MENTAL HEALTH

Student National Pharmaceutical Association
MENTAL HEALTH INITIATIVE MANUAL
#SNPhA2020Vision
#MentalHealthMatters
#WhatYouDontSee

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SNPhA MISSION

SNPhA is an educational service association of pharmacy students who are concerned about pharmacy and healthcare related issues, and the poor minority representation in pharmacy and other health-related professions. The purpose of SNPhA is to plan, organize, coordinate, and execute programs geared toward the improvement for the health, educational, and social environment of the community.

MENTAL HEALTH INITIATIVE MISSION

Through SNPhA, the Mental Health initiative seeks to use its platform to address stigmas serving as perpetual barriers to wellness in our communities. The purpose of the initiative is to:

1. Facilitate productive discussions and patient care opportunities/education regarding mental health
2. Promote effective utilization of healthcare resources and medication therapy for patients dealing with mental health issues
3. Combat disparities in mental health treatment for minority populations, underserved communities, and millions of untreated people everywhere. This includes, but is not limited to veterans, youth, persons struggling with substance abuse, caregivers, student pharmacists, pregnant women, and the elderly.
MH Initiative Goals
➢ Get people excited about discussing about mental health and @snphamentalhealth on Insta
➢ Dispel mental health myths and promote respectful rhetoric
➢ Explore and showcase the role of student pharmacists in patient/community mental health
➢ Set a strong precedent for the mental health chair position going forward
➢ Facilitate collaboration with other initiatives and other chapters
➢ Practice inclusion and let ALL voices be heard

MH Initiative Duties
➢ Provide topic-based education on depression, post traumatic stress disorder, suicide prevention, addiction, medication side effects, visible/non-visible indicators, etc.
➢ Address mental health in underserved populations
   Ex: Veterans, post-partum women, caregivers, minorities
➢ Join a national or local walks and other events
➢ Host speakers for seminars with chapter members or members of the community
➢ Create informational materials and resources (the more creative, the better)
➢ Contribute to social media campaigns
➢ Foster local, national, and international partnerships with various organizations
National Mental Health Initiative Chairs: Current/Past Officers

2019-2020
Jennifer Akosa, PharmD Candidate 2020  |  University of Connecticut School of Pharmacy

2018-2019
David Giang, PharmD Candidate 2020  |  The University of Texas at Austin College of Pharmacy

2017-2018
Ruth Aminu, PharmD Candidate 2018  |  Ohio Northern University Raabe College of Pharmacy
Like other chronic conditions, mental health has the potential to affect a person’s physical, emotional, professional wellbeing. As prevalent as mental health conditions are, few seek appropriate treatment. Approximately 1 in 5 adults experience a mental illness in a given year, however less than 60% report receiving treatment. With the knowledge gap that perpetuates our community concerning mental illness, education remains a vital step towards the right direction. As SNPhA members, we have the responsibility to educate the public so that individuals can make informed decisions about their mental wellness.
Disease State Overview: Depression

Preface
Several factors cause depressive disorders. Symptoms that arise in depression are reflective of neurotransmitter imbalances. The three main neurotransmitters that are depleted in the brain and cause depressive symptoms are dopamine, serotonin, and norepinephrine. These imbalances could be the result of environmental and genetic factors and are more likely to occur in women than men. Although depression can occur at any age, with ages 18-29 year experiencing the highest rates.

Depression: Diagnosing
When diagnosing depression, it is important to rule out confounding factors such as medical or medication induced depression. Patients will require a physical examination, mental status examination, and various laboratory tests (CBC, TFT, electrolyte panel). Symptoms must be present for at least a two-month period and must cause social, occupational, or physical impairment. Patients also have to have 5 or more symptoms listed below including either depressed mood or loss of interest.

Depression: Associated Symptoms
➢ Depressed mood, Loss of interest (anhedonia)
➢ Fatigue or loss of energy
➢ Weight loss/gain
➢ Insomnia or hypersomnia
➢ Agitation or retardation
➢ Worthlessness or guilt
➢ Difficulty concentrating or indecisiveness
➢ Thoughts of death
Depression: Treatment
There are several ways to treat depression. As most other disease states, there are non-pharmacologic as well as pharmacologic ways to treat depression. Non-pharmacologic options such as psychotherapy can be used alone or in combination with pharmacologic agents.

The main goal with pharmacologic treatment is to increase the levels of the neurotransmitters that have been depleted in a depressed patient. For example, serotonin reuptake inhibitors increase the amount of serotonin in a neuronal synapse. Refer to the table below for possible treatment options for depression. It is important for patients to seek professional care because of the risks and side effects that could occur from the use of antidepressants.

