

A photograph of a woman with curly hair, looking down with a distressed expression, being comforted by another person whose hands are visible on her shoulders. The image is overlaid with a blue diagonal graphic.

Mental health primer for preceptors:

Tips for supporting
learners with mental health
challenges

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Lisa Hong, PharmD, BCPS, APh (Chair)

Nira Kadakia, PharmD, BCACP

Gifta Jones, PharmD

Anna Rhett, PharmD

Jeffrey Hamper, PharmD, BCACP

Ha Phan, PharmD, CDCES, BCACP

Morgan Herring, PharmD, PharmD, BCPS, FAPhA

Christine Lam, PharmD, BCPS, CDE, BCACP, BCGP

Nanci Murphy, PharmD

Reviewers

Paria Sanaty Zadeh, PharmD

Bella Blankenship, PharmD

Jennifer Robinson, PharmD

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I. Introduction

This mental health primer provides information to guide preceptors through the initial steps of supporting learners facing mental health challenges. This resource outlines potential signs and symptoms of mental health challenges and how preceptors can create a supportive environment, communicate with, and support these individuals. It also includes resources and case scenarios completed in the Pharmacists' Patient Care Process (PPCP) format. While it is not within the preceptor's scope to diagnose or treat a learner's mental health condition, this primer may facilitate the role of preceptors as a bridge to professional help, when needed.

In recent years, the topic of mental health has gained increasing attention, especially among young adults. A 2022 survey of over 2,000 adults in the United States reported that 90% of adults believe the United States is in a mental health crisis, with the highest prevalence of depression and anxiety among adults occurring in those aged 18 to 29 years.^{1,2} Adults younger than 30 years who identify as LGBTQIA+ or have lower income levels were found to have poorer mental health, with increased risk of mental health diagnoses.² These findings are especially important to pharmacy preceptors since students enrolled in Doctor of Pharmacy programs may fall into similar populations.

It is also important to note the impact of systemic inequities on mental health, particularly among marginalized communities. Individuals from diverse ethnic, racial, and cultural backgrounds, as



well as those who identify as LGBTQIA+, may face unique challenges related to their mental health, including stigma, discrimination, and lack of access to culturally competent care. Preceptors should approach each learner with empathy and cultural humility and take steps to create an inclusive and supportive learning environment.

In addition, high rates of stress, anxiety, and depression have been reported among pharmacy students.^{1,3,4} Difficulty and high demands of academic curricula, financial burdens, and postgraduate position uncertainty are just a few of the potential stressors impacting student pharmacists today.⁴ Some students may associate their stress with academic pressure and not feel that it warrants a need for professional help, while some may have concerns that seeking out professional help may jeopardize their standing from an academic perspective.³ However, for those who want to seek help, accessing professional services may be a barrier, with nearly 50% of young adults aged 18 to 29 years reporting that they are not receiving the mental health services they need.²

With the mental health challenges that many learners are facing today, pharmacy preceptors have the opportunity and responsibility to create a safe and supportive space for learners. To promote and support mental health on experiential rotations, preceptors should be equipped to create the right environment to ask, assess, and help or refer a learner struggling with a mental health condition. To do this, preceptors must first learn to recognize signs of mental health challenges among learners.

II. Signs and symptoms

Identification of possible signs and symptoms of mental health conditions is a first step that can facilitate appropriate discussions (see **Sections III – Creating a supportive environment** and **Section IV – Moving the tough conversation beyond the starting point**) and referrals to professional help (see **Sections V – Supporting the learner** and **Section VI – Resources**), as appropriate.

According to the National Alliance on Mental Illness (NAMI), common signs of mental illness in adults include⁵

- Excessive worrying or fear.
- Problems concentrating and learning.
- Extreme mood changes, including irritability or anger.
- Difficulties relating to other people.

In an academic environment, signs of mental health issues may include⁶

- Not attending classes or rotations.
- Frequent late arrivals or early departures.
- Inability to focus on conversations and activities.
- Disorganized thinking and speech.
- Strong emotions, such as crying over minor feedback and constructive criticism.
- Perseverating on various activities or criticisms.
- Abrupt changes in mannerisms, style, or hygiene.
- A noticeable increase in the student's dependence upon their educator (e.g., making excessive appointments or lingering around the educator's office).



