Background In 2006, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) started the new year with a mandate for accredited organisations to implement an innovative initiative: Medicines Reconciliation. The mandate attempted to address the 1.3 million iatrogenic adverse events that occur annually, many of which are related to medicines.

Medicines reconciliation is an effective process of reducing errors and harm associated with loss of medicines information, as patients transfer between wards (handovers). It may prevent up to 70% of all potential errors and 15% of all adverse drug events.

Literature investigation of medicines reconciliation is minimal in psychiatric hospitals. Limited information is available about medicines reconciliation in psychiatric hospitals in Saudi Arabia.

Purpose To gain an insight into pharmacists' practise, knowledge and attitudes toward medicines reconciliation in psychiatric hospitals and the most common challenges and barriers.

Materials and Methods We developed and administered a survey to the Director of Pharmacy at all psychiatric hospitals in Saudi Arabia (20 hospitals), The questionnaire was modified after piloting on 10 randomly-selected pharmacists working in psychiatric hospitals. The survey included scales measuring (1) pharmacists' attitudes towards medicines reconciliation, (2) pharmacists awareness of medicines reconciliation and (3) local practise in Saudi psychiatric hospitals.

Results Response rate: 90% of pharmacy directors in psychiatric hospitals in Saudi Arabia returned the survey, 70% indicated that they were familiar with the concept of medicines reconciliation and believed that medicines reconciliation represented an important safety intervention. Only 25% of pharmacy director had initiated medicines reconciliation in practise, and 40% did not believe that they had the necessary resources to manage discrepancies.

Conclusions Pharmacists had mixed attitudes toward implementation of medicines reconciliation services due to the limited patient transfer between wards or between care (acute and ambulatory) in psychiatric hospitals; on the other hand they believed that medicines reconciliation represented an important safety intervention. Only 25% of pharmacy director had initiated medicines reconciliation in practise, and 40% did not believe that they had the necessary resources to manage discrepancies.

No conflict of interest.