

Incorporating Non-Pharmacologic Approaches to Mental Health in Group Education

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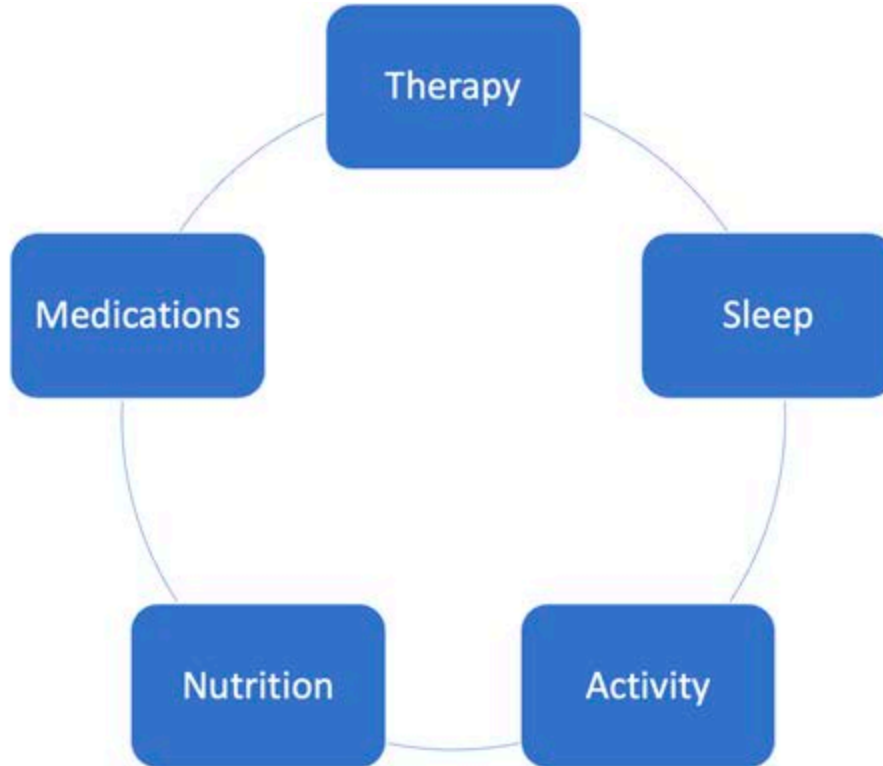
Learning Objectives

1. Review the relation of pharmacologic and non-pharmacologic management strategies in mental health care.
2. Assess evidence-based nonpharmacologic strategies for mental health care.
3. Empower psychiatric pharmacists to incorporate non-pharmacologic interventions into their patient education groups.

Introduction

- Traditionally, pharmacy-led groups focus on medications
- Patients commonly express interest in non-pharmacologic topics
- Overlap in the role of pharmacologic and non-pharmacologic approaches in maintaining wellbeing

The 5 Domains of Psychiatric Care



Discussion Question

Which nonpharmacologic approaches do you currently address in your groups?

Medication Group Scenario

You're leading a medication group on an inpatient psychiatry unit. There are 4 patients in attendance today, and they all have questions about their medications.



Case Presentation # 1



"I've been taking this medicine for the voices, but I'm gaining weight. Is there any way to prevent that?"

Nutrition and mental health

- "Nutritional psychiatry"
- Food intake and food quality have an impact on brain function
 - Limited studies with small sample sizes
 - Heterogeneity within study samples
 - Methodological difficulties (i.e., blinding)
- Mixed evidence of impact of Mediterranean diet on depression
- What is the impact of the Standard American Diet on mental health outcomes?
- Ketogenic diet in mental illness?

Chrysafi M, Jacovides C, Papadopoulou SK, et al.. From the Basic Research to the Clinical Practice. *Nutrients*. 2024;16(11):1546.

