MENTAL HEALTH LITERACY FOR PHARMACISTS & TECHNICIANS

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Disclosure

• Under guidelines established by the Accreditation Council for Pharmacy Education, disclosure must be made regarding financial relationships with commercial interests within the last 12 months.

• I have no relevant financial relationships or affiliations with commercial interests to disclose.
Learning Objectives

• At the completion of this activity, pharmacists will be able to:
  1. Define mental health literacy.
  2. Recognize 10 events commonly known as Adverse Childhood Experiences (ACEs) and their impact on adult mental health.
  3. Differentiate the clinical features and symptoms associated with 5 types of anxiety disorders.
  4. Identify 3 ways low mental health literacy impacts the pharmacist-patient relationship.

• At the completion of this activity, pharmacy technicians will be able to:
  1. Define mental health literacy.

Assessment Question #1

Which of the following is one of the five components of the definition of mental health literacy?

A. Ability to read, write, speak, and compute and solve problems
B. Capacity to obtain and process basic health information to follow instructions for treatment
C. Identification of symptoms associated with disease onset
D. Understand basic health information needed to make appropriate health decisions
Assessment Question #2

• Which of the following is considered a risk factor for almost every mental health disorder in adults?
  A. Substance use before puberty
  B. Lack of motivation
  C. Biochemistry
  D. Early childhood trauma

Assessment Question #3

For nearly 9 months Ann, a 30 year old administrative assistant, has been experiencing nervousness and excessive fear of being scrutinized or negatively evaluated by her co-workers. She has begun eating lunch in her car to avoid other workers in the breakroom. Her symptoms are characteristic of which mental health disorder?
  A. Generalized Anxiety Disorder
  B. Panic Disorder
  C. Social Anxiety Disorder
  D. Post-traumatic Stress Disorder
Assessment Question #4

Low mental health literacy impacts the pharmacist-patient relationship in the community pharmacy in which of the following ways?

A. Medication adherence to mental health medications is lower for patients with mental disorders.

B. Pharmacists spend more time counseling patients about their mental health medications.

C. The sensitive nature of mental health disorders strengthens the relationship between pharmacy staff and patients.

D. Low mental health literacy indicates a low level of stigma about mental health disorders.

Epidemiology of Mental Illness
Mental Health Definitions

• **Mental disorder¹**
  - A syndrome characterized by clinically significant disturbances in an individual’s cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning

• **Serious Mental Illness²**
  - A mental, behavioral, or emotional disorder diagnosed within the last year that meets the DSM-V diagnostic criteria, and results in serious functional impairment that interferes or limits one or more major life activities

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Mental Health Facts in America¹

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Prevalence of Mental Illness by Diagnosis

- 1.1%: 1 in 100 (2.4 million) American adults live with schizophrenia.¹
- 2.6%: 2.6% (6.1 million) of American adults live with bipolar disorder.¹
- 6.9%: 6.9% (16 million) of American adults live with major depression.¹
- 18.1%: 18.1% (42 million) of American adults live with anxiety disorders.¹


Mental Health Medication Use By Drug Class

- #3: Anti-depressants
  - #1: cholesterol meds
  - #2: pain meds

- #12: Anxiolytics, sedatives, and hypnotics

- For pediatric patients, #2: CNS stimulants
**Mental Health Literacy (MHL)**

**Health Literacy Defined by Healthy People 2020**

- *The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions and follow instructions for treatment*

- Components
  - Basic literacy skills
  - Health knowledge
  - Numeracy skills

https://health.gov/communication/literacy/quickguidefactsbasic.htm
Jorm’s Mental Health Literacy Definition

- *The knowledge and beliefs about mental disorders which aid their recognition, management or prevention.*

- Definition moves beyond just knowledge
  - MHL = Knowledge + action
  - 5 components support comprehensive definition

5 Components to Mental Health Literacy

1. Knowledge about prevention of disease
2. Identification of symptoms associated with disease onset
3. Familiarity of treatment options and therapies
4. Information about self-help techniques for milder disease
5. Skills to help others in a mental health crisis

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Adverse Childhood Experiences (ACEs)
What Are ACEs?

- Stressful and traumatic events occurring during childhood
  - Before age of 18
- Includes abuse, neglect, family dysfunction, criminal behavior, and substance use disorder
  - Felitti and colleagues
  - *Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults*
ACEs Defined

- **Physical Abuse**
  - *the intentional use of physical force that can result in physical*
  - Includes hitting, kicking, shaking, burning, or other shows of force against a child

- **Sexual Abuse**
  - *involves pressuring or forcing a child to engage in sexual acts*
  - Includes behaviors such as fondling, penetration, and exposing a child to other sexual

- **Emotional Abuse**
  - *behaviors that harm a child’s self-worth or emotional well-being*
  - Includes name calling, shaming, rejection, withholding love

- **Neglect**
  - *failure to meet a child’s basic physical and emotional needs*
  - Includes housing, food, clothing, education, and access to medical

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How Common Are ACEs?

![ACE Infographic from CDC and Adverse Childhood Experiences from SAMHSA](image-url)

Almost two-thirds of adults surveyed reported at least one Adverse Childhood Experience - and the majority of respondents who reported at least one ACE reported more than one.
Lasting Effects on Behavior & Health

Adverse Childhood Experiences have a tremendous impact on future violence victimization and perpetration and lifelong health and opportunity.