<table>
<thead>
<tr>
<th>Non-Pharmacologic Treatments</th>
<th>Pharmacologic Treatments</th>
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<tbody>
<tr>
<td>• Psychotherapy/Cognitive Behavioral Therapy</td>
<td>Selective serotonin reuptake inhibitors aka SSRIs (Paxil®, Celexa®, Prozac®)</td>
</tr>
<tr>
<td>• Physical Activity</td>
<td>Selective norepinephrine &amp; serotonin reuptake inhibitors aka SNRIs (Cymbalta®, Effexor®)</td>
</tr>
<tr>
<td>• Electroconvulsive Therapy</td>
<td>Tricyclic antidepressants (Elavil®, Tofranil®)</td>
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</table>
Suicide Risk and Management

Factors associated with increased risk of suicide

➢ Psychiatric disorders
➢ Substance use disorders
➢ Physical illness
➢ Recent stressful life event
➢ Childhood trauma
➢ Male gender
➢ Adolescent and younger age adults

The first thing to do is ask, “Are you thinking of killing or harming yourself?”

Patients with significant risk should be immediately referred to a health care professional.

Both non-pharmacologic options and pharmacological therapy could be considered based on the cause of suicide risk.
Disease State Overview: Addiction

Preface
With the opioid epidemic being one of the largest barriers in health care today, it is important that we, as pharmacists, understand the role addiction plays in the bigger picture. In 2014, the National Survey on Drug Use and Health reported up to 27 million people over the age of 11 admitting to currently using illicit drugs.

Drug abuse bares a large economic burden nationally with healthcare costs rising to $11 billion. Increase in drug abuse is due to increased drug availability in pure forms. For instance, prescription drugs such as hydrocodone and fentanyl are being obtained and adulterated for abuse. With this ease in access, not only is abuse increasing, but also deaths caused by overdose remain at an all time high.

Addiction itself is caused by activation of various pathways in the brain. For instance, in the case of opioid addiction, opioid agonists bind receptors in the brain’s reward pathway. This increases excitatory neurotransmitters such as dopamine and decreases inhibitory neurotransmitters such as GABA, resulting in a sense of euphoria. This “high” lasts just for a few minutes and is followed by tranquility and sleepiness, for a total effect lasting about 3-4 hours.

Addiction: Definitions to know
• Addiction: a brain disease characterized by drug seeking and use despite harmful consequences.
• Dependence: the body adapting to the presence of a drug—without the drug, the body will experience withdrawal symptoms
• Tolerance: repeating the same dose of a drug yields a smaller effect
Addiction: Diagnosing
In order to diagnose addiction, behaviors related to the drug of abuse have to fall within the following categories:
• Impaired control – Difficulty controlling use or abstaining from substance
• Social impairment – Difficulty maintaining work, school, family life
• Risky use – Continued use despite physical damage
• Pharmacological indicators – Tolerance, withdrawal

Addiction: Symptoms (dependent on the drug of abuse)
➢ Alcohol *Intoxication*—Euphoria, slurred speech, sedation, incoordination, ataxia/nystagmus, impaired memory, respiratory depression
➢ Alcohol *Withdrawal*—Tachycardia, diaphoresis, delirium, seizures

➢ Opiate *Intoxication* — Slurred speech, apathy, miosis, attention impairment
➢ Opiate *Withdrawal* — Lacrimation, mydriasis, yawning, piloerection, muscle aches, diarrhea, diaphoresis insomnia

➢ Nicotine Intoxication—Respiratory stimulation, muscle relaxation, increased alertness, tachycardia, high blood pressure
➢ Nicotine Withdrawal—Anxiety, cravings, difficulty concentrating, irritability, insomnia
Addiction: Treatment

Substance abuse treatment begins with non-pharmacological means. Abstaining from the use of the substance is the first step. If necessary, detoxification can be implemented as well as behavioral therapy.

Evaluation of other mental health issues such as depression or anxiety as well as maintaining long-term follow up is vital for positive treatment outcomes!

*Pharmacologic options available are mainly for opioid, tobacco, and alcohol addiction.

<table>
<thead>
<tr>
<th>Substance</th>
<th>Treatment Options</th>
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<tbody>
<tr>
<td>Alcohol</td>
<td>Naltrexone</td>
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<tr>
<td></td>
<td>Acamprosate</td>
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<td></td>
<td>Disulfiram</td>
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<tr>
<td>Opiates</td>
<td>Methadone</td>
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<td></td>
<td>Naltrexone</td>
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<td></td>
<td>Suboxone (Naltrexone/Buprenorphine)</td>
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<td>Nicotine</td>
<td>Nicotine replacement (gum, lozenge, patch)</td>
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<tr>
<td></td>
<td>Chantix</td>
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<td>Zyban</td>
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Disease State Overview: Dementia

Preface

According to the World Health Organization, there are an estimated 47 million people worldwide currently diagnosed with dementia. A new case of dementia is diagnosed every three seconds.

