





the MENTAL HEALTH issue

**All stories by Chris Linville,
America's Pharmacist® managing editor**

There was a time not so long ago when mental health issues were not given serious attention. There was often a stigma associated with even discussing it. But mental health challenges are not abstract public health concerns, and they are getting more focus these days. Nearly one in five adults in the United States experience mental illness each year. Pharmacists and pharmacy technicians encounter patients every day who are navigating depression, anxiety, substance use disorders, chronic illness, financial stress, and social isolation.

At the same time, pharmacy closures, staffing shortages, inventory shortages, and reimbursement challenges contribute to stress among pharmacists and their staffs.

Not only is it important to recognize potential mental health issues with patients, but pharmacy personnel need to prioritize self-care and support for colleagues.

In this issue, we learn about a pharmacy that has focused on medication support for mental health patients through coordination with the community's mental health center, and the challenges and rewards in doing so. We also cover NCPA's Mental Health First Aid training program with Hannah Fish, PharmD, NCPA senior director of strategic initiatives and a certified mental health instructor. Hannah shares her own history of mental health struggles and why she finds teaching others in mental health first aid so rewarding.

One of Hannah's recent students is Albert McGalliard, RPh, whose life had spiraled downward to the point he was contemplating suicide. Albert describes his steady recovery and how the Mental Health First Aid training class helped give him clarity in recognizing potential issues with patients while keeping his own life in balance.



teaming up for PATIENT CARE

How one pharmacy coordinated with a mental health center to help provide medications for an often overlooked patient population



Audrey Newton (left) and Frances Heinze (right) were guests for an NCPA continuing education webinar titled “Optimizing Medication Processes Through Interdisciplinary Mental Health Collaboration,” sponsored by the Cardinal Health Foundation. They shared their insights on how collaboration between a community pharmacy and a mental health center can improve medication safety and transitions of care in outpatient mental health settings. This article is excerpted from the presentation. The full webinar is available at bit.ly/4drm96j.



When Audrey Newton, PharmD, was in pharmacy school, she didn't think she would be treating mental health patients. However, after graduating and moving back home to work for her father Chad Cohenour, owner of Chad's Payless Pharmacy in Florence, Ala., he insisted on taking care of the community's mental health population. The Payless team went all in, coordinating with the local mental health center to provide medications.

"I said 'I don't know if that's for me, Dad,' but I jumped in and I'm so glad that I did because I love it and it has been really life changing, the difference we have been able to make in this community," says Audrey, now co-owner of the business. "It has really been a blessing for us to provide those services and partner with our mental health center and take care of a population that so many times is just completely overlooked by the whole system."

Payless offers all of the products and services that many independent community pharmacies typically provide, including biometric health screenings, home delivery, medication therapy management, long-term care at home, medication synchronization and adherence packaging, just to name several.

The staff has four full-time pharmacists, including Audrey and her sister Frances Heinze, PharmD, who is the other owner. There are five technicians, two up-front managers and a delivery driver.

With everything the pharmacy does, it's in the mental health space where it has really made its mark. Along with the pharmacy, Audrey and Frances own a primary care clinic.

"What Audrey set up with the mental health center was a natural fit for an LTC-at-home billing platform," says Frances, a 2010 graduate of the Samford University McWhorter School of Pharmacy. "We have a primary care clinic. It is not within our pharmacy but we share the building; they are two separate spaces, and Audrey and I own that. It is staffed with a nurse practitioner and it is a true collaboration to be able to provide primary care, medication, and mental health. It's a partnership and we have been lucky to be able to offer that for our community."

FAMILY PRACTICE

Florence is located in the northwest corner of Alabama, on the banks of the Tennessee River. Chad, who passed away in 2013, had owned the pharmacy since 2000. Audrey and Frances say he was ahead of the curve in a lot of ways. When Audrey graduated from pharmacy school at the University of Mississippi in 2004 and returned home, there were increasing requirements for packaging services at residential facilities.

"It was just a natural fit that we would start a sync program and have adherence packaging, and to start providing all of those services here at Chad's before it was a hot topic and a big thing to do," Audrey says. "We wanted to help with what the mental health center needed at the time."

The regional mental health center is located just a block and a half away from the pharmacy. Audrey and Frances noticed that mental health patients would visit their primary care physician, and they would prescribe a litany of mental health medications that were often not needed.

"We started identifying ourselves as the stopgaps to prevent those medication errors and prevent those patients from getting medications that they were no longer taking and didn't need," Audrey says. "The primary care providers didn't understand that they didn't need to be writing refills on those medications because they were getting their mental health managed at the mental health center."

Seeing the "mess" that was happening with patients was the impetus for Audrey and Frances to open their own primary care clinic.

"We did that so we could bridge those gaps and all work together and see the difference we could make in these patients' lives when we all started talking together and figuring out what needed to be prescribed and what didn't," Audrey says.

