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Mental Health and the Role of the Pharmacy Technician

by Sarah-Lynn Dunlop, MEd, BA, RPhT



Learning objectives

After successful completion of this continuing education program, pharmacy technicians will be able to:

1. Differentiate between mental health, mental health conditions, and mental illnesses/disorders.
2. Recognize populations with increased incidence of mental health conditions.
3. Identify factors that positively and negatively influence an individual's mental health.
4. Understand the role of the pharmacy technician in supporting and providing care for individuals with mental health concerns within their scope of practice.

Introduction

Mental health is the state of one's psychological and emotional well-being and is an integral piece of overall health and wellness.^{1,2} The state of an individual's mental health impacts their ability to cope with stress, learn and work well, contribute to society, and to enjoy life.^{1,2} Mental health exists along a continuum, is influenced by many factors, and changes throughout an individual's lifetime.^{1,2}

Pharmacy technicians practising in community and/or institutional environments will be involved in supporting and providing care to patients in managing their mental health and those who are managing a mental health condition. It is important that pharmacy technicians understand the difference

between mental health and mental illness, as well as factors that can impact these. Pharmacy technicians should be aware of populations at an increased risk of experiencing mental health conditions, barriers to accessing support and care, and understand how to help protect patient safety.

Key Terms & Definitions

It is important to recognize that having good mental health does not mean there is an absence of mental illness or a mental health condition, nor does having a mental illness or mental health condition equate to having poor mental health, although poor mental health can contribute to the development of a mental health or physical condition.^{3,4,5} Table 1 reviews the definitions of mental health, mental health condition, and mental health illness or disorder. The term mental health condition will be used throughout this program.

Overview of Mental Health Conditions

According to the World Mental Health

TABLE 1 - Definitions & Terms ^{3,5}	
Term	Definition
Mental Health	State of mental well-being & integral component of overall health that enables people to cope with the stresses of life, to realize their abilities, to learn well and work well, and to contribute to their communities.
Mental Health Condition	Broad term encompassing mental states associated with significant distress, impairment in functioning, risk of self-harm, mental illness or disorder, and psychosocial disabilities.
Mental Illness	Refers collectively to all diagnosable mental disorders characterized by clinically significant disturbance in one's behaviour, cognition or emotional regulation that reflects a dysfunction in psychological, biological or developmental processes.

Report, nearly one billion people worldwide are living with a diagnosable mental health condition, with one in five Canadians experiencing a mental health condition in any given year.^{3,6} Reports indicate that 50% of Canadians have experienced a mental health condition by the age of 40 and that mental health conditions are a leading cause of disability in Canada.⁶

There are several forms of mental health conditions, with subtypes for many of these

forms as well. For example, an individual living with depression may be diagnosed with major depression, seasonal affective disorder, post-partum depression or others. Table 2 reviews some examples of mental health conditions.

Since the COVID-19 pandemic began, there has been a marked increase in individuals experiencing symptoms of anxiety and depression, and living with anxiety and depressive disorders.^{7,19-21}

TABLE 2 - Examples of Mental Health Conditions⁷⁻¹⁸

Category	General Description	Examples
Anxiety Disorders	Excessive or irrational feelings of anxiousness, fear or worry accompanied by physical, cognitive and behavioural symptoms that interfere with usual daily functioning Behavioural symptoms typically involve avoiding situations or activities feared to contribute to anxiety	Generalized Anxiety Disorder • Excessive, chronic worrying about everyday life accompanied by at least 3 physical symptoms (e.g., difficulty concentrating, muscle tension, sleep disturbance, irritability)
		Panic Disorder • Recurrent, unexpected panic attacks with at least 1 month of constant worry about having future panic attacks or significant change in behaviours related to the attacks Panic Attacks • Sudden, intense feeling of fear accompanied by physical symptoms (e.g., shortness of breath, pounding heart, feelings of choking) & cognitive symptoms (e.g., thoughts of suffocating, having a heart attack or losing control)
		Social Anxiety Disorder • Excessive fear or worry in social situations
		Phobias • Intense & unreasonable fear about an object or situation
Mood Disorders	Usually characterized by changes in appetite or weight, changes in sleep, difficulty concentrating, irritability or hostility, ongoing feeling of being sad, empty or anxious Depressive episodes may include feelings of hopelessness, guilt & low self-worth	Clinical or Major Depression • Having less than normal interest in regular activities & lacking energy and focus for at least 2 weeks
		Dysthymia • Persistent depressive disorder or chronic, low-grade depression lasting at least 2 years
		Seasonal Affective Disorder • Type of depression that occurs during the same time each year • Thought to be associated with decreased exposure to sunlight during winter months
		Post-Partum Depression • Depression that follows giving birth, affecting up to 10% of women • May be accompanied by psychosis in some individuals
		Bipolar Disorder • Cyclic disorder with periods of depression, periods of feeling well, and periods of mania • Manic phase often characterized by exaggerated feelings of euphoria & grandeur, excessive energy, engaging in risky behaviours

