DISMANTLING STIGMA:

A Practical Approach to Managing Anxiety and Depression

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DISCLOSURES

- Employee of the Centre for Effective Practice
- Part-time pharmacist at Mount Sinai Hospital
- Relevant financial/nonfinancial relationships: None



PRESENTATION OVERVIEW

- Why it matters
- Our intervention
- Results
 - Common questions
 - Barriers and enablers
- Conclusions
- Q&A





WHY IT MATTERS



People with anxiety disorders take a median of 16 years to seek help.¹



Nearly 50% of people who die by suicide see their primary care provider in the month before their death – indicating a missed opportunity to talk about mental health. ²



In what ways have you seen patients or loved ones experience stigma associated with their anxiety or depression?

Nobody has responded yet.

Hang tight! Responses are coming in.

OUR INTERVENTION: Mental Health Academic Detailing and Practice Tools

Website and EMR tools: Guiding providers to have conversations about mental health in a non-stigmatizing way.

- Guiding principles
- "Talking tips"
- Suggested phrases

Academic detailing visits:

- One-on-one conversations
- Help primary care providers care for patients with anxiety & depression
- Connect patients to local resources.



KEY MESSAGES

Use validated screening tools to identify depression and anxiety disorders in a culturally sensitive, LGBTQ+- friendly, trauma-informed manner.

Use a stepped care approach to individualize therapy for anxiety disorders using shared decision-making.



KEY MESSAGES, continued

Individualize therapy for depression using shared decision-making, switching/augmenting therapy if poorly tolerated or insufficiently effective.

Help patients and their families/caregivers find accessible, affordable local supports and resources for depression and anxiety.



ANXIETY AND DEPRESSION: VISIT STATISTICS





Average visit duration: 44 minutes



1,800 tool downloads



COMMON PROVIDER QUESTIONS

 Where can I find free or affordable counselling resources for my patients?



- How do I start a mental health conversation with patients?
- How do antidepressants compare for efficacy?
- When do I need to worry about QTc prolongation and serotonin syndrome?
- What medication is best to use for adolescents? Pregnancy and breastfeeding?



ACADEMIC DETAILING INSIGHTS: Barriers

 Cultural stigma around mental health and antidepressants

Long wait times for programs/referrals

Lack of resources in the office and community

Prohibitive cost of counselling







TOOLS TO ADDRESS BARRIERS & STIGMA:

Free counselling:

Wellness Together Canada, Ontario Structured
 Psychotherapy Program

Resources for specific patient populations

• (e.g., Indigenous patients and new immigrants)

Medical consult services:

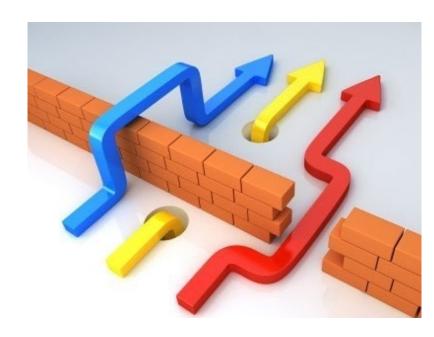
Allow providers to speak with a specialist within a week

Provider resources/support:

• SwitchRx, Credible Meds, Target Serotonin Syndrome, Frontline Workers support line

CEP tools:

• Talking points, patient resources





CONCLUSIONS: Anxiety & Depression Topic

Our 10th detailing topic

Generated high level of interest among providers



We identified:

- Significant provider burnout
- Need for more accessible resources

Fortunately, in our **pre-visit training**, we implemented **several strategies that helped our detailers in responding to these challenges**.



WHAT'S NEXT



Given the significant need for supporting equitydeserving groups as identified through this topic, future tools and training will include a focus on:

- Diversity
- Accessibility
- Inclusion
- Respect

We also plan to increase the use of guest speakers to deepen our knowledge and partnerships with community organizations.