"A lot of these patients, when we talk about mental health, they are very, very sick. They are mentally unwell, and they are a heavy lift for primary care," Frances says. "There are physicians who don't have an understanding of those problems, and have a hard time identifying, 'Is this a true medical issue?' 'Is this a psychiatric issue?' And they are a very vulnerable population also. They require a lot more than your average diabetes patient or other patients because of all the medications they are taking. We just thought it was necessary to add some positivity to really complete that circle and make sure that patients are being met all the way around."

MENTAL HEALTH CENTER MARKETING

Audrey and Frances said that Chad's Payless Pharmacy marketed its services to the mental health center in a variety of different ways.

Pharmacy selling points

- It is the only pharmacy in the area certified to dispense clozapine (a drug with several boxed warnings used for treatment-resistant schizophrenia.)
- The mental health center needed the medication dispensed in adherence packaging, which the pharmacy could provide.
- Pharmacy staff took the time to meet with the supervisor of the residential program and went through the services it can provide, including a "brown bag" medication reconciliation session.
- The pharmacy showed its capability of identifying polypharmacy and medication errors.
- The pharmacy worked to create trust as a reliable health care provider.

"One of the big draws to our pharmacy for the mental health center was that we were able to dispense clozapine," Audrey says. "Frances and I often joke about this because when she was in pharmacy school she was taught that she would never see it in practice."

"We're going to teach you about it, but nobody uses it," Frances says with a laugh. "Nobody ever dispenses it."

They both say that clozapine can make a difference.

"Patients are often treatment resistant to some of the new agents," Frances says. It can be a life-changing

medication if nothing else is really working to manage these heavy, heavy – schizophrenia, bi-polar – all of these really heavy mental health issues."

Audrey says that when Payless started working with the mental health center, she met with one of the supervisors and went through every patient one at a time.

"They brought in all of the bottles of medicine; it was what we would traditionally call a 'brown bag' lunch or session where we would go through all of the medicine," she says. "It was amazing to see how many bottles of medicine had been changed and there would be multiple bottles there."

Audrey says getting things organized was a primary task.

"If a medication has been changed, we're not going to get the other one filled anymore, and we're going to have this stuff streamlined," she says. "They came to us, we went through all of the patients, and got

everything going. Being able to get your medicine at one time, filled once a month, every medicine they need, all synced together – it has helped with adherence, it has helped with training of their staff, and it's been a wonderful thing for that population."

DIFFERENT LEVELS OF CARE

Frances points out that the mental health center is not an inpatient facility. She explains that it doesn't have a typical hospital.

"There's several different levels. There's a home that has 24-7 staff who are there administering their medications, and monitoring patients who all live together," Frances says. "And then there's another type of group home with a bit less oversight. After that, once they have kind of stabilized and are ready, the goal is to get these patients into the communities, where they are learning the skills of managing their own finances, managing their own medications, being able to feed themselves, and care for their

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stepping up

Patient case

- Male patient with high blood pressure and diabetes had a mental health hospitalization.
- Several chronic care medications were discontinued while inpatient and at discharge.
- Patient's mother came to the pharmacy with his discharge papers.
- Pharmacist expressed concern about the duration of these discontinuations and referred them to the patient's local primary care provider.
- Patient's mother could not get an appointment at their PCP for six weeks because he had missed a previous appointment.
- Pharmacist referred patient to the primary care clinic next door on the same day.
- The clinic next door did a full routine evaluation including checks on his BP and diabetes.
- The clinic restarted necessary chronic care medications and confirmed other discontinuations.
- Pharmacist reset his bubble packs with the new changes to the patient's medication.

Audrey recalls a male who was a long-time patient at Payless. She says he weighs approximately 350 pounds and has a history of high blood pressure and diabetes. Around Thanksgiving he had been hospitalized. She says his mother came to the pharmacy to have his medications refilled after he was released from the hospital.

"I looked at the discharge orders and there were no medications to treat his thyroid condition," Audrey says. "He was on an acid reflux medication, a thyroid medication, several diabetes medications, and several high BP medications – and none of that was included on the discharge order."

As the patient had been hospitalized for several weeks, Audrey was concerned that he had not been treated properly for those conditions. She asked him if he remembered receiving any diabetes injections in the hospital, and he said he didn't.

"I said to his mom, 'We've got to get this taken care of.' The patient did not have any refills on his medical medications because he had missed his appointment when he was hospitalized," Audrey says. "I asked the mom if she could contact the primary care provider to see if they could get him in immediately because they need to evaluate where he was after missing all of these medications."

When the primary care physician's office said they couldn't see him for six weeks, Audrey thought that was unacceptable.

"I wasn't going to let his blood pressure potentially rise and his blood sugar go up," she says.

"None of that would keep him mentally stable if he ended up in the ER," Frances says.

Audrey says they went next door to their primary care clinic and got the patient an appointment on the same day to have his labs drawn.