>> CONTINUED ON PAGE 3

Category	General Description	Examples
Psychotic Disorders	Conditions where the individual cannot differentiate what is real from what is not	Schizophrenia <ul style="list-style-type: none"> • Significant impairment in perception & changes in behaviour • Symptoms may include delusions (false beliefs the individual thinks are real) hallucinations (hearing, seeing, feeling things that are not real), disorganized thoughts & behaviours
		Schizoaffective Disorder <ul style="list-style-type: none"> • Symptoms of schizophrenia with concurrent symptoms of a mood disorder
		Delusional Disorder <ul style="list-style-type: none"> • Strong, fixed beliefs in things that are not true without hallucinations
Trauma-Related Disorders	Typically, characterized by re-experiencing past trauma	Post-Traumatic Stress Disorder (PTSD) <ul style="list-style-type: none"> • Re-experiencing traumatic event(s) through intrusive flashbacks, memories, nightmares • Avoidance of thoughts, memories, activities, situations or people reminiscent of traumatic event • Persistent perception of heightened current threat
Personality Disorders	Lack of adaptability & flexibility that results in limited repertoire of coping responses, resulting in distress	Cluster A = Paranoid, Schizoid & Schizotypal Personality Disorders <ul style="list-style-type: none"> • Characterized by feelings of paranoia, distrust and suspicion
		Cluster B = Impulsive Personality Disorders, including Borderline, Narcissistic, Histrionic & Antisocial Personality Disorders <ul style="list-style-type: none"> • Characterized by difficulty controlling anger, desires, emotions, fears
		Cluster C = Anxious Personality Disorders, including Obsessive-Compulsive Disorder (OCD), Dependent Personality Disorder & Avoidant Personality Disorder <ul style="list-style-type: none"> • Characterized by compulsions & anxiety
Eating Disorders	Abnormal eating & preoccupation or obsession with food, weight & appearance	Anorexia Nervosa <ul style="list-style-type: none"> • Intense & irrational fear of gaining weight & having body fat • Individuals may believe they are fat even if they are well below what is considered to be normal weight for their age & height
		Bulimia <ul style="list-style-type: none"> • Involves cycles of bingeing & purging • Bingeing = quickly eating large amounts of food • Purging = ridding themselves of consumed foods through vomiting or laxatives, or engaging in food deprivation or excessive exercise
		Binge Eating Disorder <ul style="list-style-type: none"> • Compulsively overeating large amounts of food at once • Feeling unable to control or stop behaviour
Substance Use Disorders	Addiction or dependence disorders	<ul style="list-style-type: none"> • Can include addiction to drugs, alcohol, tobacco

Clinical depression affects almost 300 million people worldwide and is characterized by feelings of sadness and despair that last most days for a period of longer than two weeks and interferes with the individual's ability to engage in social relationships, school or work, and to enjoy activities they previously found enjoyable.^{7,13,22} There are many types of depressive disorders (see Table 2) and symptoms may be displayed differently in different populations. For example, men tend to experience a higher rate of irritability and anger, whereas women tend to experience sadness, stress, and sleep problems, and children may pretend to be sick, refuse to go to school, get into trouble at school or cling to a parent.^{22,23}

Anxiety disorders also affect approximately 300 million people worldwide.⁷ While there are several types of anxiety disorders (see Table 2), they typically share feelings of

irrational and excessive fear or worry, tension or apprehension that are severe enough to elicit significant distress and/or interfere with functioning in daily life.^{7,22}

Factors Impacting Mental Health

Social determinants of health (see Table 3) can positively and negatively influence an individual's physical and mental health. These social and economic factors may be more important in determining overall health than health care and lifestyle choices.²⁴

Protective factors serve to strengthen resilience, or the ability to adapt to challenges and setbacks, and include social and emotional skills and attributes, positive social interactions, higher levels of education, stable work with good working conditions, safe neighbourhoods and community cohesion.^{2,3} Risk factors, which include psychological and biological factors, as well as

“exposure to unfavourable social, economic, geopolitical and environmental circumstances” can negatively influence an individual's mental health and increase their risk of experiencing a mental health condition.³ Table 3 reviews social determinants of health in Canada and gives examples of protective and risk factors.

