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HELPING THE UNDERSERVED AND MENTALLY ILL

Robert Pecho, College of Pharmacy

ABSTRACT

The Purdue Office of Engagement Student Grant Program for Community Service and Service-Learning Projects provided the means for a Purdue student to prepare and serve over ten dinners for the clients at the Mental Health America of Tippecanoe Day Shelter. The student learned a great deal about the underserved, including their stories of hardship and perseverance. The experience left him with a different perspective of health care and many lessons that could not be achieved in a classroom setting.

BACKGROUND

Mental Health America Tippecanoe County

Mental Health America of Tippecanoe County is one of 340 affiliates of Mental Health America (MHA). Mental Health America was founded in 1909 and is the leading community-based, nonprofit mental wellness organization. The Mental Health Bell, the symbol of MHA, reads, “Cast from shackles which bound them, this bell shall ring out hope for the mentally ill and victory over mental illness.” This is in reference to the call issued in the 1950s by MHA for asylums to discard their chains and shackles. These were melted down in 1956 at the McShane Bell Foundry in Baltimore, Maryland, and cast into the Bell of Hope. Formed in the 1940s, and officially recognized in January of 1950, MHA Tippecanoe strives to improve mental health for all Americans while simultaneously influencing public policy at the local, state, and national level. This is done through a variety of educational programs and

community service, including but not limited to Brown Bag Forum, Mental Health First Aid USA Certification Training, QPR Suicide Certification Training, Mental Health Screenings, Compeer, the Lafayette Crisis Center, and the Day Shelter.

MHA Day Shelter

The MHA Day Shelter serves local residents who are experiencing homelessness. It is open every day of the year with extended hours during winter (November–March). In 2013, the shelter served an average of 53 persons per day. The Day Shelter provides services such as food, shelter, showers, personal hygiene items, clean towels, phone, and mail distribution and addresses for applicants. Additional services include crisis intervention, emergency services, health care, clothing, employment, financial, housing, social security assistance, mental health screenings, and case management. More than 85% of clients utilizing the day shelter services for 30 days or more increased their income prior to exiting the service in addition to securing transitional, supportive, or permanent housing.

The College of Psychiatric and Neurologic Pharmacists Student Chapter at Purdue University

The College of Psychiatric and Neurologic Pharmacists Student Chapter at Purdue University is a pharmacy organization affiliated with the Purdue College of Pharmacy. The main focus of the organization is geared toward psychiatric and neurologic pharmacy. It is a student chapter of the national College of Psychiatric and Neurologic Pharmacists organization (CPNP). Founded

in 1998, CPNP's mission is to promote excellence in pharmacy practice, education, and research to optimize treatment outcomes of individuals affected by psychiatric and neurologic disorders. Every year CPNP brings its members together for an annual meeting. During the meeting, we have the chance to present our research, attend workshops and seminars, and network with other health care professionals. CPNP Purdue student chapter members have presented posters at the annual meeting for the past four years, highlighting the development and expansion of the Purdue chapter and discussing research projects done by the students and their research mentors. For the past few years, CPNP Purdue has helped us relax before final exams by inviting a hypnotist to campus. Participating students have had the chance to learn more about an important alternative/complementary medicine while also letting go of stress. We also are heavily involved with the Lafayette community through an affiliation with MHA Tippecanoe. Members participate in the Compeer program, a mentoring program matching adult volunteers with persons experiencing mental health challenges. We work to return people to happier, more productive lives through independence in daily living, increases in self-esteem and self-confidence, and reducing loneliness and isolation. We have helped with activities such as bingo, charades, movie night, and more.

SERVICE

The MHA Day Shelter is staffed by employees and volunteers. Volunteers are a much needed commodity for nonprofit organizations; they help with infrastructure and work flow. The kitchen is staffed by volunteers from several organizations. Seeing an opportunity to interact with an interesting patient population, CPNP Purdue volunteered to assist with dinner service. Members who volunteer for dinner service provide the main course with or without dessert. The kitchen is equipped with various utensils in addition to an oven with a stove top and microwave. Recipes are in bulk because service can see as many as 30 or more individuals. Examples of meals prepared include pulled pork, chili, tacos/nachos, Italian, and more. In order to fund this service, we looked to the Purdue University Office of Engagement. The Office of Engagement offers a Service-Learning Grant each semester to organizations conducting community service projects. The program aims to enhance community service involvement among Purdue organizations in partnership with communities, nonprofit agencies, schools, and governmental bodies. Funding ranges from \$100 to a maximum of \$1,500 for a team or organization (\$500 for an individual). Proposals must be authored by a student and must have consent from

the University to act as the fiscal agent. The partnering community agency must also approve the project in order to qualify for funding. The funds may be used for travel, materials (not equipment), and publicity.

Serving the Underserved

As president-elect and president of CPNP Purdue, I was in charge of obtaining grant funding. Writing the application required me to describe the activity and what would be gained from completing the community service project. Having completed a dinner service the year prior, I was able to reflect on my previous experience and provide insight into what pharmacy students would gain from the service. In my description, I noted how stigma is present in all individuals, including health care professionals. Health care professional students may not know they stigmatize mental illness until they are confronted with a situation that requires interaction with a patient. Participating in the activity would give students a chance to interact with a misunderstood and underserved group of individuals and relieve them of a stigma propagated by public perception. Comfort in communication is a priority in our profession. Being uncomfortable during a patient interaction can send mixed signals and ultimately change the tone of the conversation. This activity would allow students to communicate with patients in a non-pharmacy atmosphere. In addition, the service would give students the opportunity to enhance their leadership and teamwork skills. Food for the service needed to be purchased at least the night before, with preparation occurring the day of or the day before. Prepping the meal on the day of the dinner would be difficult if students had other responsibilities throughout the day. Time management was crucial when completing the service.