"In just a few hours we are able to get several of those medications restarted and made sure he got what he needed," she says. "We don't make our patients utilize our primary care clinic. But we do know when you have a part of your team that's willing to collaborate, that's willing to bob and weave, willing to work patients in quickly when there are problems like this, the outcomes just improve drastically for the patients. So it really made me happy to get him seen so quickly. Our nurse practitioner is wonderful and the family loved her. It just confirmed for me the importance of what we are doing and what we are providing for these patients in this ability to collaborate." ■



“I think something that’s really helped in our relationship with the providers and the mental health center, particularly with the mental health center, is that we’ve been adaptable with what their needs are.”

- Frances Heinze

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environment, so they can be successfully living in the community and living independently.”

Frances continues, saying, “We are just a small part of that, but that is the setup with the mental health center, and depending on where they were, they require different levels of oversight, packaging, things like that.”

Audrey says a lot of independent living apartments are located in close proximity to the pharmacy, which is helpful.

“We have a lot of retention with patients between when they are residing at one of the transitional homes and when they go to their own apartment in the community,” she says. “We are able to continue our services that they have become accustomed to and are comfortable with.”

SERVICE TAKES OFF

As Payless developed processes to serve its mental health patients,

it began getting noticed. One innovation was a cold seal packaging device that was customized to the pharmacy. It has bubble packs for morning, noon, evening, and bedtime doses.

“In one card you have seven days of medicine, 28 spots,” Audrey says. “We run a 28-day supply of medicine, and they (the facility) get four cards. We’re able to sync those into four-week windows so every week you are doing one batch of patients in that four-week cycle.”

Frances says patients were taking packs with them to visits with general practitioners and other provider specialists such as cardiologists and endocrinologists. The providers were impressed by how well the medications were organized.

“They were saying, ‘These are great, I’ve got lots of people who need this,’” she says. “We were finding elderly patients who were struggling with pill burdens. It spread

organically, but like wildfire – ‘I want packs like that, those look great.’ It’s a lot easier than carrying around bottles.”

As Audrey points out, some patients are taking 15 to 20 medications.

“It kind of grew from there,” she says. “This service isn’t niched into mental health, although we have a large portion of that. We service everyone now, such as elderly patients. We have another group home that we service, we get referrals from home health, from providers. We just see it coming in from everywhere because people like the service. It’s been a really good driver for us. And it all started with the mental health center.”

COLLABORATION

Audrey says Payless’s collaborative efforts focused on several key factors.

Collaborative mindset

- The pharmacy was nimble and adaptable to the needs of other providers.
- The pharmacy was accessible to the health care providers through a direct line to optimize communication.
- Face-to-face meetings were held with the mental health center and with the interdisciplinary team to discuss complex patients, policy and procedures, and more.

“People love our accessibility. They have a direct line to me. They don’t have to call the pharmacy and go through a technician to get to me,” Audrey says. “If there is something that comes up and there is a patient who needs a med change immediately, we get the medication packs back, we are able to make the

change, and we're able to answer questions."

Audrey says that in the 20-plus years she and Frances have been offering their services, they are the most consistent providers that many of the patients have had.

"The staff and the doctors at primary care and the mental health center come and go," she says. "With some of these patients, I know why a certain medication was stopped 10 years ago. Being that consistent person in the health care world for that patient has made a big difference for them."

"I think something that's really helped in our relationship with the providers and the mental health center, particularly with the mental health center, is that we've been adaptable with what their needs are," Frances says. "Several years back there were some changes in regulations with their workers who were in the facilities providing medications and care — they needed MARs (medication administration records), so we were able to adapt and print MARs for them that had updated med lists, so they weren't having to hand write things and have issues like two different thyroid meds or other issues.

"That's just one example where if there is an issue, we can help bring solutions. Sometimes it just takes a different perspective, and we kind of add that other perspective to help them solve the problems that they are having to deal with."

TRIAGING MENTAL HEALTH PATIENTS

Audrey says when Payless receives a patient who is either new to a group home or to the pharmacy, it always reviews the hospital discharge orders. She says the pharmacy has

developed an effective relationship not only with the mental health center but also with the local hospital.

"If it's a new patient to our pharmacy, we ask the patient or family member to bring in all of the medicine, all of the bottles in the home," Audrey says. "The reason is the last thing we want to happen is to start this patient with adherence packaging and then find out they had three months of medicine in their home and they are taking both and getting confused. If we can utilize the medication, we do. If not, we get everything set up in bubble packs and everything synced together to the best of our ability."

Payless assigns pharmacists as "coaches" for its mental health patients. A patient is assigned to a coach and that pharmacist is in charge of that patient from that point forward.