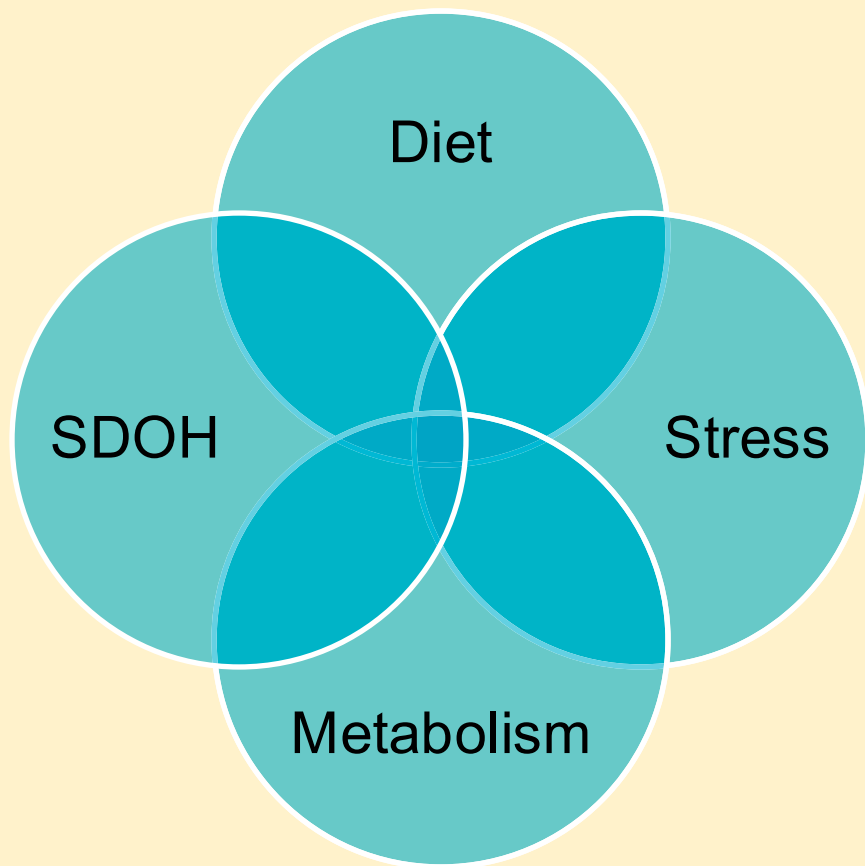
Dinan TG, Stanton C, Long-Smith C, Kennedy P, Cryan JF, Cowan CSM, Cénit MC, van der Kamp JW, Sanz Y. Clin Nutr. 2019 Oct;38(5):1995-2001.

Lassale C, Batty GD, Baghdadli A, et al. *Molecular Psychiatry*. 2019;24(7):965-986.

Nutrition and cognitive function

- A higher quality diet in adult life has been associated with a reduced risk of cognitive decline
- Conversely, unbalanced diets increase the risk of cardio-metabolic disease and worsen cognitive function
- Cumulative effect:
 - Poor diet + symptoms of mental health condition = negative impact on cognitive ability

