Engaging the Patient with Mental Health Needs: Myths, Facts and Next Steps

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Learning Objectives

1. Discuss the prevalence and impact of mental health problem in the United States.
2. Discuss the barriers to treatment of mental health disorders.
3. Describe the spectrum of mental health interventions, treatments and support.
4. Discuss the core components of recovery for people experiencing mental health or substance abuse problems.
5. Differentiate between myth and facts related to mental health care in the United States.
6. Describe brief interventions that might help those in crisis or have mental health needs.
Disclosures

Dr. Nathaniel Rickles has no actual or potential conflict of interest associated with this presentation.

Outline

• Definitions: mental health, mental health problems and disorders.
• Mental Health Continuum
• Prevalence and impact of mental health disorders
• Barriers to treatment of mental health disorders
• Types of mental health interventions & supports
• What is the recovery paradigm?
• Myths about mental healthcare in the US
• Future Directions/Next Steps for Pharmacy
Definitions

- Mental health: “a state of well-being in which an individual realizes their own abilities, can cope with the normal stresses of life, can work productively, and is able to make a contribution to their community.” (World Health Organization, 2017)

- Mental health problem: Term refers to both mental disorders and symptoms of mental disorders that may not be severe enough to warrant a diagnosis of a mental disorder. (NCBH, 2015)

- Mental health disorder: Term generally refers to a condition that meets criteria for a clinical diagnosis widely recognized and established by the medical community and known to significantly affect mood, behavior, and thinking and cause dysfunction in one or more areas of life including activities of daily living, occupation, and interpersonal relationships (NCBH, 2015).

Mental Health Continuum

<table>
<thead>
<tr>
<th>Mental Wellness</th>
<th>Mild/Moderate Coping/Adjustment</th>
<th>Mental Illness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Predictable mood fluctuations</td>
<td>Unpredictable mood fluctuations</td>
<td>Frequent &amp; significant outbursts</td>
</tr>
<tr>
<td>General acceptance of challenges</td>
<td>Difficulty managing life challenges</td>
<td>Labile moods</td>
</tr>
<tr>
<td>Sense of humor</td>
<td>Diminishing sense of humor</td>
<td>Significant anger and/or anxiety</td>
</tr>
<tr>
<td>High performance</td>
<td>Reduced performance</td>
<td>Unusual thoughts and behaviors</td>
</tr>
<tr>
<td>Average sleep patterns</td>
<td>Irregular sleep patterns</td>
<td>Consistently poor sleep patterns</td>
</tr>
<tr>
<td>Moderate to high level of energy</td>
<td>Moderate to low energy</td>
<td>Significant dysfunction in daily activities and work</td>
</tr>
<tr>
<td>Avoidance of excessive use of substances</td>
<td>Anxiousness about activities</td>
<td></td>
</tr>
<tr>
<td>Avoidance of addictive behaviors</td>
<td>Gradual engagement in unhealthy behavior patterns</td>
<td></td>
</tr>
<tr>
<td>Thoughts of harm to self/others</td>
<td></td>
<td>Excessive substance use &amp;/or addictive behaviors</td>
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</tbody>
</table>
Learning Objective 1: Discuss the prevalence and impact of mental health problem in the United States.

### Prevalence of Mental Health Problems

<table>
<thead>
<tr>
<th>Type of Mental Disorder</th>
<th>Adults</th>
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<tbody>
<tr>
<td>Anxiety disorders</td>
<td>18.1%³</td>
</tr>
<tr>
<td>Major depressive disorder</td>
<td>6.8%⁴</td>
</tr>
<tr>
<td>Substance use disorder</td>
<td>8.1%⁵</td>
</tr>
<tr>
<td>Bipolar disorder</td>
<td>2.8%⁴</td>
</tr>
<tr>
<td>Eating disorders</td>
<td>5% - 10%⁶</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>0.3% - 0.7%⁷</td>
</tr>
<tr>
<td>Any mental disorder</td>
<td>18.5%⁸</td>
</tr>
</tbody>
</table>

### Impact of Mental Health Disorders

- Half of mental health disorders began by age 14 and 75% by age 24.⁹
- Negatively impacts education, transition into occupational roles, forming key relationships, and establishment of healthy behaviors.
- Mental disorders cause disability across a person’s lifespan and highlights the value of early detection.
- Untreated depression can result in a variety of negative patient outcomes, such as unnecessary hospitalizations, emergency room visits, decreased psychosocial functioning, and suicides.¹⁰
Impact of Mental Health Disorders

- Medical experts rate mental disorders among the most disabling illnesses.¹¹
- Exercise: (1) Please rank for yourself in order of increasing disability the following 10 conditions: low back pain, severe schizophrenia, severe vision loss, gingivitis, severe dementia, non-invasive breast cancer, moderate depression, paraplegia, severe asthma, and severe depression.
  (2) Compare notes with those at your table/sitting next to you. Why the differences and similarities?

Assessment of Learning Objective 1:

- Which of the following mental health disorders is less common than Bipolar disorders?
  - A. Schizophrenia
  - B. Anxiety Disorders
  - C. Substance Use Disorders
  - D. Eating Disorders
  - E. None of the above
Learning Objective 2: Discuss the barriers to treatment of mental health disorders.

- Take a few minutes and draw a picture of an individual with mental illness and physical illness.
- Please take a few moments and complete a brief questionnaire about your attitudes regarding individuals with schizophrenia and depression.

<table>
<thead>
<tr>
<th>Barriers to Treatment:</th>
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- Change in mental illness definitions depend on clinical and sociocultural perspectives
- APA uses distress, pain, disability\(^{12}\)

A clinically significant behavioral or psychological syndrome or pattern that occurs in an individual and that is associated with present distress (e.g., a painful symptom) or disability (i.e., impairment in one or more important areas of functioning) or with a significantly increased risk of suffering death, pain, disability, or an important loss of freedom.
Attitudes

- Eaton defines mental illness as including 2 components.\textsuperscript{13}
  
  (1) a collection of emotions or behaviors that meet all three conditions: rare, culturally deviant, inexplicable
  
  (2) leads to one or more of following consequences:
    - Loss of control over environment
    - Detachment from social networks
    - Interference with the individual’s sense of biography/self

Labeling & Stigma

- What are some common ways or names that people use to identify individuals with mental health disorders?
- Signs and symptoms often viewed as “deviant” since they fall outside the typical boundaries of expected human cognition and behavior
  - Society determines what is deviant so it can ensure structure, order, and context to daily living and expectations.
- Stigma is a negative consequence of labelling and associated with 3 components\textsuperscript{14}
  - (1) Sets a person apart from others
  - (2) Links the marked person to undesirable characteristics
  - (3) Rejects and avoids the labelled individual
- What are Hollywood and media’s portrayal of mental illness?
Clinician-Pharmacist Attitudes

- The literature provides evidence that clinicians express similar discomfort with those with mental illness as the general public.\textsuperscript{15}
- These negative views include thoughts that these consumers are incompetent, unpredictable and dangerous.\textsuperscript{16} Such negative views may contribute to clinicians’ discomfort interacting with consumers with mental illnesses (CMI).
- Bryant and colleagues (1985) reported that a sample of 170 hospital pharmacists had relatively positive views towards CMI but negative views towards mental hospitals.\textsuperscript{17}
- Crismon and colleagues (1990) found that US pharmacy students had generally positive attitudes toward mental illness.\textsuperscript{18}

Clinician-Pharmacist Attitudes

- Phokeo and colleagues (2004): pharmacists were significantly more uncomfortable discussing symptoms and medications with CMI than with individuals who had cardiovascular illnesses.\textsuperscript{19}
- Cates and colleagues (2005): pharmacists had positive attitudes toward providing care to CMI.\textsuperscript{20}
- Bell and colleagues (2006): Pharmacy students and graduates held less negative attitudes towards CMI than the British general public, medical students, and practitioners.\textsuperscript{21} Australian pharmacy students and graduates did not distinguish between individuals with severe depression and schizophrenia.
Clinician-Pharmacist Attitudes

- Bell and colleagues conducted a more recent study comparing attitudes of pharmacy students across six countries. They reported a relatively large percentage of respondents across all countries expressing negative attitudes towards individuals with schizophrenia and severe depression. There was, however, considerable variability in the extent to which these negative attitudes were expressed across specific countries.

Pharmacist Attitudes & Stigma

- Significant differences between pharmacist stigma of depression and schizophrenia. Supports perception that stigma associated with depression may be lessening given widespread use of antidepressants.

- Supports prior lit showing community pharmacist discomfort providing services to those with mental illnesses vs. medical conditions. Pharmacists report perceived greater stigma for schizophrenia than MDs.

- First study to show less stigma & positive counseling beliefs were the only consistent and significant predictors of pharmacist willingness to provide services to those with mental illnesses.