Workflow process

1. Patients from transitions of care, med sync, or new prescriptions are sent to the pharmacy.
 2. Patients are assigned to a mental health coach (1-3 pharmacists).
 3. Assigned pharmacist receives prescription or fax from mental health center.
 4. Pharmacist checks prior to sealing and double checks with the patient chart. Packaging process utilizes their home medications in cold seal bubble packs (one week with morning, lunch, evening, bedtime slots).
 5. Short fill is synced to one date and then placed on a 28-day cycle.
 6. Binder created with patient chart: PRN medications, packed medications, changes, and other information.
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"It's based on different factors, if it's an inpatient with the mental health center they go on my service. Frances will often pick up more of the elderly population in her service," Audrey says. "We have found that to be an awesome asset to us because we're able to give every patient a person who knows about them, so once you get a coach that person stays with you. Some of my patients I've been with for 20 years, so that's how I know what's gone on in the past with them — what we tried, what worked, what didn't, why it did or didn't."

COACHING HELPS INTERNALLY

Frances says the coaching system helps internally as well. For example, if a new prescription is received or somebody calls and a technician answers, the technician knows where to direct the call.

"One of my patients fell and broke her ankle and she's in rehab, so I've been tracking that so when she gets sent home I'm ready to get her medicine back to her husband to help care for her," she says. "You keep a pulse on what's going on with these people. It just helps everything transition smoothly because your coach knows what's going on with that patient and if there are issues."

Audrey says there are about 600 patients using the adherence packaging. She and Frances have about 250 patients. A third pharmacist primarily does clinical tasks, so he has the fewest.

"It's always in flux. We have a lot of med sync patients, so we're always looking to recruit people from our med sync to come into our packaging," Frances says. "And then we have patients who pass away, patients who move, patients who go into LTC and can't utilize our packaging anymore. So there is always a pretty healthy flux of in and out."

"Frances does a great job of recruiting," Audrey says. "My service is kind of self-fulfilling because if we lose a patient out of one of the group homes, then a lot of times it gets automatically replaced, so I don't have to beat the bushes as much as Frances. She works hard with one of our techs to get as many patients on the program as we can because we know it works. We've seen success."

Frances says each of the health coaches has a three-ring binder with a medication list of everything that's packaged, essentially a medical chart.

"There are internal notes in our system that we keep updated, but it always helps, if I'm out of town and one of our other pharmacists needs to look at that patient, they can go and look up everything that's packaged. It makes for a good check and balance."

GETTING EDUCATED

Through its collaboration with the mental health center and local

providers, Frances says she and Audrey have received an education on mental health patients and the specific complexities and challenges that exist compared to other patients.

"We've seen a lot, we've seen it all," Frances says. Because they know the patients so well, they are aware of their stress points.

"We know the holidays can be hard for our patients who suffer from mental illness," she says. "We know if it's religion that is their schizophrenia trigger, or if they are hypersexual. We know when they are manic, we can tell."

"Some of them just tell us and openly communicate with us about their current state. Keeping them mentally well keeps them out of the hospital and keeps our communities safe, because if they are pumping gas naked, that's not okay, and it's not okay for them because then we have to involve police, and it just can come undone really quickly."

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Frances says Audrey has an analogy that she says fits.

“Mental health is like a clock; it will be good for so long, and then eventually it’s going to swing, and trying to reduce the damage from that swing is what we’re trying to do,” Frances says. “Because any time there’s a swing and they get off their meds, it’s always a struggle to get them managed. They become resistant to certain meds, so adherence is so important. I applaud our mental health system here for implementing the packaging that we do and encouraging them to maintain that because it’s comfortable for them and what they have come to expect.”

Frances says that sometimes patients decide they want to do 90-days mail order because it’s free through their insurance, but they often end up returning.

“They have the autonomy to make those decisions if they want to,” she says. “But basically 98 percent of the time, if they go to another pharmacy or get a different type of packaging than they are accustomed to, or if they struggle with 90-days supplies of meds, it typically doesn’t end well and they usually come back to what helps them stay maintained.”

As Audrey points out, “Independence is a huge positive goal in this community, and adherence is the name of the game for that. Being able to work so closely with the mental health center and primary care, they get that reinforcement from all sides that sticking with the program and continuing to take the medication and get the bubble packs is really the best thing that’s going to help them remain independent.”

DELIVERY AND WELLNESS CHECKS

Payless offers free local delivery, so if patients are living in the community independently, the pharmacy will deliver their medicines to them.

“That can be very telling. If our delivery driver goes out and the person is hiding behind the recliner saying, ‘Get ready for the war,’ then we let the mental health center know that that person is struggling and needs a check point,” Frances says. “If they have missed some appointments, it’s a good way to keep a pulse. If they come in and they are unkempt or saying things that are uncharacteristic, it allows us to communicate back to the mental health center to say, ‘Hey we need to get this person in for an appointment because they are struggling right now, and they may need an adjustment in their medication or some additional therapy.’”

Frances says that’s why she and Audrey prefer the four-week supply as opposed to 90 days, because in their mind 90 days is dangerous for patients who have heavy-hitting mental illnesses.