Serious mental
illness

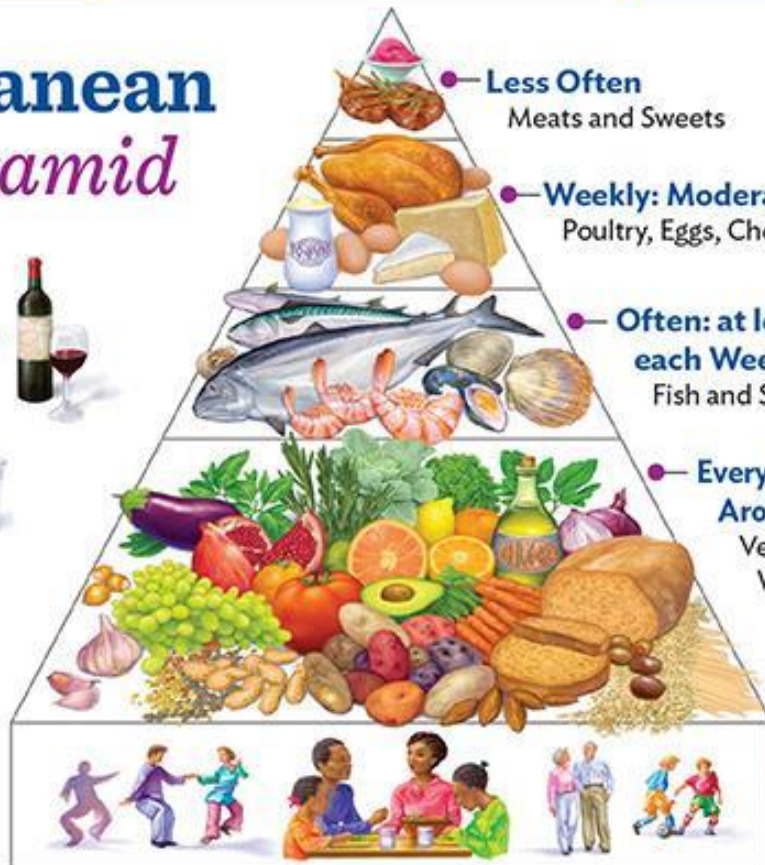


Mediterranean Diet Pyramid

In Moderation
Wine



Every Day
Water



Less Often
Meats and Sweets

Weekly: Moderate Portions
Poultry, Eggs, Cheese and Yogurt

Often: at least Twice
each Week
Fish and Seafood

Every Day: Base Each Meal
Around these Foods
Vegetables, Fruits, Whole
Wheat Grains, Olive Oil,
Beans, Nuts, Legumes
and Seeds, Herbs
and Spices

Every Day
Be Physically Active;
Enjoy Meals with
Others

Illustration by George McManis

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Getting the conversation started

- What do y'all like to eat?
- What's your favorite food?
- What food makes you feel good?
- What food makes you feel bad?
- How do you prepare food? Do you like to cook?
- When you think about snacks, what kinds do you usually reach for?
- Is it challenging to afford healthy food?
- What does 'eating well' mean to you personally?
- Let's go around and share one easy, nutritious recipe or snack idea
- What's the hardest part about eating well day to day?

Discussion Question

If you were to recommend or prescribe exercise, how would you do it?


Case Presentation #2




“How come my psychiatrist always talks about taking pills and changing my medications when I feel anxious? I’d much rather go for a run or hit the gym—exercise clears my head and lifts my mood more than any medication ever could.”

Exercise and mental health

- Physical activity reduces stress, improves sleep, boosts mood, and even promotes neuroplasticity

Inactivity  risk
of depression



Physical activity 
depressive
symptoms



OPEN ACCESS

Exercise as medicine for depressive symptoms? A systematic review and meta-analysis with meta-regression

Andreas Heissel ,¹ Darlene Heinen ,¹ Luisa Leonie Brokmeier ,¹
Nora Skarabis,¹ Maria Kangas ,² Davy Vancampfort ,³ Brendon Stubbs ,⁴
Joseph Firth ,⁵ Philip B Ward ,⁶ Simon Rosenbaum ,⁷ Mats Hallgren ,⁸
Felipe Schuch ,^{9,10,11}

- NNT was 2.0 (95% CI 1.68 to 2.59) for the main-analysis, and 2.8 (95% CI 1.94 to 5.22) for the low risk of bias studies.
- The authors concluded:
 - Exercise reliably alleviates depression and depressive symptoms and should be recommended as a validated treatment approach

Recommendations for prescribing exercise

Component	Recommendation	Considerations
Frequency	3 to 5 sessions per week	Even 1-2 sessions offers benefits for beginners
Intensity	Moderate to vigorous intensity (i.e., brisk walking)	Start with low intensity
Time	30-60 minutes per session	Short, manageable sessions are still beneficial
Type	Aerobic, resistance, or mind-body	Tailor to patient preference to improve retention

Recommendations for prescribing exercise

Component	Recommendation	Considerations
Supervision	Group based physical activity improves adherence	Consider an exercise professional or group classes
Barriers	Time, amotivation, fatigue	Start small – “what can I do in 10 minutes?”
Facilitators	Social support, enjoyable activities	Tailor toward individual preference
Flexibility	Encourage flexibility in exercise schedule	Consistency over perfection

Getting the conversation started

- What do y'all like to do for physical activity?
- How do you move your body?
- Do you enjoy any sports?
- How do you feel about physical activity with a friend or group?
- What motivates you to move your body on a good day—and what tends to hold you back on a tougher day?
- What would help make moving feel more doable or enjoyable for you right now?
- Describe a moment when movement lifted your spirits or helped clear your head
- How do you feel after you exercise or workout?
- Has the thought of exercising ever been overwhelming?

Group Warm-Up Routine

Low-Impact Bodyweight Movements (30 seconds each)

Seated or Standing Options

1. **Shoulder Rolls** – Roll shoulders forward and backward.
2. **Side Stretches** – Reach one arm overhead, stretching to the side. Alternate.
3. **Knee Lifts (Seated or Standing Marching)** – Lift knees gently, alternating legs.

Standing Movements (as tolerated)

4. **Step Touch Side to Side** – Step side to side with a slight bend in the knees.
5. **Calf Raises** – Lift heels off the ground, hold briefly, then lower.