It is important to note that this is not an exhaustive list of signs and symptoms. If a preceptor notices any of these symptoms, they should approach the learner in a compassionate and nonjudgmental way and encourage them to seek professional help. While it is not the role of preceptors to diagnose mental health conditions, recognizing the possible signs and symptoms of mental health conditions is an essential step toward providing support to learners. With this knowledge, preceptors can initiate crucial conversations and refer learners to professional help when needed.

Additionally, preceptors can seek out suicide prevention training programs, such as Question, Persuade, and Refer (QPR) and Mental Health First Aid (see **Section VI – Resources**), to better equip themselves in supporting learners facing mental health challenges, including mental health crises, which are not addressed in this primer. In the next section, we will explore some practical ways to create a supportive environment for learners.

III. Creating a supportive environment

Establishing a positive and supportive relationship with learners is essential for effective communication and identifying signs of mental health concerns.

Preceptors can achieve this by building rapport, showing a genuine curiosity and interest in the learners' progress and development, and preparing for meaningful conversations. By following these strategies, preceptors can provide the necessary support and resources to help their learners succeed.



Build rapport

By providing clear expectations, getting to know one another both personally and professionally, and making a space conducive for various growth opportunities, learners will soon realize that you want to help them succeed. Building a strong rapport with your learner(s) at the beginning and throughout the rotation has the following benefits:

- Shows you truly care about the learner, their experience, and well-being.
- Lays the groundwork for open and honest communication.
- Increases learner engagement.

Be curious about learner progress and development

Pharmacy rotations can be stressful, and learners may be afraid to discuss underlying stressors with a preceptor, especially if these stressors are occurring outside of the learning environment. Learners may be concerned about grades and making a positive impression or not wanting to be a burden and, therefore, may not be forthcoming about struggles or challenges. Some learners may come from a culture or family where personal feelings, especially mental health concerns, are not discussed. When you notice a change in demeanor, it is important to initiate a private conversation discussing your concerns. It is important not to accuse a learner, but instead to ask open-ended questions to give them the opportunity to speak freely.

Preceptors should routinely initiate discussions related to rotation expectations and integrate questions regarding management of workload, stress, and well-being. A learner may not be comfortable discussing personal challenges but may be willing to share more as trust develops. So as to be able to see nonverbal cues, schedule the meeting in-person or via video chat, rather than via text message or email. Not all learners will be open or receptive to seeking help. It is important to respect individual autonomy and let them know that you are there to provide support. If a learner is not comfortable talking to you, you can always provide additional resources the college or institution offers. Never force a learner to talk to you.

Monitor for successes, learning opportunities, and risk factors for burnout. When considering how best to support

a learner, think holistically about what they may need as a learner, be flexible within reason, and be cognizant of signs that may indicate distress, as outlined in **Section I – Signs and symptoms.**

Prepare for meaningful conversations, even on difficult topics

If you notice signs and symptoms of distress, then starting a conversation with the learner will likely be more effective if you've already established a trusting rapport.

It is important to prepare for the conversation ahead of time:

- Identify the specific behaviors that you have noticed.
- Choose a place that is quiet and comfortable and where you won't be interrupted or distracted (e.g., silence your phone).
- Choose a time when you are not tired or stressed.
- Have phone numbers/ contact information

of the university's preceptor lead, student services, counseling, local crisis centers, emergency contacts, and suicide hotline readily available.

Lead with compassion and curiosity by displaying empathy, using active listening skills, and asking open-ended questions.

Examples of how you might start the conversation

- "I've enjoyed..." (e.g., working with you, our conversations, learning about your future goals).
- "I've recently noticed that..." (list behaviors).
- "I'm concerned because..."
- "Would you like to talk about this? I want to make sure you are OK both personally and professionally."
- "I've been worried about you. Can we talk about what you are experiencing? If not, is there someone with whom you're comfortable talking?"



