Reflect on my practice and apply the knowledge
- signpost patients for appropriate support
- deal with MH patients in a different angle in sense that PD or identifying ARMS
- Better empathy and understanding of people with mental health problems.
- I will be more aware when needing to refer
- Hopefully feel more confident engaging with patients with mental health issues
- Improve management of people with MH disorders- in terms of medication reviews and referring patients (when and to whom...)

**Do you have any suggestions for how to improve the course?**

- Technical support

- have only three breaks out session - felt rushed to have four and then not enough time on the teaching slides - would like more time on slides
- As above
- It is very well presented already
- Try to go ahead with the course regardless of dropouts as people more likely to attend if they know it will go ahead regardless

**Do you have any additional comments about the course?**

- Brilliant course, speaker was up to date with knowledge base
- Excellent
- great session all round
- Very useful
- Great course, may be worth trying alternative modes of delivery if attendance is poor...e.g. liasing with CCG's or SEL training, BETH as useful info but if integrated into other training organisations it may make it easier for people to attend rather than take time off per se

# SUMMARY

The course is a novel and innovative training method for upskilling pharmacists and pharmacist trainees in supporting well-being for individuals with long term Mental Health conditions, co-morbid mental and physical health issues and those experiencing mental distress for any reason. The findings demonstrate that participants achieved a variety of learning outcomes including improved confidence across the learning objectives and decreased stigmatising attitudes on the MICA scale. This raft of benefits following training are likely to have a positive impact on their future interactions with service users or those experiencing mental illness, although further research into this impact would be of great interest.