“It’s a huge burden on the system because it’s so rare that you can ask a patient to keep up and manage 90 days of medicine at a time,” Audrey says. “These mental health medications can be so expensive, and if they are not doing well and they flush 90 days for something that costs \$9,000 for a 90-days’ supply, that really adds to costs, and then you have hospitalizations. We’ve really just seen the benefits with the 28-day packaging and success of the compliance packaging for this population.”

Patient safety and compliance

28-day supply allows for:

- Changes to medication regimen.
- Time to work on prior authorizations.
- Frequent touchpoints for the patient with a health care professional.

Packaging in bubble packs

- Routine and consistency for mental health patients
- Pharmacists checking patients’ medication lists every month

Improved patient outcomes

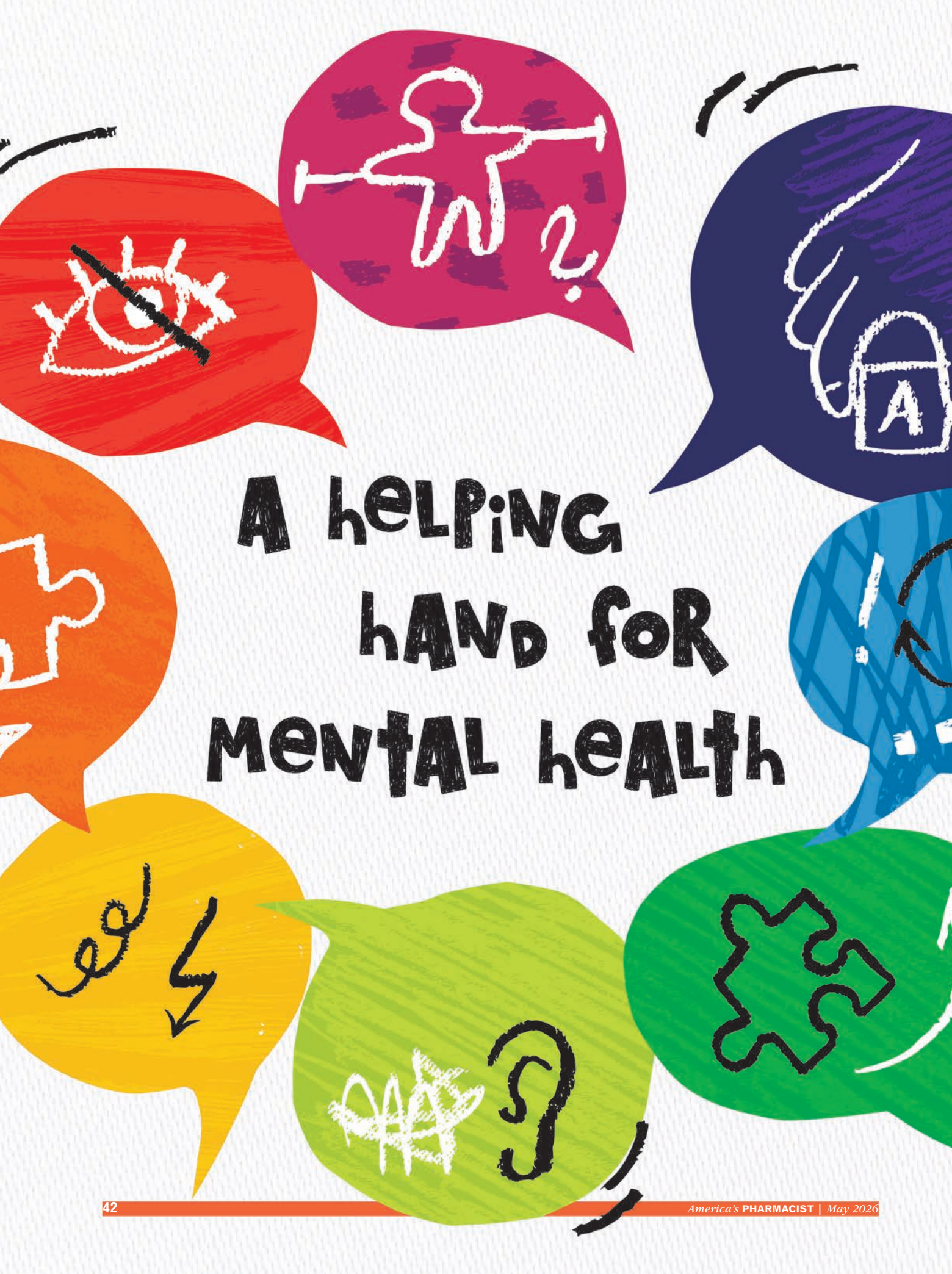
- Prevent adverse reactions from polypharmacy
- Optimize transitions of care

LABOR OF LOVE


Audrey and Frances says their job involves a lot of hard work, but it’s certainly been worth it.

“It has definitely been a labor of love. What we do is so special. A lot of places don’t get this level of collaboration with providers,” Audrey says. “I think everyone has seen what a great opportunity it is to provide this high-level care for these patients. We talk to each other and make group decisions. I think we all have just come to appreciate how special this is.”