IV. Moving the tough conversation beyond the starting point

As a preceptor, it is important to remember that these conversations can be uncomfortable, but they can also be meaningful and are necessary for the well-being of the learner. Moving beyond the starting point involves navigating through tough conversations with the right communication skills and strategies.

Concepts from *Difficult Conversations: How to Discuss What Matters*⁷ can be utilized during these tough conversations. The authors propose breaking difficult conversations into three different steps: 1) what happened, 2) the feelings conversation, and 3) an identity conversation. By following these steps, a preceptor can help the learner explore the situation, express their feelings, and use problem-solving skills effectively.

When navigating these conversations, one must prepare to clarify the purpose of the discussion, look at the conversation from a third person point of view, take turns to explore the three conversations, and then engage problem-solving strategies, which may include a referral to professional help (see **Section V – Supporting the learner** and **VI – Resources**) rather than trying to fix the problem independently.⁷

During the conversation, avoid using judgmental or accusatory language, bringing in the opinions of others, bringing other people to the conversation, and being combative or defensive. Other

tips include ensuring the learner feels safe, along with reframing and validating their feelings. Importantly, avoid trying to diagnose or solve the problem for them. Depending on the issue, they may need more support or help than you as a preceptor can provide.

Examples of how you might encourage/further the conversation⁸

- “So, if I am understanding you correctly, you...” (reflective listening)
- “It sounds like it is really challenging for you now.” (affirming)
- “I am glad you are talking to me about this. It sounds like you have been through a lot...”
- “What seems to make it better? What seems to make it worse?”
- “I want to help and wonder what you think about these options...”
- “What sounds like the best option to you...”
- “I am happy to help however I can, but also want you to have the support of...”
- “Do you have a plan in case this situation worsens?”
- “I would like to follow up with you in a few days. Would that be OK?”

Once the conversation has taken place, it is important to continue to support the learner. The following section outlines ways to provide ongoing support and resources.

V. Supporting the learner

After the conversation, make sure your support does not stop there. Follow up and check in as needed. After each of the conversations, keep notes or documentation of what you discussed, what was recommended, and what the next steps were.

At a rotation site, a student pharmacist participates in activities while being supervised by a preceptor. However, when the student transitions into a workplace as an employee, there may or may not be the same level of supervision or oversight by supervisors or managers. Since mental illness is not often fixed overnight, the individual may still be managing symptoms of a mental illness. So, it is important to ensure the student has a list of appropriate tools and resources available to address mental illness. Students should be aware of programs available within the workplace such as student/employee assistance programs, which can provide support that is easy to access and free.⁹

In a work setting, physical and mental health conditions may impact performance and translate into unemployment.⁹ Though the Rehabilitation Act and the Americans with Disabilities Act remain focused on physical disabilities, they also ensure that workers with mental health disabilities are protected in pursuing a career without discrimination and with reasonable accommodations.¹⁰ Students should be made aware of laws protecting them as they continue to navigate their mental health symptoms.

In 2020, 52.9 million people 18 years and older were living with a mental health condition. Mental health concerns in the

workforce increased during the COVID-19 pandemic.¹¹ It may be necessary to provide a learner with information on the Family Medical Leave Act, if time is needed for recovery purposes, as appropriate.

A training site should bolster the idea that recovering from and living with a mental health diagnosis is not a barrier to a successful career pathway.

Referring students for additional support in the academic environment

If performance is being affected, consider referring the student to additional support, as appropriate:

- Offer to assist the student in connecting with counseling services.
- Suggest to the student to set up an appointment with the department's office of experiential education to explore available resources.
- Direct the student to the university's student resource center, counseling services, student affairs, or employee assistance programs. These resources are often made available to current students, and information can often be found in your preceptor manual or on the school's website.
- Discuss your concerns with the department's office of experiential education and provide documentation of your previous conversations, if necessary or appropriate.
- Contact your supervisor or organization's human resources department if the student's behavior or performance is affecting patient care, safety, or operations. Your previous documentation of conversations will be helpful here as well.

VI. Resources

By being supportive and providing resources, you can help the learner get the assistance they need to cope with mental health concerns. This section includes available resources for maintaining mental wellness and offers a list of professional mental health resources that preceptors can provide to learners, as appropriate.