The COVID-19 pandemic has had a significant impact on the mental health of people worldwide and literature shows that the impact is still ongoing. Mental health has declined in 37% of Canadians since the onset of the pandemic and many are experiencing long-term mental health effects because of the chronic stress associated with the pandemic.^{21,26,27} Research also shows that inflation and the rising cost of living, byproducts of the pandemic, are affecting the mental health of Canadians. Canadians reported a 33% increase in self-

TABLE 3 - Social Determinants of Health in Canada²⁵

Social Determinant of Health	Examples of Protective & Risk Factors
Stress, Bodies & Illness	Risk Factors: Chronic stress increases the body's susceptibility to developing chronic physiological illnesses, like cardiovascular disease, respiratory disease, type 2 diabetes, etc. Chronic stress due to adverse living conditions can contribute to feelings of shame, uncertainty about life and insecurity, making it difficult to cope with everyday life. This can lead to individuals attempting to relieve pressures by adopting unhealthy coping behaviours (e.g., excessive consumption of alcohol, tobacco, drugs, food).
Income & Income Distribution	Risk Factors: Lower income increases material & social deprivation which decreases an individual's or family's ability to afford basic prerequisites of health, like food, housing and clothing. Lower income can also contribute to social exclusion & living in poverty
Education	Protective Factors: Higher levels of education are highly correlated to other determinants of health (e.g., higher income, employment security, better working conditions, access to resources) & increased health literacy
Unemployment & Job Security	Protective Factors: Stable, full-time employment helps provide structure & a sense of identity Risk Factors: Unemployment is associated with both increased risk of physical & mental health problems, including anxiety & depression; can lead to deprivation, poverty, unhealthy coping behaviours Job insecurity (e.g., part-time work) can cause burnout & exhaustion
Employment & Working Conditions	Risk Factors: Individuals with lower education levels are more likely to work in environments with high demands & where they have little control, which contributes to increased stress, hypertension, anxiety and depression
Early Childhood Development	Protective Factors: High quality early childhood education can help counteract the negative effects of a family's low socioeconomic status. Risk Factors: The longer a child lives with material & social deprivation, the more likely the child is to show adverse developmental & health outcomes, including lack of coping skills & learned helplessness
Food Insecurity	Risk Factors: Lack of access to food leads to nutrient deficiencies, increased prevalence of chronic disease, stress & feelings of uncertainty Food insecurity is higher in Indigenous populations, families on social assistance & female-led single-parent families
Housing	Risk Factors: Overcrowding lends itself to the transmission of infectious diseases Housing lacking clean, safe water & sanitation are a risk to health Poor heating, mold, dampness, inadequate ventilation, etc have adverse effects on health These factors plus the rising cost of housing can contribute to stress, anxiety and depression
Social Exclusion	Risk Factors: Those who are socially excluded are more likely to be unemployed, have lower incomes, have less access to health & social services Indigenous Peoples, immigrants, people of colour, women, people with disabilities, low-income individuals are most likely to be socially excluded Social exclusion can contribute to feelings of hopelessness & depression.
Social Safety Net	Protective Factors: Having access to programs & supports to help navigate life changes (e.g., raising children, changing jobs, reaching retirement)
Health Services	Risk Factors: Reliance on public health programs – Not all medications and services are covered in Canada and many without private insurance through their employer cannot afford medications and health services
Geography	Risk Factors: Extreme remote locations with lack of access to services Urban, densely populated areas with high levels of pollution
Disability	Risk Factors: Individuals living with a disability are more likely to be unemployed.
Indigenous Ancestry	Risk Factors: Indigenous People are more likely to live in remote areas with food and water insecurity and limited access to resources; they are also more likely to be unemployed and live in poverty and in crowded environments Indigenous People are more likely to experience intergenerational trauma
Gender	Risk Factors: Women are less likely to work full time & tend to earn less than men Women tend to have more stress working and taking care of children, the household and elders Gender diverse individuals face increased discrimination & increased prevalence of being unhoused
Immigration	Risk Factors: Immigrants face challenges accessing job markets, which can negatively impact ability to secure stable housing, work, and food, leading to increased stress
Race	Risk Factors: Institutionalized, systemic and personal racism contribute to racialized individuals experiencing higher rates of unemployment, unstable housing, food insecurity and poor mental health

rated anxiety, a 32% increase in depression, a 14% increase in the rates of recent diagnoses of a mood disorder, and a 31% increase in suicidal ideation.²⁸

Most individuals will encounter stress in their everyday lives due to situational pressures or demands, like a deadline for work or school, and are able to manage their stress. In situations of prolonged stress, like dealing with the pandemic, individuals can experience a variety of health conditions, ranging from headaches and muscle pain, to worsening of pre-existing health conditions, to an increased risk of anxiety, depression and substance use.²⁹

Risk Groups

While everyone experienced the pandemic differently, literature shows that certain population groups were the most affected, including women, youth, members of the 2SLGBTQAI+ community, Black communities and Indigenous Peoples.^{20,21,26,30} It is important to note that while the pandemic may be over, many individuals whose mental health was impacted during the pandemic have not had the opportunity to access appropriate care and are still living with declined mental health.²⁷