“I know it sounds like a lot, like we spend all day talking to providers. It’s not,” Frances says. “Once you establish rapport it becomes a quick text message or a really quick phone call. It’s not the majority of my day by any means. It’s just developing those trusted relationships. So don’t feel like it’s anything that is going to be a heavy lift if these are things you want to bring to your practice.” ■



**A HELPING
HAND FOR
MENTAL HEALTH**



Mental Health First Aid training for pharmacists can be beneficial to patients – and themselves

Mental health is a topic that has been receiving increased attention in recent years. According to national survey data from the National Alliance on Mental Illness, more than 20 percent of adults experience mental health difficulties every year, with 5 percent experiencing severe problems that impair or restrict one or more major life activities. Mental health conditions affect individuals across all demographics.

Hannah Fish, PharmD, is NCPA senior director of strategic initiatives. She is acutely aware of the effects of mental health issues, having dealt with various challenges throughout her life.

“I have had panic disorder and generalized anxiety since I was a young child,” she says. “I’ve gone through a couple bouts of depression in my life, and I’ve been lucky that I had really supportive family members who helped me get through all of those periods of time.”

Having a support system allowed her to manage the ups and downs, so it wasn’t until her early 20s, before pharmacy school, that Hannah realized she needed something more.

“You go to college, you’re on your own, you’re not with your parents and your family,” she says. “And that’s when I started looking for other means of support. And that was the first time I’d ever seen a counselor and ever considered taking medications.”

Hannah says she didn’t feel stigmatized, but admitted she had uncertainties about seeing a mental health professional or about the effect of medications.

“It was like, I don’t want to be numbed out by medications,” she says. “If I take these, I don’t want to not feel like myself. I think I fell victim to that a little bit.”

TRAINING BACKGROUND

With her own background in mind, Hannah became interested in Mental Health First Aid (MHFA) training. MHFA training provides a framework for recognizing, comprehending, and reacting to indicators of mental health and substance abuse struggles.

MHFA was founded in Australia in 2000 to address a need in the community for hands-on mental health education and is now in 29 countries. In the U.S., the course is provided by the National Council for Mental Wellbeing.

Wanting to help others, Hannah went through a week-long training in 2019 to become a MHFA instructor. It also reinforced for her that words matter.

“I could have had the opportunity to get more support earlier on in my life had I had someone who had been trained in Mental Health First Aid,” Hannah says. “And so when I finally went through it, I learned all of those stigmatizing phrases that we use, not with any malicious intent.

“But calling someone crazy is stigmatizing language, or saying this person’s acting psycho, that’s stigmatizing verbiage. And with this course, it started to put the words into my vocabulary to adjust it to say, you know, ‘I’m not going to say things like crazy or psycho.’ And if I am talking about someone who does have psychotic tendencies, that person is not psychotic, they are a person with psychosis.”

Person-first language is a key emphasis of the training.

NCPA has been offering MHFA through the National Council for Mental Wellbeing for almost a decade. Initial support came from a grant from the Community Pharmacy Foundation (CPF) grant. As part of the grant, NCPA received funding to send three

pharmacists through the instructor training: Jerry McKee in North Carolina, Talia Puzantian in California, and Clark Bishop in Oklahoma.

The Cardinal Health Foundation currently provides support, allowing NCPA to discount the registration for training.

BLENDED COURSE

NCPA offers MHFA training several times a year as a blended learning course. Participants must complete a two-hour, self-paced online course and participate in a 6.5-hour, instructor-led training held virtually through Zoom. The training is accredited for pharmacist and technician continuing education through ACPE.

The training covers:

- Common signs and symptoms of mental health challenges.
- Common signs and symptoms of substance use challenges.
- How to interact with a person in crisis.
- How to connect a person with help.
- Expanded content on trauma, substance use, and self-care.

Hannah says one of the key components of the course to clarify is that Mental Health First Aiders are not diagnosing anything.

"I might see some signs and symptoms of what I think could be anxiety or depression," she says. "For example, I'm not saying, 'Oh, John, you have anxiety.' I am saying, 'Hey, I've noticed that you've been restless lately and you have started dressing just a little bit differently. I'm concerned about you. Would you like to have a conversation and tell me what's going on?"

"So it's giving you the tools and the vernacular to have conversations when you notice something might be wrong, but it's not telling someone what is wrong."

Often, people who might be exhibiting signs of mental health issues deny that anything is wrong. Hannah says that is addressed in the course.

"It goes through why that might be the case, whether it's a continuing stigma or whether it might be actually related to social determinants of health."

Social determinants of health (SDOH) are the nonmedical conditions in which people are born, grow, live, work, and age, profoundly influencing health outcomes, inequities, and quality of life. Key factors include economic stability, education, social context, neighborhood environment, and health care access.

Hannah says SDOH issues can be an additional challenge.