Resources for maintaining mental wellness you can recommend

- [*Active Minds*](#)
- [*Calm*](#)
- [*Headspace*](#)
- [*Healthy Minds Program*](#)
- [*ULifeline*](#)

If a learner is hesitant to connect with professional help, you can call or connect them with the professional mental health help resources below to identify next steps together.

- Crisis Text Line: Text “NAMI” to 741-741
- Emergency services: 911
- Local crisis centers or resources
- National Domestic Violence Hotline: 800-799-SAFE (7233)
- National Sexual Assault Hotline: 800-656-HIPE (4673)

- National Suicide & Crisis Lifeline: 988
- The Trevor Project (LGBTQIA+ <24 years old): 866-488-7386 or text “START” to 678678
- Trans Lifeline: 877-565-8860
- **University-provided counselors and mental health services**

If a student is not suicidal but could use additional support, connect with the university’s experiential team, student affairs, or counseling services. You are not alone in supporting the student; it often takes a team!

While this resource is focused on learners’ mental health, there are also resources for preceptor mental health. Here are a few to start:

- [*APhA Well-being Resources, including the Well-being Index*](#)
- [*Mental Health First Aid Training*](#)
- [*Question, Persuade, and Refer \(QPR\) Training*](#)
- [*Safe Zone Training \(LGBTQIA+ awareness and allyship\)*](#)
- [*Tips for Healthcare Professionals: Coping with Stress and Compassion Fatigue*](#)

VII. Scenarios

Practice approaching these scenarios using the PPCP to gather data and develop an assessment and plan.

PPCP components	Action(s)	Additional tips/examples
Collect	Identify the specific behaviors that concern you.	<ul style="list-style-type: none"> ● Gather behaviors that are heard or observed (including nonverbal cues).
Assess	Evaluate the behaviors.	<ul style="list-style-type: none"> ● Cognitive: inadequate clinical knowledge base ● Professionalism: tardiness
Plan	<p>Obtain input from the student.</p> <p>Depending on the situation, initiate or further the conversation.</p>	<ul style="list-style-type: none"> ● Choose a place that is quiet and where you will not be interrupted. ● Display empathy, use active listening skills, and ask open-ended questions. ● Have resources readily available to share (e.g., phone numbers/contact information of student services, counseling, local crisis centers, emergency contacts, suicide hotline).
Implement	<p>Provide resources.</p> <p>Refer.</p>	<ul style="list-style-type: none"> ● Triage the case. ● Provide information regarding resources, as appropriate. ● Refer for professional help, as appropriate.
Follow up: Monitor and evaluate	Check in and continue to provide a supportive environment.	<ul style="list-style-type: none"> ● Monitor successes. ● Be flexible.

Case example 1

You notice that N.L. barely speaks up in group discussions and during patient visits. During patient discussions, N.L. seems unprepared. These behaviors are new, as N.L. was performing better last week. When you talk to the student about their academic performance on rotation, N.L. just talks negatively about themselves, questions whether pharmacy is the right career path, and expresses concern about not yet having a postgraduate job. What approach would you take to continue this conversation with N.L.? What information may you want to gather, and how would you triage the student?

PPCP components	Case-specific components
Collect	<ul style="list-style-type: none">● Change in behaviors from last week.● Unengaged in rotation activity.● Self-doubt about future and whether pharmacy was the right decision.
Assess	<ul style="list-style-type: none">● Lack of confidence.● Anxiety about their future.
Plan	<ul style="list-style-type: none">● Build a rapport with the student.● Meet with the student in a quiet and non-intimidating environment.● Gather information about career goals and experiences with their challenges.
Implement	<ul style="list-style-type: none">● Create a weekly goal using the SMART method.● Refer student to counseling for anxiety (e.g., the student assistance program available at the university and/or practice site).● Connect them with hiring resources.
Follow up: Monitor and evaluate	<ul style="list-style-type: none">● Encourage student to stay connected or reach out to additional resources if needed.