Being in my fourth year of the PharmD program, I have had several opportunities to complete this service. Each experience came with new perceptions and feelings. My first experience organizing a dinner was enlightening. I worked with two other students who were, at the time, ahead of me in the program. The phrase "too many cooks in the kitchen" applied perfectly to the service. Organization was lacking, and as a result, the food was overcooked. The three of us each had strong leadership personalities—no one wanted to follow the other. This was my first lesson in being a follower. The first follower is almost as, if not as, important as the leader. This individual allows a plan to come into place and paves the way for others to join. I decided to use this lesson during my next service. With the service running much smoother, we had time to sit with the residents

of the shelter and talk to them about their lives. Each subsequent service became more efficient, giving us additional time to interact with the residents. I learned a great deal about the lives of the homeless and their perceptions of the world. The story that touched me the most came from an individual who, prior to being homeless, was a PhD recipient. After receiving her doctorate she was diagnosed with schizophrenia. Unable to maintain a stable life, she wound up living on the streets of Lafayette. Her biggest frustration was not her living situation, but how the public viewed homeless individuals. The public saw her as someone lacking intelligence. How else could she have ended up in this situation? It is this perception that perpetuates the stigma surrounding mental illness.

Aside from public opinion, these individuals face daunting conditions during winter. Even with extended hours at the shelter, many of the residents are exposed to brutal conditions with limited shelter. One individual explained to me that sleep was not an option. Sleep is very important for our daily wellbeing. Although a necessity, it made him vulnerable to attack from other individuals. As a result, he only slept for an hour at a time. Lack of sleep was not the only issue. Access to health care was limited. Many of these individuals suffer from multiple chronic illnesses. The local clinic and emergency department serve as entry points into the health care system. However, limited funding and lack of staff limit its accessibility. Wait times for an appointment at the clinic can reach up to two hours. Health care efforts such as teleconferencing are working to bring health care directly to the patient. Efforts like these are helping broaden access to health care for the underserved.

CLINICAL APPLICATION

After completing my tenure as CPNP president, I began my fourth year of the PharmD program. The classroom was replaced by ten advanced pharmacy practice experiences. These experiences consisted of month-long internships at varying sites including ambulatory care, inpatient, community, and elective rotations. The experience I want to highlight happened in November 2014. During this month, I was placed in the inpatient psychiatric unit of Eskenazi Health in Indianapolis. The unit consisted of approximately thirty beds and housed a diverse group of patients. My responsibilities in the morning were to round with the treatment team, where I would go around the unit and visit my group of patients. Conversations were primarily about their medications, but also consisted of small talk, daily living, sports, and

so forth. After visiting each patient on my own, the team would regroup and give their recommendations. Once rounds were complete I was able to visit group sessions and participate. The morning session was always exercise-based, while afternoon sessions were more creative (e.g., arts and crafts). Having interacted with this patient population many times before during my services with MHA Tippecanoe, I was very comfortable speaking with patients on the unit. My situational comfort showed in my body language, which decreased patient anxiety. Conversations were more productive and always enjoyable. I was able to complete a more detailed history of the patient and his or her corresponding illness. Some patients were first-time visitors while others had been hospitalized before for their mental illnesses. Having this knowledge allowed me to make more appropriate treatment recommendations. Had I not had prior experiences with MHA Tippecanoe, my ability to make treatment recommendations would have been hindered; lack of comfort shows in body language and affects our ability to effectively communicate with patients. Communication is the backbone of our profession. Without communication skills, our ability to treat patients is severely weakened.

RETROSPECTIVE ANALYSIS

Looking back at the service project with MHA Tippecanoe, I believe the project could be enhanced in several areas. First, the amount of meals provided per semester was about five. The Purdue Office of Engagement has already agreed to increase the amount of funds provided by the grant. This would allow us to provide more dinners per semester and increase the quality of each meal. Increasing the amount of dinners provided also would increase the amount of time participants engage with the residents. By doing so, participants would enhance their communication and leadership skills as well as give leaders a chance to follow. The result would be the development of well-rounded health care practitioners. Not only could we increase the amount of dinners per semester, but possibly expand the project to include education. Certification training such as Mental Health First Aid is an eight-hour training course for adults in the general population that presents an overview of mental illness and substance abuse disorders while introducing risk factors, warning signs, and the impact of mental illness. The training teaches participants a five-step action plan to help individuals in crisis. This would prepare student pharmacists to engage psychiatric disorders with more clarity. Increasing the comfort level student pharmacists have with regard to mental illness will better

prepare them for the world of professional practice. As pharmacists, we are a valuable asset to these individuals. A great deal of trust is placed in our profession, and the more comfortable we are with providing care, the better care we will provide.

CONCLUSION

Community service is a valuable experience. Taking action to better our community is stressed very little in today's education. Project development is dependent on student organizations. Our student leaders are the primary source of creativity in this area. However, if mentorship is lacking, project development could come to a halt. A joint effort is needed between advisors and student leaders. Together, the opportunities would be

limitless. I am excited to transition into the role of a mentor. Developing the next generation is of the utmost importance and will ensure that the quality of care continues to supersede the expectations of the public.

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