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## COMMENTARY

## A call to action: Community pharmacists to address COVID-19–related behavioral health concerns

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## ABSTRACT

Owing to the extended nature and worldwide exposure of the coronavirus disease (COVID-19) pandemic, it is likely that the presence and impact of behavioral health conditions will increase. For example, it is anticipated that individuals living with a major depressive disorder could reach as high as 60% of the population owing to the ongoing disruption from COVID-19. In 2017, the annual rate of individuals experiencing a major depressive episode was only 7.1%. Pharmacists, specifically community pharmacists, are well positioned to provide needed intervention and triage services to individuals living with, and struggling with, a mental health condition. Pharmacists, therefore, need additional training and support to be effective in serving the community in this way.

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Issues relating to chronic diseases, including mental illness, are a growing concern during the continued spread of coronavirus disease (COVID-19). In a non-COVID-19 year in the United States, approximately 1 in 5 adults experience symptoms of a mental illness, and approximately 4% of the adults live with a serious mental illness that substantially interferes with, or limits, 1 or more major life activities.<sup>1-3</sup>

A poll by the Kaiser Family Foundation conducted in July 2020 indicated that more than half of Americans (53%) believe that COVID-19 has had a stress-related negative impact on their mental health, as evidenced through disrupted sleep, increased substance use, stomachaches, headaches, changes in eating, or a worsening prevailing chronic condition.<sup>4</sup> During late July 2020, more than one-quarter (26.3%) of the adults in the United States were exhibiting symptoms of a trauma- and stressor-related disorder.<sup>5</sup> As a point of comparison, between April-June 2019 and June 2020 the rate of anxiety tripled (from 8.1%-25.5%), and depressive disorders quadrupled (from 6.5%- 24.3%).<sup>5,6</sup> Given

the unique characteristics of the COVID-19 pandemic as a slow-moving disaster, this dramatic increase in depressive episodes will likely be observed in the coming months or years, with some estimates of the impact reaching as high as 60% of the population.<sup>7,8</sup>

COVID-19 is somewhat unique in that it has affected nearly all aspects of everyday life and shifted what is considered “normal” in society. On the basis of the expected influence of COVID-19–related social distancing, economic volatility, unemployment, and general uncertainty, communities will experience a stronger impact on behavioral health outcomes than on exposure to COVID-19, other illnesses, or physical health.<sup>9</sup> Experience from previous major disasters indicates that unanticipated crises have a strong impact on behavioral health, which involves several phases (Figure 1).<sup>10,11</sup> The peak risk of suicide is anticipated to occur between October 2020 and December 2020 during the phase of disillusionment, coinciding with a second wave of disease, seasonal affective disorder, isolation during the holidays, and the pandemic's compounded economic impact.<sup>8</sup> During this phase, optimism declines and the gap between need and assistance widens, leading to feelings of abandonment and despair for both individuals and communities.<sup>10</sup> The disillusionment phase can last months or even years, with the undulating resurgence of severe acute respiratory syndrome coronavirus 2 infection rates prolonging this effect. With the continued impact of COVID-19 and anticipated rise in suicide rates during the phase of disillusionment, the need for accessible health care will only grow.

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**Key Points****Background:**

- In the United States, challenges persist in accessing and receiving treatment for behavioral health conditions. During a disaster such as the global coronavirus disease pandemic, these challenges are intensifying because of an increased prevalence of mental health conditions and additional barriers to accessing care.
- Pharmacists, particularly community pharmacists, are well positioned to assist individuals who are struggling with an underlying mental health condition owing to their accessibility and frequent interactions with patients.

**Findings:**

- Pharmacists are at increased risk to experience mental health symptoms, particularly during a mental health crisis.
- More training is needed to support pharmacists so that they are prepared to manage their own mental health while responding to the mental health–related needs of our community, specifically during times of crisis.

Although other health providers have seen limitations in their practice owing to social distancing guidelines and the expansion of telehealth services, pharmacists have continued to be accessible health care providers available to engage in face-to-face interaction, often without an appointment. This access has resulted in expanded patient care services provided

by pharmacists all across the country, including vaccination administration and COVID-19 point-of-care testing.<sup>12–14</sup> Although these added services are meeting an urgent community need and come easily within the scope of current pharmacist training, they are placing extra strain on pharmacy personnel, thereby increasing the mental health risk to our community pharmacy workforce as frontline health care providers.<sup>7,8</sup> It should be noted that pharmacists, like other health care providers, are uniquely prone to be at heightened risk to experience mental health symptoms while assisting patients living with mental illness, particularly during a public health crisis.<sup>15</sup>

Pharmacists are trained in both disease state pathology and associated pharmacology but feel unprepared to provide support to individuals living with a mental illness owing to a lack of comfort and confidence.<sup>16–18</sup> A 2010 survey reported that community pharmacists were more likely to provide support to a patient with asthma than to a patient with a mental illness.<sup>16</sup> Pharmacists with personal experience with behavioral health disorders and a history of providing medication therapy management services have lower levels of stigma and more positive attitudes, but confidence and comfort in providing clinical care for behavioral health conditions continue to be barriers.<sup>17</sup>

Behavioral health literacy and intervention skills among pharmacists can have a positive impact on the health and social outcomes associated with their own mental health. Increased training and education have also shown improved perceptions and decreased stigma related to mental health.<sup>19–24</sup> Mental health–focused training could have a dual purpose when providing mental health support: provide pharmacists the skills needed to seek out care for themselves and increase confidence when providing the same care for their patients.

So where do we go from here? Pharmacists and pharmacy educators caring for patients during this COVID-19 pandemic should highly consider honing their mental health skills either



Figure 1. Major disaster-related impact on behavioral health.<sup>11</sup>

in a structured program such as Mental Health First Aid or in another training program with a focus on mental health crisis intervention and wellness techniques. Ultimately, pharmacists would benefit from additional training to increase their comfort and ability to take care of themselves and provide additional behavioral health support to the communities they serve, both now and for future crises.

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