Dementia describes a group of symptoms affecting memory, thinking, and social abilities to a state where the patient’s daily functioning is affected. Dementia is a chronic disorder of mental processes caused by brain disease or injury.

Certain dementias are progressive while others can be reversed. One of the most common forms of progressive dementia includes Alzheimer’s disease. Other forms of progressive dementia include Lewy Body dementia and vascular dementia. Huntington’s Disease and Parkinson’s disease can be linked to dementia. Dementia-like conditions that can be reversed can occur from infections and immune disorders, reactions to medications, nutritional deficiencies, metabolic problems and endocrine abnormalities.

Dementia is caused by nerve cells being damaged in the brain. Depending on the area of the brain that is damaged, the symptoms and effects displayed will be different. Dementia can lead to several types of complications in patients including inadequate nutrition, pneumonia, and inability to perform daily functions. Dementia can serve as an overwhelming disease not only for the patient, but also for caregivers and families.

Dementia: Risk Factors to know
- Non-alterable: Increase in age, Family history of dementia, Down Syndrome, Mild cognitive impairment.
- Alterable: Heavy alcohol use, High blood pressure, Obesity, Depression, Diabetes, and Smoking
Dementia: Diagnosing
Dementia is diagnosed with a decline in memory and at least one of the following:
➢ Aphasia (inability to generate coherent speech)
➢ Agnosia (inability to recognize or identify objects)
➢ Apraxia (inability to execute motor activities)
➢ Decline in executive functioning including making sound judgments and carrying out complex tasks

Early diagnosis can improve the quality of life of those with dementia along with their caregivers/families!

• The physician will conduct different tests to determine dementia in a patient.
• The tests can include memory tests, brain scans including CT or MRI, lab tests for vitamin B-12 deficiency or an underactive thyroid gland
• Assessment tests such as the Mini-Mental State Examination, Mini-Cog, and SLUMS exam are also conducted
  **It is important to rule out other neurological conditions such as a brain tumor, hypothyroidism, and anemia**

Dementia: Symptoms
Symptoms can be broken into different categories including cognitive changes and psychological changes
• Cognitive Changes: Confusion, Disorientation, Difficulty reasoning or problem solving, Difficulty with planning and organizing, Difficulty communication or finding words
• Psychological Changes: Personality changes, Depression, Inappropriate behavior, Anxiety, Paranoia, Agitation, Hallucinations
Dementia: Treatment

Non-pharmacological therapy can include behavioral interventions through:
- Occupational therapy
- Environment modification (reducing clutter and noise)
- Modifying tasks

Patients who are agitated may benefit from music therapy, pet therapy, or aromatherapy to improve relaxation.

Pharmacotherapy for cognitive symptoms include:
- Cholinesterase inhibitors: Aricept, Exelon
- NMDA antagonists: Namenda
Preface
Trauma stems from events posing significant psychological, emotional, or physical threat to the safety of the victim or possibly friends and loved ones. What may be traumatic for one person may not necessarily be traumatic for another person. Those encountering traumatic events may initially experience a range of post-traumatic psychophysiological reactions, and these reactions may or may not spontaneously remit within about 30 days of the event occurrence.

According to the Diagnostic and Statistical Manual of Mental Disorders, or DSM-5, put forth by the American Psychiatric Association, PTSD is comprised of four clusters of symptoms including intrusive and recurrent memories of the trauma, avoidance of trauma related stimuli, numbing and/or negative changes in mood or cognitions pertaining to the trauma, and changes in reactivity and arousal. There are a number of risk factors including age, support system, severity, and duration that may influence reaction management and remission.

Why Do We Need to Understand PTSD?
• Psychosocial impacts of Post Traumatic Stress Disorder include: Homelessness, Poverty, and Incarceration
• “PTSD can range from relatively mild to totally debilitating and has also been found to create vulnerability for revictimization and retraumatization”.

PTSD: Diagnosing
Utilizing the DSM-5, diagnosing PTSD in adults, adolescents, and children over 6 years) requires 1. A specific type/level of traumatic event 2. A combination of required symptoms, as well as 3. The absence of exclusionary criteria.