"They don't want to get help because they can't afford transportation, or they wouldn't be able to pay for a doctor or they think counseling is too expensive for them. So it goes through all of those reasons and what you can do as a concerned person for them to help them get connected to the right support or professional help when they're ready to receive it."

ALGEE ACTION PLAN

ALGEE is a five-step action plan from the MHFA course. The acronym stands for **a**pproach, **a**ssess and **a**ssist; **l**isten nonjudgmentally; **g**ive reassurance and information; **e**ncourage professional help; and **e**ncourage self-help and support strategies.

"It's really a framework of how you might approach and help someone who is experiencing a mental health challenge," Hannah says. "So the 'A' is where we're always assessing for risk of suicide or harm. It's, 'Is this person in immediate crisis?' And, 'How do we tailor our approach to that?'"

There are certain ways to address individuals to gauge where they are.

"The approach is, how would I come to you, and what are the opening

"I could have had the opportunity to get more support earlier on in my life had I had someone who had been trained in Mental Health First Aid. And so when I finally went through it, I learned all of those stigmatizing phrases that we use, not with any malicious intent."

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SHARING his story

Eight years ago Albert McGalliard, RPh, pharmacist-in-charge at Hometown Pharmacy in Gray, Ga., found himself in a dark place.

"It was 2018 when I guess my 'crash,' happened," he says. "I was going through a rough divorce, workload was increasing, stress level was at an all-time high, and the owner was on me about declining profits."

Albert describes that period "as kind of a perfect storm. I guess the mental health side of it was. As part of the divorce I was always told I was incompetent and not good enough. Seeing the low profits just reinforced in my mind that I was not good enough anymore. Financially I had a large credit card debt, and I was afraid I would never get out of it again."

Eventually Albert says he reached his breaking point.

"There was one afternoon that I decided I'd had enough. I left work and went home and I pulled into the driveway and I decided this is the end," he says. "As I'm sitting there holding the gun, I had a friend call. She was one who actually knew that I was having issues. The problem was that she was an hour and a half away. But when she called, something made me answer the phone, and I told her what I was about to do. She talked me out of it. The next day, I actually checked myself into an institution for help."

That was the start of Albert's recovery, which he says is one day at a time. Last year he saw an email from NCPA about its Mental Health First Aid (MHFA) training, which piqued his interest. NCPA offers the MHFA training through the National Council for Mental Wellbeing.

"It's something that I've been passionate about myself the last eight years or so, going through my own mental health crisis," he says.

"Of course I'm more in tune with patients coming in and seeing what they are struggling with. So I was wanting to broaden my horizons and see if I can help somebody else. Which is what I've already been doing, but I was looking for some professional guidance on how to handle things."

Albert attended the January class taught by Hannah Fish, PharmD, NCPA senior director of strategic initiatives and a certified MHFA instructor.

"One thing that I gained from Hannah's class was watching for signs of people in mental health decline," he says. "And I kept thinking back to that year when I could see the signs in myself, but no one else was reaching out to me. I had people tell me later that they could see it, but nobody would do anything about it."

During the training, Albert says he could sense that Hannah was cognizant of his situation.

"I said something from the very beginning. I've been there. I've wanted to commit suicide," he says. "So with each session she would specifically say — she wasn't talking to me directly, but said to the group — if you need to back out a little bit, that's fine, it just depends on where you are emotionally. But I'm kind of at the point now where I'm willing to talk about it. I'm willing to share what happened to me and hopefully it will help someone else in the future."



Albert's tattoo is a reminder of how he rose from the depths of despair. He included the "semicolon" as an outward expression to others that there is hope and they're not alone.

Dialogue is another important tool, Albert says.

"If you sense somebody is in crisis, you walk up to them and say, 'Hey let's go to dinner, let's talk about it,'" he says. "That's something I wish someone had taken the time with me. Taking the time with a person to say, 'There's an issue. Let's discuss it.' I know myself I did not want anybody. I did but I didn't. I was very reserved, where I wish somebody had grabbed me and said, 'We're going out, we're talking, whether you like it or not.'"

Albert says that the way he used to see himself was not an accurate picture. "I am good enough," he says. "Just because there's a problem that comes up doesn't mean that the world has to end. I had to learn to look at myself in a different light."

Albert says occasionally reminders of his difficult times will pop up, but he's learned how to better handle it.

"I just make sure to refocus," he says. "I basically stop and redirect my own mind." ■

“CPR isn’t any less important than this. But I feel like acquiring these skills and learning all of the things that are taught in the Mental Health First Aid course are just general practical life skills too that maybe you’ve learned before, but it’s a good reminder.”

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questions I would ask or what are the things that I would say?” Hannah says. “Phrases like, ‘How can you be so sad today? It’s so sunny outside.’ Well depression doesn’t work that way. You can feel depressed even when it’s sunny out.”

Hannah offers an alternate approach.