Case example 2

You notice that Y.M. seems more tired than normal and has fallen asleep on rotation. The student has asked on multiple occasions for extensions on projects and still turned in low-quality work. Y.M. also seems to be unprepared for patient and topic discussions. You are concerned about what is going on with Y.M. that is resulting in these behaviors. What approach would you take to opening a conversation with Y.M. about what you have observed? If Y.M. is uncomfortable discussing what they are experiencing, then how would you triage this student?

PPCP components	Case-specific components
Collect	<ul style="list-style-type: none">● Falling asleep during rotation.● Handing in poorly done work or coming unprepared for patient discussion and topic discussion.● Asking for an unreasonable number of extensions on projects.
Assess	<ul style="list-style-type: none">● Lack of sleep.● Poor time management.
Plan	<ul style="list-style-type: none">● Built a rapport with the student.● Meet with the student in a quiet and non-intimidating environment.● Gather information about what is going on outside of school (e.g., family crisis).
Implement	<ul style="list-style-type: none">● Ask the student if there is someone with whom they feel comfortable talking.● Refer the student to the university’s office of student affairs, counseling, and/or student assistance program.
Follow up: Monitor and evaluate	<ul style="list-style-type: none">● Continue to observe behaviors.● Monitor performance.● Check in regularly.● Encourage student to stay connected or reach out to additional resources if needed.

References

1. Shangraw AM, Silvers J, Warholak T, et al. Prevalence of anxiety and depressive symptoms among pharmacy students. *Am J Pharm Educ*. 2021;85(2):8166. Available at: www.ajpe.org/content/85/2/8166. Accessed December 16, 2022.
2. Lopes L, Kirzinger A, Sparks G, et al. KFF/CNN Mental Health in America Survey. Kaiser Family Foundation. October 2022. Available at: www.kff.org/other/report/kff-cnn-mental-health-in-america-survey/. Accessed January 13, 2023.
3. Fischbein R, Bonfine N. Pharmacy and medical students' mental health symptoms, experiences, attitudes and help-seeking behaviors. *Am J Pharm Educ*. 2019;83(10):7558. Available at: www.ncbi.nlm.nih.gov/pmc/articles/PMC6983890/. Accessed December 16, 2022.
4. Hirsch JD, Nemlekar P, Phuong P, et al. Patterns of stress, coping and health-related quality of life in doctor of pharmacy students. *Am J Pharm Educ*. 2020;84(3):7547. Available at: www.ajpe.org/content/84/3/7547. Accessed December 16, 2022.
5. NAMI. Warning signs and symptoms. Arlington, VA: NAMI. Available at: www.nami.org/About-Mental-Illness/Warning-Signs-and-Symptoms. Accessed December 16, 2022.
6. St. Mary's College of Maryland. Signs and symptoms of distress in students. St. Mary's City, MD: Wellness Center, St. Mary's College. Available at: www.smcm.edu/wellness/help-a-student/signs-and-symptoms-of-distress-in-students. Accessed December 16, 2022.
7. Stone D, Heen S, Paton B. *Difficult Conversations: How to Discuss What Matters Most*. 10th ed. New York: Penguin Books; 2010.
8. U.S. Department of Health and Human Services. Talk about mental health for friends and family members. Washington, DC: HHS. Available at: www.mentalhealth.gov/talk/friends-family-members. Updated December 22, 2020. Accessed November 20, 2022.
9. Brown, C, Stoffel V. *Occupational Therapy in Mental Health: A Vision for Participation*. Philadelphia: F.A. Davis Company, 2011.
10. ADA.gov. Americans with Disabilities Act Title II Regulations. Washington, DC: U.S. Department of Justice Civil Rights Division. October 11, 2016. Available at: www.ada.gov/law-and-regs/title-ii-2010-regulations/#-35140-employment-discrimination-prohibited. Accessed November 29, 2022.
11. World Health Organization. Mental health and COVID-19: Early evidence of the pandemic's impact: Scientific brief. Geneva, Switzerland: WHO. March 2, 2022. Available at: www.who.int/publications/i/item/WHO-2019-nCoV-Sci_Brief-Mental_health-2022.1. Accessed December 10, 2022.