A) Causation: Person exposed to actual or threatened death, serious injury or sexual violence in 1 of 4 ways:
   1. Directly experiencing the traumatic event(s)
   2. Witnessing, in person, the event(s) as it occurred to others
   3. Learning that the traumatic event(s) occurred to a close family member or friend
   4. Experiencing repeated or extreme exposure to aversive details of the traumatic event(s)

B) The traumatic event is persistently re-experienced:
   • Nightmares
   • Intrusive thoughts of the traumatic event
   • Flashbacks
   • Marked emotional distress or strong physiologic reaction when exposed to traumatic reminders

C) Avoidance in 1 of 2 ways:
   • Avoidance of thoughts, feelings, or conversations associated with the event
   • Avoidance of people, places, or activities that may trigger recollections of the event
PTSD: Diagnosing (continued)

D) Negative alterations in cognition and mood (2 of the following):
• Inability to remember an important aspect of the event(s)
• Persistent and exaggerated negative beliefs about oneself, others, or the world
• Persistent distorted cognitions about the cause or consequences of the event(s)
• Persistent negative emotional state
• Markedly diminished interest or participation in significant activities
• Feelings of detachment or estrangement from others
• Persistent inability to experience positive emotions

E) Hyperarousal (2 of the following):
• Irritable behavior and angry outbursts
• Reckless or self-destructive behavior
• Hypervigilance
• Exaggerated startle response
• Concentration problems
• Sleep disturbance

F) The duration of symptoms is more than 1 month
G) Disturbance causes clinically significant distress or impairment in functioning
H) The disturbance is not attributable to the physiological effects of a substance or other medical condition

**PTSD:** Risk factors/co-morbidities linked to diagnosis:

- Substance use and abuse
- Depression
- Anxiety
- Dissociation and dissociative disorders
- Personality disorders
- Psychosis
- Cognitive impairment
- Violence towards self and others,
- Increased risk of non-suicidal self-injury and of suicide

**PTSD: Treatment**

Symptoms may subside or disappear over time. For some, PTSD gets better with a support system (family, friends, groups, church). *PTSD IS treatable.* The earlier treatment begins, the more the likely outcome is better.

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<th>Non-Pharmacologic Treatment</th>
<th>Pharmacologic Treatment</th>
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<td>Psychotherapy/Cognitive Behavior therapy/Cognitive Processing Therapy</td>
<td>Selective serotonin re-uptake inhibitors and Selective norepinephrine re-uptake inhibitors SSRI/SNRIs) are often utilized in the treatment of core PTSD symptoms</td>
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<tr>
<td>Prolonged Exposure Therapy: repeated, detailed imagining of the trauma or progressive exposures to symptom “triggers” is navigated in a <strong>safe, regulated</strong> way &gt; Ex. Treatment utilizing virtual reality programs with veterans have allowed battlefield re-experience in a therapeutic and controlled way.</td>
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<tr>
<td>Group/Family Therapy</td>
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Mental Health Dates

- National Suicide Prevention Month: September
- National Depression & Mental Health Screening Month: October
- Anti-Bullying Prevention Month: October
- National Mental Illness Awareness Week: October 6-12
- National Minority Mental Health Month: April
- World Health Day: April 7th
- Children’s Mental Health Awareness Week: May
- National Mental Health Awareness Month: May
- PTSD Awareness Month: June

Mental Health Initiative Event Ideas

- Youth Program
  - Outreach to high schools, middle schools on Addiction, Suicide, Anxiety, Eating Disorders
- Think Healthy People 2020
  - Veterans, Natural Disaster Survivors, Elderly/Nursing home visits
  - Food bank, community health screenings in areas that have experienced natural disasters/community deterioration
  - Veterans – Operation Gratitude, write letters, send care packages
The goal of mental health outreach is to initiate conversation and start a chain reaction. It is vital to educate and empower our communities!

**Point Requirements**

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<tr>
<th>Mental Health Challenges should meet at least 2 of the following 5 requirements:</th>
<th>300</th>
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<tr>
<td>1. Presentation, dissemination, or creation of educational material on mental health</td>
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<td>2. Provision of a list of online and local mental health resources (including locations to visit is ideal when possible)</td>
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<td>3. Conducting/assisting healthcare providers with depression screening/related testing</td>
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<tr>
<td>4. Provision of mental health outreach to patients, providers, or students</td>
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<td>5. Facilitating a seminar or lecture to members or patient populations</td>
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*Chapters earn 300 points for the first 10 activities for each initiative *Subsequent activities for each initiative earn 150 points

**Requirements for All Events**

1. Event report is due **14 days from the day of the event.**
2. Resubmissions for event reports (if needed) are due **5 days from request.**
3. Include 3 pictures (HIPAA compliant) that show 1 or both of the following: patient care or patient education
4. Must include 1+ picture of information distributed if applicable
RESOURCES

National Alliance on Mental Illnesses (NAMI)
info@nami.org – 1-800-950-NAMI – State/local offices (Ex: NAMIga.org)
Educational Material Here! https://www.nami.org/akaresources/factsheets

National Institute of Mental Health (NIMH)
NIMHinfo@mail.nih.gov
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