Optional Fun Movement

6. **Clap & Tap** – Clap hands, then tap opposite knee with each hand.

Cool-Down (Final Stretch)

7. **Gentle Torso Twist** – Rotate torso slowly side to side, keeping feet planted.
8. **Deep Breaths** – Inhale deeply, raise arms overhead, exhale while lowering arms.



Case Presentation #3



“My doctor always gets concerned about my sleep, but I never sleep very much. I would rather stay up all night than have those medications knock me out. Why are they always asking about sleep?”

The Cycle of Poor Sleep



Impact of Inadequate Sleep

Chronic sleep loss is associated with increased risk of developing additional health conditions, including:

- Anxiety
- Depression
- Substance use disorders
- Obesity
- Diabetes
- Cardiovascular disease

Sleep and Mental Health

- In the US, 1 out of 3 adults report sleeping less than the recommended amount
- Inadequate sleep is linked with increased frequency of mental distress
 - Stress, depression, and emotional dysregulation

Approaches to Sleep Management

Cognitive
behavioral
therapy for
insomnia (CBT-I)

Sleep hygiene

Reduce caffeine,
alcohol, nicotine
use

Establish a
consistent
routine

Medications

Getting the conversation started

- What much sleep do you get each night?
- How is the quality of your sleep?
- Do you feel that you get adequate sleep?
- What is your nighttime routine?
- What helps you fall asleep?
- What makes it difficult to fall asleep?
- What have you tried in the past to help with sleep?

Discussion Question

When you're leading a medication education group, how do you approach a scenario when a patient is hesitant about pharmacologic treatment for mental health?

Case Presentation #4



“I’m under so much pressure at work, and my boss is constantly picking on me. Every day when I leave work, all I can think about is having a drink. Medicines have never helped the cravings.”

Stress Management

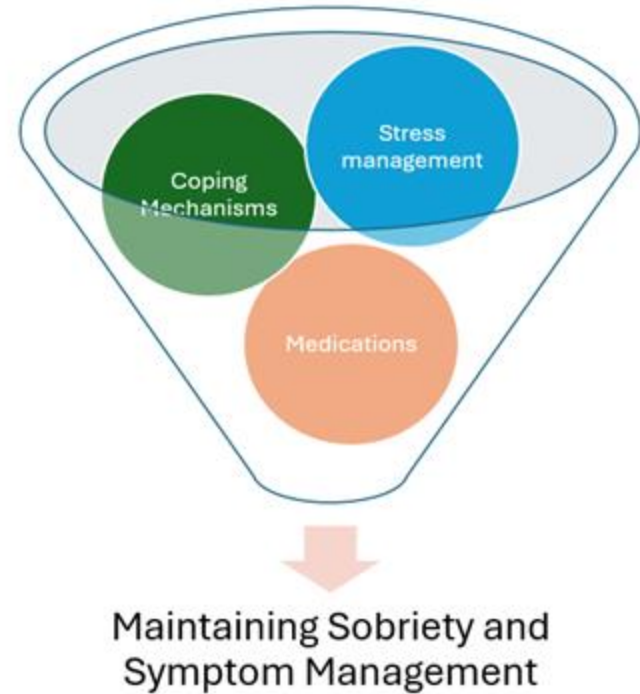


Stress Management Strategies

- Identifying triggers
- Developing coping skills to respond to high stress situations
- Prioritizing healthy habits that aid stress management
 - Sleep
 - Diet and exercise
 - Mindfulness and relaxation activities
 - Building a positive support system

Multimodal Approaches

- Medications do not replace the need for stress management
- Multiple approaches often needed
- Highlights need for individualized approach



Reacting to High Stress Situations

Includes short-term and long-term plans

Short-Term	Long-Term
PRN medications Substance use	Maintenance medications
Coping skills Breathing exercises Mindfulness	Sleep, diet, and exercise Building a positive support system Psychotherapy Prioritizing self-care activities

Getting the conversation started

- What are your current sources of stress?
- How do you respond to stressful situations?
- Are your current stress management strategies effective?
- What are your hobbies?

Intersection of Pharmacologic and Non-Pharmacologic Treatments

- Recognize multimodal approaches to mental health management
- Support a holistic approach to mental and psychical health management
- Acknowledge patient preferences for non-pharmacologic treatment options
- Management of medication-induced adverse effects

Questions?

Thank you for attending!