Women

Throughout, and post-pandemic, women or females experienced disproportionately greater burden and stress than men or males, thus experiencing a worsening of anx-

ety, depression and overall mental health.²⁰ There are several possible explanations for this, most relating to worsening social determinants of health and an increase in stress, especially at home. Women or females are more likely to provide care for family members, including elders, to head single parent families, and live in poverty than men or males, earning less money than men or males.²⁰ Women or females are also over-represented in healthcare professions and may have been dealing with increased stress and burnout.^{20,31} In addition, 30 % increase in gender-based violence was seen during the lockdowns in Canada.³²

Young People

Young people were left particularly vulnerable during the pandemic due to extended closures and social isolation.^{20,21} These led to increased feelings of loneliness, uncertainty and anxiety, which can lead to affective and behavioural problems.²⁰ Young people who were living with family may have experienced an increased exposure to stress or abuse in the home; these are risk factors for the development of mental health conditions and can be particularly impactful when experienced during a time of significant developmental change.²¹

2SLGBTQAI+ (Two-Spirit, Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, Asexual, Intersex)

Members of the 2SLGBTQAI+ community

experience higher rates of mental health conditions, including depression and anxiety, compared to cisgender heterosexual individuals, even without considering the effects of the pandemic and inflation.³³ Several contributing factors include lower social determinants of health, such as a lack of social inclusion, freedom from discrimination and violence, and access to economic resources.^{33,34} Members of the 2SLGBTQAI+ community often face stigma, homophobia, transphobia, hate crimes, violence, and physical and sexual assault, along with isolation, rejection and problems of with self-acceptance and internalized shame.^{33,34}

Bisexual and trans people are over-represented in low-income Canadian households and often face discrimination when trying to access safe stable housing, employment, and even health and social services, contributing to increased levels of poverty and living unhoused.^{33,34} 2SLGBTQAI+ youth make up 20%–40% of the unhoused population in North America.³⁵ During the pandemic, many were “forced to isolate at home with unsupportive and abusive family members” and have been unable to access appropriate services, increasing the risk of anxiety, depression, substance use and suicidality, with 2SLGBTQAI+ youth being 3.5 times more likely to carry out suicide than their heterosexual peers.^{33,35}

Black Community

“Systemic and systematic racism is widely

TABLE 4 - Examples of Adherence Issues

Adherence Issue	Examples of Possible Reasons	Role of Pharmacy Technician
Refill too late	Prescriber advised patient to cut back on dose	Call prescriber for a verbal order & ensure an accurate, up-to-date patient profile if permitted within scope of practice in jurisdiction (otherwise, refer to pharmacist)
	Patient cannot afford medication & is trying to make it last longer	Collaborate with pharmacist to determine if there are any therapeutically equivalent alternatives covered under a public drug program or NIHB if applicable
	Patient does not like the way the medication makes them feel	Gather additional information (e.g., how does the medication make them feel) and collaborate with pharmacist
	Patient has difficulty remembering to take or when to take medication	Collaborate with pharmacist to determine if compliance packaging would be suitable
	Patient finds pill too large to take	Refer to appropriate resources (e.g., eCPS, Lexicomp, product monograph) to determine if tablets can be split or capsules can be opened & collaborate with pharmacist
Refill too early	Prescriber advised patient to increase dose	Call prescriber for a verbal order & ensure an accurate, up-to-date patient profile if permitted within scope of practice in jurisdiction (otherwise, refer to pharmacist)
	Patient has difficulty remembering if they took a dose	Collaborate with pharmacist to determine if compliance packaging would be suitable
	Difficulty managing changing doses (e.g., tapering or titrating doses)	Prepare a dosing calendar or other tool to assist the patient track tapering & titrating doses

TABLE 5 - Examples of Medications Used to Manage Mental Health Conditions⁴³⁻⁴⁶

Type of Medications	Drug Classes	Examples	Alerts & Notes
Antianxiety Agents	Benzodiazepines	alprazolam, clonazepam, diazepam, lorazepam, oxazepam	Enhance the activity of GABA, a neurotransmitter Common side effects include drowsiness, dizziness, sedation & loss of balance May place patients, especially older adults, at an increased risk of falls & fractures, as well as confusion Take care in the pharmacy to watch for different dosage forms (e.g., lorazepam oral vs sublingual tablets)
Antidepressant Agents	SSRIs (selective serotonin reuptake inhibitors)	citalopram, escitalopram, fluoxetine, fluvoxamine, levomilnacipran, paroxetine, sertraline, vilazodone, vortioxetine	Many take 2–4 weeks to work. Can cause withdrawal symptoms if stopped suddenly; patients should have their dose tapered when discontinuing an antidepressant agent SSRIs & SNRIs have the potential to cause a potentially life-threatening condition called serotonin syndrome & should be monitored when patients have an increase in dose and/or are taking in combination with other serotonergic medications & natural health products, such as St. John’s wort. Symptoms can begin within a few hours, with nearly all experiencing symptoms within 24-hours; Mild symptoms = nervousness, nausea, vomiting, diarrhea, dilated pupils, tremor; Moderate symptoms = agitation, restlessness, muscle twitching, shivering, sweating; Severe symptoms = confusion, delirium, disorientation, rapid heart rate, increased blood pressure, fever, seizure
	SNRIs (serotonin norepinephrine reuptake inhibitors)	desvenlafaxine, duloxetine, venlafaxine	
	NDRI (norepinephrine dopamine reuptake inhibitors)	bupropion	
	NaSSA (noradrenaline and specific serotonergic agent)	mirtazapine	
	TCA (tricyclic antidepressant)	amitriptyline, clomipramine, desipramine, doxepin, imipramine, nortriptyline	
	MAOIs (monoamine oxidase inhibitors)	Selective MAOIs: moclobemide, rasagiline, selegiline Non-Selective MAOIs: phenelzine, tranylcypromine	
Antipsychotic Agents	Typical Antipsychotic Agents	chlorpromazine, flupentixol, haloperidol, perphenazine, prochlorperazine, trifluoperazine, zuclopentixol	All can cause constipation, drowsiness, dry mouth, weight gain Typical Antipsychotic Agents are more likely to cause uncontrollable movements (tardive dyskinesia) in body areas such as the tongue, lips, face, trunk and extremities, especially when used for long periods of time. It is thought that this side effect may be due to the increased block of dopamine receptors. Oral dissolving tablets are available for some medications, such as olanzapine & risperidone; Long-acting injectable dosage forms are available for some atypical antipsychotics, including: aripiprazole, olanzapine, paliperidone, risperidone
	Atypical Antipsychotic Agents	aripiprazole, lurasidone, olanzapine, paliperidone, quetiapine, risperidone, ziprasidone	
		clozapine	

documented in Canada” and has impacted the determinants of health for Black Canadians, including health, employment, income, education and access to resources.³⁶ Black Canadians self-reported worse mental health during the pandemic than their White counterparts and face considerable barriers to accessing appropriate care, including a lack of Black healthcare professionals, challenges securing a family physician, and experiencing wait times for mental health care that are twice as long as White Canadians, leaving

Black individuals living with mental health conditions for longer periods of time and/or being underdiagnosed.³⁶

Indigenous Peoples

Suicide is a long-standing issue affecting Indigenous communities in Canada with the rates of suicide for Indigenous Peoples three times the national average.^{37,38} The effects of colonialism have had significant, long-lasting and traumatic effects on Indigenous Peoples. Residential schools, the 60’s scoop, missing and murdered Indigenous

women and girls, medical testing, the Indian Act, and all the resulting inequalities and racism are just some examples that have contributed to the development of intergenerational trauma and the increased incidences of mental health conditions, substance abuse and suicide crises in these communities.³⁷ Indigenous Peoples also experience higher levels of food and water insecurity, especially those living on a reserve.^{25,37,38} In many Indigenous teachings, a good relationship with water is necessary for collective survival; however, many

Indigenous communities in Canada face water insecurity.³⁸ Not only is clean, safe drinking water required for good physical health, but water may also be necessary for traditional practices and loss of traditional practices due to water insecurity may contribute to feelings of anxiety, depression and loss of cultural identity.³⁸

Similar to other marginalized groups, access to appropriate mental health resources for Indigenous Peoples in Canada is lacking. Although several mental health services do exist, and some are covered under Non-Insured Health Benefits (NIHB), accessing these services can be challenging and time-consuming.³⁷ Individuals will require literacy in English or French to read government documents and instructions, access to a computer, printer or scanner, and internet, and time and patience to learn how to navigate government websites.³⁷ Indigenous Peoples must be deemed eligible for coverage (either recognized as First Nation or Status Indian under the Indian Act or as Inuk recognized by the Inuit Land Claim Organization) and be pre-approved for coverage.^{37,39,40} Eligible Indigenous Peoples can receive up to 22 hours of mental health counselling every 12 months, with a maximum of two hours permitted for an initial assessment without pre-approval, and an additional 12 hours provided in the same 12-month period on a case-by-case basis.^{39,40} Additional challenges exist in finding culturally appropriate, trauma-informed care by eligible providers and in finding emergent mental health care.^{37,40}

Treatment for Mental Health Conditions

Accessing appropriate and timely care for mental health conditions is important since individuals living with mental health conditions are more likely to die prematurely, with a decrease of 10–20 years in life expectancy.⁴¹ A wide variety of treatment regimens may be recommended or prescribed, depending on the diagnosis and severity of the condition and may include counselling, psychotherapy, hospital or other institutional programs, and pharmacotherapy. Some medications used in the management of mental health conditions are reviewed in Table 5.

Barriers to Accessing Mental Health Care

Several barriers to accessing mental health care exist, including differences in language and beliefs, low levels of health literacy, poor

BOX 1 - Resources for Patients

- Wellness Together Canada <https://www.wellnesstogether.ca/en-CA> (or Text 741741)
- Talk Suicide Canada <https://talksuicide.ca/> (Text 45645 or Call 1-833-456-4566)
- Kids Help Phone <https://kidshelpphone.ca/> (Text 686868 or Call 1-800-668-6868)
- Trans Lifeline <https://translifeline.org/> (Call 1-877-330-6366)
- Black Mental Health Canada <https://blackmentalhealth.ca/>
Website allows individuals to search for a Black mental health provider in their community or geographic area
- Black Youth Helpline <https://blackyouth.ca/> 1-833-294-8650 (or Text or Email info@blackyouth.ca)
- Hope for Wellness <https://www.hopeforwellness.ca/> (or Call 1-855-242-3310)
- Experienced and culturally competent counsellors to provide help to Indigenous Peoples across Canada 24/7
- Provide services in English, French, Cree, Ojibway, Inuktitut

BOX 2 - Important Mental Health Dates

- May is Mental Health Awareness Month
- Mental Health Awareness Week = First week in May
 - Youth Mental Health Day = May 7
- October is World Mental Health Month
- World Mental Health Day = October 10
 - 2023 Theme = “Mental Health is a Universal Right”

quality of available services, unaffordable or inaccessible services, and stigma and discrimination.^{3,22}

Inadequate & Inaccessible Care

Despite the increasing demand for mental health care, 56% of Canadians with mental health conditions are not receiving the care and support needed.²⁷ This can partially be attributed to the service disruptions during the pandemic and subsequent backlogs, and partially to the lack of availability of covered mental health services.^{21,28}

Cost of mental health services is a significant barrier to receiving care and the only services covered by public health insurance plans in Canada are those provided by physicians or in hospitals.^{4,21,28}

In addition, as discussed above, there is a lack of mental health care providers who can provide culturally appropriate care for the diverse population of individuals living in Canada.^{35,36,39}

Fear of Stigma & Discrimination

Many Canadians believe that admitting to living with a mental health condition or being diagnosed with a mental health condition will result in them being judged or treated differently, discriminated against or ostracized.^{3,22,41} A 2022 survey of 4,029 Canadians living with a mental health condition showed that 95%

of respondents experienced stigma in the previous five years, with 72% indicating self-stigma, negative self-esteem and self-efficacy, and 40% having experienced stigma while receiving health care.⁴² Having experienced stigma while receiving care in the past or simply being afraid of being stigmatized while receiving care results in individuals choosing to not seek care and consequently suffer without relief.³

Left untreated, poor mental health and mental health conditions can continue to negatively impact an individual's life. Those living with a mental health condition are more likely to experience social isolation, interrupted or unfinished education, and be unemployed, which can further negatively impact overall mental health.³

Role of Pharmacy Technician

Since mental health is largely influenced by many social determinants of health, as well as biological factors, pharmacy technicians should focus on ways in which they can help patients either improve their general mental health or manage a mental health condition and ensure a safe environment free from discrimination and stigma.

Promoting Good Mental Health & Wellbeing

Good overall mental health allows individuals to cope with daily stresses and chal-



lenges and enjoy their life. Pharmacy technicians can encourage patients to engage in regular enjoyable activity, healthy eating, and practise good sleep hygiene, which will help with maintaining good overall health. This is important because mental and physical health are related. These things may be more challenging for some individuals to achieve than others and pharmacy technicians can be prepared to assist patients who may find these difficult due to individual circumstances. For example, pharmacy technicians can find out if there is a food program in their community that donates fresh produce to individuals with limited resources to access nutritious foods and have that information readily available in the pharmacy or on a pharmacy website. Another resource includes The Good and Cheap cookbook (by Leanne Brown) which is available as a free PDF on her website (leannebrown.com); it provides information on how to eat well for \$4 per day.

Providing Supportive Resources

Patients in need of mental health care should have timely access to appropriate services. While long-wait times may exist to access some services, pharmacy technicians can assist patients by helping them

find appropriate resources (including services and service providers), whether the patient needs someone within their geographical community, cultural community or emergency care, and recognize when to refer the patient to the pharmacist or other appropriate healthcare professional.

Resources can be made available in the pharmacy and/or on a pharmacy website. Box 1 lists some resources to consider.

Pharmacy technicians can also assist patients who may not have access to a computer, printer or internet, by printing required forms to access some services and having these available in the pharmacy.