- Older pharmacists more willing to provide services to those with depression than younger pharmacists; no age differences with schizophrenia.
Other Barriers to Mental Healthcare

- Patient’s Internal Stigma
- Pharmacists report low confidence and comfort in providing services to those with mental illness asking patients about treatment goals, and speaking with physicians about their patient’s medications. The services pharmacists felt most comfortable and confident in providing to patients with mental illness involved patient education.\textsuperscript{23}
- Most patients in a large sample reported that they did not receive medication effectiveness monitoring assistance from their community pharmacist.\textsuperscript{23}
- Lack of knowledge on mental illnesses and privacy for counseling\textsuperscript{24}
- Pharmacist workload and patients not wanting to bother pharmacists.\textsuperscript{24}

Assessment of Learning Objective 2:

The following are barriers to pharmacist care of those with mental health problems except:

- A. Pharmacist training in mental disorders
- B. Pharmacist comfort towards those with mental disorders
- C. Money
- D. Available space for privacy
- E. Pharmacist perceived stigma of mental illness
Learning Objective 3: Describe the spectrum of mental health interventions, treatments and support.

- Prevention
  - Campaigns to promote awareness of mental health problems
  - Curricula in schools on mental illness and substance use disorders
  - Stress Management Programs
  - Resilience training
  - Mindfulness/Meditation
  - Parenting skills

Mental Health Interventions: Early Intervention

- Designed for individuals with mental health problems and developing mental disorders.
- Aim to prevent mental health problems from getting more serious and reduce negative effects on work, school, relationships, and drug and alcohol use.
- Half the people who seek help for depression delayed seeking help for 8 years or more.25
- The longer the delay, the more difficult the recovery.26
- People are more likely to seek help if someone close to them suggests it.27
- Mental Health First Aid®, Emotional CPR®, and other trainings.
Mental Health Interventions: Treatment & Supports

- No one size fits all approach.
- Range of professionals to help: primary care physicians, mental health professionals, psychologists, social workers, pharmacists, nurses, peer support specialists, family and friends, clergy, and others.
- Medical treatments
- Psychological treatments
- Complementary treatments and lifestyle changes
- Peer support groups
- Rehabilitation programs

Assessment of Learning Objective 3:

Which of the following statements is CORRECT about mental health interventions?:

- A. Peer support groups are useful for a prevention focus.
- B. Mental Health First Aid® is an example of a treatment program
- C. A public health campaign is an approach for early intervention.
- D. Stress management courses is an example of a prevention program.
- E. Medication treatment is an approach that works for all individuals.
Recovery: Internal Conditions

Learning Objective 4: Discuss the core components of recovery for people experiencing mental health or substance abuse problems.

1. **Hope** – Accepting the problem, committing to change, focusing on positives, avoiding negative aspects of past experiences

2. **Healing** – Overcoming stigma towards oneself and regaining self-esteem, self-respect, control over symptoms, and/or managing the social and psychological effects of stress

3. **Empowerment** – Capacity for greater self control/responsibility

4. **Connection** – Reconnecting with social world through employment, family, religion, and community participation

Recovery: External Conditions

- **Human rights:**
  - Reduce stigma/discrimination against those with psychiatric disabilities
  - Promote and protect rights of those in the mental health system
  - Provide equal opportunities in education, employment, housing
  - Ensure access to food, shelter, and services that facilitate recovery

- **Supportive culture:**
  1. Highlights need to incorporate individual rights into all decisions and informed consent as a part of daily practice
  2. Development of collaborative relationships regarding all aspects of care between individuals with mental illness, their families, and the healthcare team
Recovery: External Conditions

• Availability of recovery-oriented services
  • Individual-run services include peer support programs, hospitalization alternatives, hotlines, online support groups, programs involving role modeling and mentoring
  • Collaborative services are provided by and for individuals with mental illnesses, professionals, family members, and friends – include recovery education and training, crisis planning, development of recovery and treatment plans, individual rights, etc.
  • Internal and external conditions are interdependent

Assessment of Learning Objective 4:

An example of an actions directly related to internal condition of recovery is:
A. Public Health Campaign against stigma
B. Focus on the future and not past and lack of success
C. Encourage parity across mental and physical health coverage
D. Avoid the use of a job coach
E. All of the above are internal conditions of recovery
### Learning Objective 5: Differentiate between myth and facts related to mental health care in the United States.