“Hey, I’ve noticed you’ve been down lately. Do you want to go grab a coffee and talk about it?” she says. “It’s just kind of adjusting statements that are well-intentioned but come across poorly at times. So again the assess is for risk of suicide or harm, then your approach, and then the ‘L,’ which is for listening nonjudgmentally. It’s really opening up the dialogue around mental health and trying to combat that stigma that has been around it for so long.”

Hannah says ‘G’ is giving reassurance and information, and the way it’s taught in the class is to provide help with facts.

“One of the big things in the Mental Health First Aid course is emphasizing that recovery is possible,” she says.

Hannah says there is a stereotype around mental health challenges being a lifelong disorder or problem that people have to live with, but she stresses that not all mental health challenges are that way.

“Someone might have panic disorder, but only for a certain period of time in their life, or they may have depression, but it’s only for this certain time, it’s kind of situational. And then they never have another depressive episode ever again,” she says. “So the course really tries to instill that hope of recovery. And the hope with facts is about sharing information about what a person is feeling and that they’re not going through this alone.”

HIDDEN MENTAL INJURIES

One of the things that Hannah finds interesting about teaching the course is the comparison to someone who has a physical injury or a physical ailment.

“If you saw someone walk into the office tomorrow with a broken leg, they would probably be on crutches. You would probably open the door for them. You would ask them what

happened. You would ask how long their cast is going to be on, all of those things,” she says. “But for someone with a mental health challenge, we don’t see it. So, we don’t necessarily say those encouraging things like, ‘Oh, you’ll be back on your feet and running and playing tennis again in eight weeks.’ It’s hard to see.”

The two ‘Es’ stand for encouraging help. Hannah says it’s encouraging professional help; connecting individuals or encouraging them to seek out professionals who can help, whether it’s a physician, counselor, or rehabilitation facilities.

“There’s a whole list of professionals that the National Council encourages people to reach out to for help,” she says.

The last ‘E’ is encouraging self-help, which Hannah says can include things like breathing exercises, yoga, hobbies, or social groups.

“The whole ALGEE Action Plan is really a non-linear plan,” she says. “It’s presented in a circle and you can use any one of those components, any combination of them, depending on the situation. You figure out your approach, you listen nonjudgmentally, you give reassurance and information, and then you encourage help.”

ASKING AN UNCOMFORTABLE QUESTION

Sadly, suicide is a serious consequence of mental health issues. The National Alliance on Mental Illness says suicide was among the leading causes of death for individuals ages 10 to 24. Suicide rates increased 37 percent from 2000 to 2018. According to Centers for Disease Control and Prevention data, there are close to 50,000 suicides each year.



"A lot of people think that it happens without warning, but that's really a myth," Hannah says. "There's usually several signs and symptoms of someone who has suicidal thoughts."

Hannah says one of the most powerful things about the course is actually planning how to ask someone if he or she is thinking about suicide.

"We literally practice that. We have everyone say the words out loud, and ask the questions out loud because it's such an uncomfortable thing the first couple of times you say it," she says. "The idea is to make something that's so uncomfortable to ask feel just a little bit more comfortable. I don't know how many times I've actually asked that question to someone now because I'm afraid that no one else has asked that of that person before."

Hannah says so far nobody she has asked has said yes to that question.

"However, I'm glad that I asked them because it then opened this door for them to say no, it's not that bad, but I am struggling with XYZ," she says. "Again, it encourages the conversation of, 'Hey, maybe we should look at helping you get a counselor.' Or, 'Did you know your employer might offer an employee assistance program where you can get free counseling sessions if you're afraid you can't afford it?'"

Hannah points out there are other resources available, including a suicide hotline (988) that's as simple as 911. The 988 number can be texted also.

"It's those types of resources that people come out of the course with and are like, 'I can now post that in my pharmacy and have that available if I see someone that is actually having a crisis,'" she says. "Now I know that there's a place that I can be responsive to that."

(A comprehensive continuing education article on mental health and suicide awareness in community pharmacy is available starting on page 54.)

CPR FOR MENTAL HEALTH

Hannah says MHFA training has been marketed as more potentially beneficial or more applicable than CPR.

"CPR isn't any less important than this," she says. "But I feel like acquiring these skills and learning all of the things that are taught in the Mental Health First Aid course are just general practical life skills too that maybe you've learned before, but it's a good reminder."

It's also about helping to reframe the narrative around mental health challenges, Hannah says.

"It's helping to bring to light things that often are happening in the dark and equipping people who become Mental Health First Aiders the opportunity to be even more supportive. Pharmacists, employers, coworkers, mothers, fathers, daughters, sons. It just helps with every aspect of every relationship in your life, no matter what it is.

"And that's why I feel so passionate about this course. There's all of those tips and tricks where I'm employing and using some of the vernacular from the course every single day of my life." ■

For more information on Mental Health First Aid training and upcoming classes, visit ncpa.org/mental-health-first-aid. For questions, email Hannah Fish at hannah.fish@ncpa.org.