Pharmacy technicians should be aware of key mental health dates and help plan and deliver events and activities in their pharmacy for staff and community members and should consider completing the Mental Health First Aid course, available through the Mental Health Commission of Canada (<https://www.mhfa.ca/>). It is designed to create a greater awareness and understanding of mental health issues. Box 2 lists important dates to keep in mind

Ensuring Patient Safety

Pharmacy technicians should work towards ensuring the pharmacy is a safe place

where all individuals can receive care free from stigma and discrimination. Whether receiving and filling prescriptions for a mental health condition in a community pharmacy or completing a best possible medication history (BPMH) in a community or hospital pharmacy, these tasks require communicating with the patient to gather current and accurate information. Pharmacy technicians should ensure they are communicating with patients living with a mental health condition the same way they would communicate with a patient managing a physical health condition, like hypertension or hypothyroidism. Pharmacy technicians should also ensure pharmacy personnel are using appropriate language when communicating with or about patients living with a mental health condition. For example, referring to a patient as an individual living with a mental health condition instead of saying the patient is mentally ill.

Monitoring adherence

Pharmacy technicians should be actively involved in monitoring adherence with prescription medications. This can be done by reviewing patient profiles when filling prescriptions or completing technical checks in community pharmacy or by looking for

inconsistencies when completing a BPMH in a hospital pharmacy. As with all medications, if the patient is not taking a medication as prescribed, it will not work therapeutically. Without passing judgement on the patient, if an issue with adherence is detected, use open-ended questions to ascertain the reason for the adherence issue. Adherence issues can be the result of a variety of factors. In many cases, pharmacy technicians should collaborate with the pharmacist to find an achievable solution. Examples are provided in Table 4.

Other medication-related issues

Pharmacy technicians should ensure they are familiar with different medications used in the treatment of mental health conditions (Table 5), including sound-alike, look-alike medications and different doses and dosage forms to help ensure safety when processing and filling prescriptions. At each refill, they should ask patients if they are experiencing any adverse effects or difficulties in taking their medications, and refer the patient to the pharmacist when necessary. They should also ensure patients receive counselling from a pharmacist when picking up a new prescription or a prescription with a change.

It is important to remember to ask patients about any natural health products they may be taking, as there are several available that are marketed for mental health conditions and can interact with prescription medications. For example, St. John's wort is often marketed for depression; however, it can interact with antidepressant medications, particularly those that affect serotonin levels.⁴⁵

Conclusion

Since pharmacy professionals are the most accessible healthcare professionals, pharmacy technicians must do their part to work towards creating a safe environment, free from stigma and discrimination for all patients. Technicians are also encouraged to continue pursuing continuing professional development regarding mental health, examine their own biases (even subconscious biases), and learn about inequalities and inequities affecting the mental health of various populations to help provide the best possible care for patients.

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QUESTIONS

Find and answer the questions for this CE lesson online at [cCortex.ca](http://cortex.ca). Search using all or part of the course title.

- Sam is a regular patient at a community pharmacy. Sam brings in a new prescription for citalopram 20 mg PO once daily and indicates they were recently diagnosed with depression. Upon gathering information from Sam, the pharmacy technician documents that Sam is taking no over-the-counter medications and has had no changes in their overall health. Sam indicates that they have also recently started seeing a therapist for weekly counselling, as well as receiving support from their partner in the form of nightly walks in nature, which Sam finds enjoyable, and is feeling well overall. Which of the following best describes Sam in this moment?
 - Sam has a mental health condition and therefore poor mental health.
 - Sam appears to have good mental health and therefore cannot have a mental health condition.
 - Sam appears to have good mental health even though they have a mental health condition.
- Morgan, a pharmacy technician, has won an award and must make an acceptance speech. In the days leading up to the awards dinner, Morgan starts feeling anxious and is afraid to speak in front of a room full of strangers. They lay awake at night worrying about their speech and find their mind wandering more to the speech during the day, making it difficult to focus on tasks at hand. Morgan practices their speech several times in front of family and friends, and despite their nerves, delivers the speech at the awards dinner. Upon delivering their speech, Morgan's anxious, worried feelings abate. Which of the following best describes Morgan?
 - Morgan appears to be suffering from generalized anxiety disorder
 - Morgan appears to be suffering from panic disorder
 - Morgan appears to be suffering from social anxiety disorder
 - Morgan appears to be suffering from stress due to a situational pressure
- Joe has recently immigrated to Canada with his three young children and his parents. They have found housing to share a two-bedroom apartment in a remote area. Joe's older two children attend a public school and the youngest is attending an organized daycare with designated early childhood educators. Joe has found work, juggling three part-time jobs to make up full-time hours, of which two are only temporary. Which of the following is a protective factor to Joe's children in this scenario?
 - Early childhood development/education
 - Geography
 - Housing
 - Job security
- Arden is a 52-year-old patient who started experiencing nausea, vomiting and diarrhea yesterday morning and their symptoms have progressed to include shivering, sweating, fever, and a rapid heart beat this morning. Arden thinks they must have contracted an infection and is looking for over-the-counter relief of their symptoms. The pharmacy technician reviews the patient's medication profile and sees that Arden is taking levothyroxine 25 mcg PO QAM, paroxetine 20 mg PO once daily, and ramipril 10 mg PO once daily, with no changes in medications for over 6 months. The pharmacy technician gathers information from the patient about OTC's they are taking and documents ASA 81 mg PO once daily, St. John's wort PO once daily, and Vitamin D 1000 IU PO once daily on their profile. Arden indicates that they have been taking ASA 81 mg for a couple of years, but just started taking St. John's wort and Vitamin D two days ago. Which of the following is MOST appropriate initial action for the pharmacy technician to take?
 - Advise the patient to see their primary healthcare practitioner to determine if their infection is viral or bacterial
 - Recognize that the patient may be experiencing serotonin syndrome and alert the pharmacist
 - Bring the patient to the OTC aisle for cold and flu products and ask the pharmacist to make a recommendation
 - Notify the patient that they should not be taking St. John's wort
- Riley has recently been diagnosed with major depressive disorder and started taking sertraline 25 mg PO once daily about 10 days ago. Riley notifies the pharmacy technician that they are not feeling any better and wants to know if they should take 2 pills instead of one.

What is the most appropriate action for the pharmacy technician to take?

- Call Riley's prescriber for a new prescription for a higher dose
- Tell Riley that they can try taking 2 pills to see if it makes a difference
- Gather additional information about Riley's overall health, tell them that it can take 2-4 weeks for antidepressants to begin to work, and refer to the pharmacist
- Tell Riley that it can take 6 weeks for antidepressants to begin to work and refer to the pharmacist

6. Blake is an 18-year-old self-identified two-spirit First Nations individual who has recently moved from their Indigenous community to an urban area. Blake has been diagnosed with major depressive disorder and has been managing their depression with escitalopram 10 mg PO once daily but is still struggling with symptoms, such as sadness, hopelessness, and a lack of energy and is not sure what to do. In addition to referring Blake to the pharmacist for further assessment, what additional information or resources can the pharmacy technician offer to Blake?

- Notify Blake that they may qualify for mental health counselling under NIHB and ask if Blake needs assistance finding an eligible provider nearby
- Refer Blake to Wellness Together Canada
- Refer Blake to Hope for Wellness
- A & B
- A & C

7. Cameron, a Black individual, has recently accepted a new position with their company that required a move across the country. Cameron moved from a primarily Black community to a primarily White

community. Upon their first visit to the pharmacy to have their prescriptions transferred, Cameron asks the pharmacy technician if there are any Black mental healthcare providers in the area. Which of the following should the pharmacy technician do?

- Refer Cameron to Hope for Wellness to find an appropriate mental healthcare provider
- Refer Cameron to Black Mental Health Canada
- Refer Cameron to Wellness Together Canada
- Refer Cameron to Black Youth Helpline

8. Blair is a 27-year-old living with depression and anxiety with a part-time job and no health benefits. Blair's prescriber wants to change their SSRI to an SNRI and is slowly tapering Blair off the SSRI by decreasing the dose each week and will then slowly titrate the SNRI dose by increasing the dose each week. Blair is worried about managing the doses that will be changing every week. Which of the following would be the best action for the pharmacy technician to take to help avoid drug administration errors at home?

- Collaborate with the pharmacist to suggest an alternative to the prescriber
- Create a dosing calendar for Blair to avoid confusion
- Refer Blair back to their physician
- Suggest Blair stop at their current dose of the SSRI and start at the final dose of the SNRI

9. Kai is a 17-year-old transgender person. Kai's parents have been supportive of Kai's transitioning, and they have researched how to best support Kai, including meeting with a therapist. Kai's

parents are highly educated, with stable jobs, and live in an affluent area which is not as accepting of Kai's transition and some families have told their children to stay away from Kai. Kai has many protective factors except for:

- Housing
- Income
- Social Exclusion
- Social Safety Net

10. Which of the following is/are TRUE?

- Access to programs that can help with adjusting to life changes, such as retirement, have no impact on mental health and well-being
- Gender diverse individuals experience greater discrimination and increased prevalence of living unhoused.
- Indigenous People living on reserves experience greater water insecurity which can have a negative impact on mental health and well-being.
- Only B & C are true

11. Which of the following is/are TRUE?

- Clozapine requires regular blood testing to check white blood cells
- Olanzapine requires regular blood testing to check white blood cells
- Re-living traumatic events through flashbacks is a hallmark of clinical depression
- B & C are both true

12. Which of the following is most likely to cause dry mouth, weight gain, and uncontrollable movements?

- desvenlafaxine
- duloxetine
- haloperidol
- quetiapine

TECH talk CE

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Mental Health and the Role of the Pharmacy Technician

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| 2. abcd | 5. abcd | 8. abcd | 11. abcd |
| 3. abcd | 6. abcde | 9. abcd | 12. abcd |

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