- Mental healthcare is typically integrated into primary care. **MYTH or FACT**
- Only young people self-harm. **MYTH or FACT**
- Self-harm is more than just cutting, burning, and things we see **MYTH or FACT**
- Self-harm can be a good thing. **MYTH or FACT**
- If you ask a person about his or her suicidal intentions, you will encourage the person to kill themselves. **MYTH or FACT**
- If you ask about suicidal intentions, then you are liable for any suicidal actions. **MYTH or FACT**
- Pharmacists are mandatory reporters of child abuse and neglect. **MYTH or FACT**

### Myths & Facts of Mental Healthcare

- Once a person attempts suicide, he or she will always be “suicidal.” **MYTH or FACT**
- Suicide happens without warning. **MYTH or FACT**
- Most individuals would not consider a pharmacist someone he/she can discuss issues with. **MYTH or FACT**
- Males are much more likely to die by suicide than females. **MYTH or FACT**
- Women attempt suicide three times as often as men. **MYTH or FACT**
- Substance use is frequently found among those who completed suicide. **MYTH or FACT**
- An increasing number of pharmacists are reporting burn out and work-related stress. **MYTH or FACT**
Assessment of Learning Objective 5

James is a 35-year old man who has been coming to your pharmacy for several years. Historically, he was very adherent to his medications including his antidepressant. However, the last three refills have been quite late (several weeks late). He doesn’t report any concerns with the medications, there are no cuts or burns, and says “I am fine.” Which of the following best reflects a valid concern about next steps?

A. He is not at risk of suicide since suicide usually has no signs.
B. He might be at risk of suicide so avoid questions about it.
C. Ask about suicidal thoughts since non-adherence might be a sign.
D. He appears fine so there is no risk and need to ask about suicide.
E. There are no cuts or burns so there is no evidence of self-harm.

Interventions to Manage Crises in Mental Health

Learning Objective 6: Describe brief interventions that might help those in crisis or have mental health needs.

• Mental Health First Aid
• Emotional CPR
• Psychological First Aid

• Key intervention features: Assess risk for suicide and harm, Listen supportively, Provide reassurance and information, and Refer to a variety of supports in the community.
MHFA

| • Training program offered to the general public aiming to increase mental health literacy, and impact the participant with the skills required to provide an immediate response to a person experiencing an acute mental health crisis.² |
| • MHFA trains the participant to understand the signs and symptoms of different mental illnesses so they can help someone seek appropriate support, especially in the earlier stages of developing a mental health disorder or problem. |
| • Program can be given in one 8-hour day, two 4-hour days, or 4 2-hour days (avoid 2 weeks apart when multiple days). Adult vs. Adolescent. Those successfully completing the program receive a certificate. Accredited by the National Council for Behavioral Health. |

MHFA

| • Several studies showing the impact of MHFA among various participants (including pharmacy students).³⁰⁻³³ |
| • These studies have found MHFA has significantly improved knowledge of mental health problems, decreasing negative attitudes toward individuals with mental health problems, confidence in providing services to those with mental health disorders, and increase help-providing behavior. |
Conceptual framework of relationships between background factors, MHFA, and outcomes.

**PFA and eCPR**

- **PFA- Psychological First Aid**
  - Focuses more on protocol following a disaster
- **eCPR- Emotional CPR**
  - C= Connecting with Compassion and Concern to Communicate
  - P= empowerment to experience Passion, Purpose, and Planning
  - R= Revitalize through Re-establishing Relationships, Routines, and Rhythms in the community
  - Involves consumers with lived experience of mental disorders more actively in trainings and, therefore, the voices of those with mental illnesses are heard first hand throughout the trainings.
Training for the future

• 8-hour course is accredited by the National Community Pharmacist Association. In the near future, training will be provided locally to pharmacists by the Office of Professional Pharmacy Development of the UConn School of Pharmacy. Please contact nathaniel.rickles@uconn.edu with any questions or interests.

Assessment of Learning Objective 6:

Which of the following is CORRECT about training programs available?
A. MHFA impacts confidence in helping those with mental health needs
B. MHFA is more focused on disaster relief than other programs.
C. MHFA is available in one format of an 8-hour workshop.
D. Individuals with lived experience are not included in eCPR.
E. All of the above are CORRECT.
References


References


References


References


22. Rickles NM, Dube GL; McCarter a, Olshan JS. Relationship between attitudes toward mental illness and provision of pharmacy services. J Am Pharm Assoc 2010; 50:704–713.