Overview of 5 Anxiety Disorders
Anxiety Disorders

• General Anxiety Disorder (GAD)
• Panic Disorder (PD)
• Social Anxiety Disorder (SAD)
• Obsessive Compulsive Disorder (OCD)
• Posttraumatic Stress Disorder (PTSD)

Clinical Features of Anxiety Disorders

• Excessive fear, anxiety, and behavioral changes
• Anxiety is normal response to threatening situation
  • Public speaking, employment evaluation, pending severe weather
• Problematic when
  • Persistent: lasting more than 6 months
  • Excessive: out of proportion to threat
• Differentiation between anxiety disorders
  • Object or situation causing anxiety or avoidance behavior (stimulus)
  • Cognitive ideation (thoughts)
Generalized Anxiety Disorder
Symptoms

**Psych. & Cognitive Sx**
- Excessive anxiety
- Worries that are difficult to control
- Feeling keyed up or on edge
- Trouble concentrating or mind going blank

**Physical Symptoms**
- Restlessness
- Fatigue
- Muscle tension
- Sleep disturbance
- Irritability


Panic Disorder Symptoms

**Psych. & Cognitive Sx**
- Feeling detached from oneself (depersonalization)
- Feeling detached from one’s environment (derealization)
- Fear of losing control, going crazy, or dying

**Physical Symptoms**
- Abdominal distress
- Chest pain
- Chills
- Dizziness, light-headedness
- Feeling of choking
- Heat sensations
- Nausea
- Skin crawling

**Social Anxiety Disorder Symptoms**[^1]

<table>
<thead>
<tr>
<th><strong>Psych. &amp; Cognitive Sx</strong></th>
<th><strong>Physical Symptoms</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fears of Being</strong></td>
<td></td>
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<tr>
<td>• Scrutinized or negatively evaluated by others</td>
<td><strong>Blushing</strong></td>
</tr>
<tr>
<td><strong>Some Feared Situations</strong></td>
<td></td>
</tr>
<tr>
<td>• Eating or writing in front of others</td>
<td>• “Butterflies in the stomach”</td>
</tr>
<tr>
<td>• Interacting with authority figures</td>
<td>• Diarrhea</td>
</tr>
<tr>
<td>• Speaking in public</td>
<td>• Stumbling over words</td>
</tr>
<tr>
<td>• Talking with stranger</td>
<td>• Sweating</td>
</tr>
<tr>
<td>• Use of public toilets</td>
<td>• Tachycardia</td>
</tr>
<tr>
<td></td>
<td>• Trembling</td>
</tr>
</tbody>
</table>


**Obsessive Compulsive Disorder Symptoms**[^1]

<table>
<thead>
<tr>
<th><strong>Obsessions</strong></th>
<th><strong>Compulsions</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• A recurrent, persistent idea, thought, impulse, or image that is intrusive &amp; inappropriate</td>
<td>• A repetitive behavior or mental act occurring because of an obsession</td>
</tr>
<tr>
<td>• Leads to anxiety</td>
<td>• Ritualistic behaviors</td>
</tr>
<tr>
<td>• Example</td>
<td>• Example</td>
</tr>
<tr>
<td>• Feeling contaminated</td>
<td>• Excessive handwashing</td>
</tr>
<tr>
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Posttraumatic Stress Disorder Symptoms

**Traumatic Event**
- Required for diagnosis
- Witness or experience threatening situation involving harm to self or others
- Examples
  - War, natural disaster, assault, violence

**Symptoms**
- Intrusive symptoms
  - Persistent re-experiencing of the event (flashbacks, dreams)
- State of hyperarousal
- Avoidance symptoms
  - Similar situations, conversations, thoughts, feelings

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Treatment Options for Anxiety Disorders

**Goal of therapy**
- Decrease symptom severity and duration
- Improve quality of life

**Combination therapy is preferred**
- Medications
- Cognitive Behavioral Therapy (CBT)
- Stress management
- Lifestyle modifications

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Pharmacotherapy for Anxiety Disorders\textsuperscript{1,2}

\textbf{1\textsuperscript{st} Line}

- Selective serotonin reuptake inhibitors (SSRI)
- Venlafaxine
- Fluvoxamine

\textbf{2\textsuperscript{nd} Line}

- Benzodiazepines
- Buspirone
- Clomipramine
- Imipramine
- Pregabalin


Low Mental Health Literacy (MHL) in the Community Pharmacy
Impact of Low MHL on Pharmacist-Patient Relationship

- Less time spent counseling on mental health meds
- Poor medication adherence
- Inappropriate verbal encounters
- Poorly established relationships between staff and patient
- Perpetuation of stigma about mental health disorders
- Poor treatment outcomes
- Less monitoring of adverse effects

Barriers to MHL in the Pharmacy

- Stigma associated with mental health disorders
- High volume dispensing
- Lack of time
- Lack of private space for counseling
- Lack of mental health training for pharmacy staff
- Lack of pharmacy staff confidence
- Patients reluctant to ask questions, discuss side effects
Helpful Resources

• Mental Health Association Oklahoma
• Oklahoma Department of Mental Health and Substance Abuse Services
• National Alliance on Mental Illness (NAMI)
• National Institute of Mental Health (NIMH)
• Substance Abuse and Mental Health Services Administration (SAMHSA)

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Assessment Question #4 Answer

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