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## ABSTRACT

### **Palestinian community pharmacists' practices, attitudes, and barriers towards providing mental health care: A cross-sectional survey**

*Sondos Iseed, Aya Manassra.*

*Supervisors: Rania Ghanem and Maher Khmour*

*Al-Quds University*

**Background:** Mental disorders pose a significant public health challenge worldwide, with increasing prevalence and substantial social and economic burdens. Community pharmacists, as easily accessible healthcare professionals, have the potential to play a key role in mental health care by providing medication counseling, ensuring adherence, and offering patient support. Despite this, their involvement remains limited due to various educational, structural, and attitudinal barriers. In Palestine, pharmacists are not systematically integrated into mental health care, necessitating an evaluation of their role, confidence, and challenges in providing pharmaceutical care to individuals with mental illnesses.

**Objectives:** To assess the role of Palestinian community pharmacists in mental health care, evaluate their confidence in counseling patients with mental disorders, analyze their attitudes toward mental illnesses, and identify key barriers affecting their ability to provide pharmaceutical care in mental health.

**Methods:** A cross-sectional online survey was conducted between January and March 2025 among licensed Palestinian community pharmacists. The survey collected data on sociodemographic characteristics, pharmacists' mental health counseling practices, confidence in providing pharmaceutical care, attitudes toward mental illness, and perceived barriers to mental health service delivery. Data were analyzed using descriptive and regression analysis.

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Correspondence concerning this article should be addressed to the mentioned authors at the mentioned institutes.

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E-mail: [research@admin.alquds.edu](mailto:research@admin.alquds.edu)

Palestine, Abu Dis, Al-Quds University



**Results:** A total of 375 community pharmacists participated in the study, with a majority being female (64.5%) and aged 20-29 years (65.6%). The findings indicate that 85.3% of pharmacists provided counseling on medication side effects, while only 26.1% conducted depression screenings. Pharmacists' confidence in discussing mental health medications was moderate (mean = 2.59, SD = 0.72), with the lowest confidence in discussing patient knowledge about medications. Gender was not significantly associated with confidence ( $p=0.357$ ), but pharmacists who had received continuing education demonstrated significantly higher confidence and engagement in mental health counseling ( $p<0.001$ ). Key barriers identified included insufficient training in mental health care (73.3%), lack of institutional support (67.7%), time constraints (62.9%), and inadequate private spaces for patient consultations (60.3%). Additionally, 69.9% of pharmacists held misconceptions regarding psychotropic medication addiction, highlighting the need for targeted educational programs. Pharmacists who had access to private counseling areas and those who had participated in mental health training reported significantly better engagement and confidence in patient interactions ( $p < 0.05$ ).

**Conclusion:** Palestinian community pharmacists show moderate engagement in mental health care but face significant challenges related to training, confidence, and systemic support. Addressing these barriers through structured education programs, improved pharmacy infrastructure, and clearer regulatory frameworks is essential to optimizing their role in mental health service provision. Future efforts should focus on enhancing pharmacists' knowledge, reducing stigma, and integrating mental health services into community pharmacies to improve patient outcomes.

**Keywords:** Community pharmacists, Mental health care, pharmaceutical care, Attitudes, Barriers, Palestine.