Week 3 Discussion: Treatment of Chronic and Treatment-Resistant Mental Health Conditions

Initial Post

The treatment of chronic and treatment-resistant mental health conditions poses challenges for providers, families, and society. Consider the following client:

"Tate is a 30-year-old client. When he was 16, he was in foster care and began to show signs of the prodromal symptoms of schizophrenia. At 17, he began to experience hallucinations and delusions. He was hospitalized for treatment where he was diagnosed with schizophrenia and treated with risperidone which was effective in managing his symptoms. At 18, he graduated from high school and aged out of foster care leaving him with no support system. He did not have consistent housing and frequently stayed with friends and acquaintances. Over the next few years, he was hospitalized with several acute psychotic episodes. Following the most recent episode, he was prescribed olanzapine 15 mg. He adheres to his treatment regimen when he can find transportation to the community clinic, but he sometimes runs out of medication. He self-medicates with alcohol to "make the voices be quiet.

" Tate has no college or vocational training. He occasionally works odd jobs but lacked steady employment. He receives a small amount of supplemental security income, food assistance, and his health care is provided via Medicaid. He lacks the social and cognitive skills to obtain consistent employment and housing without assistance."

Discuss how the psychiatric mental health nurse practitioner could assist the client in the creation of a more viable medication management plan.

Tate appears to have many needs based on the case study and will require a collaborative approach. Not all the needs can be met by the psychiatric mental health nurse practitioner (PMHNP). Still, the PMHNP can assist the client by working with him to develop a medication management plan in addition to helping with supportive local resources. Ideally, the PMHNP needs to create a personalized plan tied directly to Tate's needs before discussing with the patient to preserve the time allotted within the appointment to have a shared decision-making conversation with Tate to ensure that it is a personalized conceivable plan with which the patient is agreeable. Shared decision-making is essential to providing care because it gives the patient more autonomy about their treatment and increases medication adherence (Aoki et al., 2022).

The most considerable need for Tate is a medication management plan. According to the case study, Tate has difficulty adhering to his medications because he does not always have transportation to the community clinic. Medication non-adherence in patients with schizophrenia is the most significant factor that causes patient relapses (Latorre et al., 2020). In addition to medications, the PMHNP needs to educate Tate about the dangers of mixing alcohol with medications, the risks of using alcohol to self-medicate, the potential side effects of all medicines prescribed, the importance of lab follow-up requirements for medications prescribed, and the most important to educate about is medication adherence and why it is crucial. The PMHNP can also help Tate by referring him to community mental health for therapy to assist with coping

mechanisms, alcohol use, and social interaction skills. Other options available to Tate include support groups.

There are two options that a PMHNP can present to Tate to assist in medication adherence. The first option is for the patient to remain on Olanzapine 15mg orally and to educate the patient on how to get free transportation by using the Medicaid van through the Medicaid office. Still, Tate would need to schedule the Medicaid van in advance. Tate would also need to find a way to refill his medications so that he does not run out. This option is feasible, but he may have difficulties arranging this transportation due to Tate's lack of social and cognitive skills.

The second option that the PMHNP can present to Tate is a long-acting injectable (LAI) antipsychotic, which decreases the need to take daily medication and improves medication adherence. Based on multiple studies, second-generation LAI antipsychotics have caused a significant decrease in emergency room visits, inpatient mental health hospitalizations, and relapses in schizophrenia (Latorre et al., 2020). The administration frequency of the LAI depends on the medication chosen, but it is typically administered every two or four weeks. Since Tate is already taking the oral medication Olanzapine, it makes sense to transition him to the LAI Olanzapine Pamoate. Based on the analysis of 25 mirror-image studies it proves that LAI antipsychotics have a higher efficacy when compared with oral antipsychotics in decreasing schizophrenic relapses and preventing hospitalizations (Latorre et al., 2020). Ideally, if Tate agrees with this option, his symptoms will be managed more effectively and the need for hospitalizations will decrease.

Connecting Tate with a social worker to assist him with other needs, such as housing, transportation, food accessibility, and other community resources, should be a part of the personalized plan developed for Tate. A social worker or case manager can be used to check in on Tate to ensure that he has access to all available resources and that his basic needs are met. To address housing needs, the social worker may be able to assist Tate with paperwork for government housing, residential programs, halfway houses, transitional housing, or other local housing for those with zero to low income (Killaspy et al., 2022). Helping patients find a job can be difficult, especially when the patient has no educational or vocational training. The social worker can connect Tate with a vocational rehabilitation program to help them obtain skills for employment (Killaspy et al., 2022). Transportation and medical insurance are essential when having a chronic condition like schizophrenia. The social worker can ensure that Tate's Medicaid remains active and provide vouchers for medications and transportation. In addition to food, housing, jobs, and transportation, having a mobile phone is essential, and the social worker can help Tate obtain that as well. Mobile phone interventions are necessary for those with mental health because the patient can use it for telehealth visits if there are transportation issues (Goldberg et al., 2022). Patients with mobile phones can also use them to call the 988 mental health hotline if they are feeling suicidal. The social worker can also connect him with resources from the South Carolina Board of Disabilities.

Write a prescription appropriate for the client with evidence support.

Loading Dose Prescription: