



Mel Dadgar

Mental health is a topic very close to my heart. When I was younger a family member of mine was deeply affected by mental illness and from a very young age, I noticed the lack of support for people who were struggling.

Since qualifying as a pharmacist, I have made an active effort to support patients through talking and educating them that medicines used to treat psychiatric illnesses are no different to other medicines; that getting the help they needed was absolutely the best thing for them.

During the pandemic, more and more of those patients suffering with their mental health were healthcare workers. My colleagues. My friends. The people who I spend most of my days with and care so much for. The very people running our entire healthcare service. I could first-hand see the level of stress that pharmacy teams had gone through, day in day out, to show up for their patients. Always going that extra mile. But at what cost?

Burnout

Community pharmacies are seeing more patients than ever before – no appointment needed. This huge accessibility is what makes me so proud to be a pharmacist. Absolutely anyone can walk in and no matter what it is, your pharmacist can advise you on what to do -for free.

If we only had to deal with the patient in front of us, we might be ok. It's all the hidden work that nobody seems to recognise or appreciate which adds onto our ever-growing to-do list.

Lots of the work in pharmacies seems to go unnoticed – ordering prescriptions, ordering stock, stock counts, dispensing, checking, picking up errors, reconciling medication, audits, dosette boxes, weekly controlled drug balance checks, methadone, sorting deliveries, targets, answering the phone, supervision, training staff, date checking, cleaning, end of month paperwork, reading and implementing SOPs, queue busting, MHRA alerts, vaccinations, new services, the list is endless... and is only getting longer. You need a full team to be able to get through all of that!

But here's the thing, our workload is endless yet our resource does not reflect this. Pharmacists are expected to do even more, with limited staff and resource.

It came to a point where a colleague of mine walked out of the pharmacy one day. Walked out mid-shift. He was having palpitations and an anxiety attack, feeling that the volume of work is unattainable and being made to work his entire shift completely alone. I applaud his honesty and integrity, but the sad thing is, he isn't a one-off case. Too many pharmacists can relate to the scenario I've mentioned.

When I shared his story on my Instagram page, I received responses from dozens of pharmacists who felt similar. This is not something which should be normalised.

I also received messages from hospital pharmacists who are experiencing similar issues, with one burnt-out pharmacist sharing that she was expected to cover 5 wards all alone with no lunch and a constant bleep.

One pharmacist mentioned, *“I was that overworked I was being physically sick every day at work and was convinced there was something medically wrong with me. Then I started to document and the days I wasn't at work I wasn't throwing up. My anxiety was that bad I had to leave, the pressure in a chain pharmacy is so extreme.”*

“I had to take time out of work in my first year of practice. Working in an understaffed dispensary for several months took its toll.”

These unacceptable working conditions are not only rife in the UK – we see similar themes all around the world. Ashleigh Anderson, a CVS pharmacist based in the US, sadly died of a heart attack at work while waiting 2 hours for a relief pharmacist to be sent after she asked to leave. A heart-breaking tragedy. This led to #pizzaisnotworking trending on Twitter which references employers who offer the incentive of pizza rather than adequate pay and safe staffing levels.

To anyone who works in community, the fix is obvious. Staffing, funding, and resource. And that includes not only the number of staff, but also the competence and number of suitably trained staff. It's a sad state of affairs when what we're asking for in terms of our working conditions is bare minimum for safe working. It is beyond being understaffed when you are physically alone. I'm still not sure what the term for that is, but 'understaffed' doesn't cut it.

The solution that employers came up with? Resilience training

We need to remember that health professionals are hugely resilient people. We witness people suffering, we care deeply for our patients, and we turn up to the difficulties that is working in a broken system. However, working under these conditions inevitably leads to stress and burnout.

The World Health Organisation states that burnout occurs as a direct result of chronic workplace stress, but resilience is now thought of as a very personal failure and is being used to deflect accountability to the core issues causing the stress and burnout.

It fails to recognise that pharmacists are highly dedicated, hardworking, intelligent people. And when we struggle because we're having to work completely alone then that has very little to do with our resilience. Resilience and pizza are bandages, and they ignore what is happening underneath the surface. You can't blame the individual and ignore the thing that's causing the burnout.

Here's my message to the employers and our government: you must tackle the underlying causes of your staff burnout - which is the massive staff shortages and the fact we are hugely underfunded. Tackle that.

As professionals, we must advocate for mental health and provide support for people who are struggling. Even if that includes ourselves.

The PDA is holding an informative and interactive webinar about stress in the workplace on Wednesday 20 April, where Mel Dadgar will be joining. Register [here](#).