Pharmacist's Role in Suicide Prevention

Jerry McKee Pharm.D., M.S., BCPP
Clinical Pharmacy Specialist-Psychiatry
403 North State of Franklin Rd.
Johnson City, TN 37604
Phone: 423-431-7027
jerry.mckee@balladhealth.org

Background

- Community pharmacists are uniquely placed to monitor patients' medications and preemptively screen for problems such as side effects, adherence and early signs of decompensation, as well as detecting suicidality
- 2012 survey of patients with mental health conditions indicated 53% had strong professional relationship with pharmacist but 75% reported not receiving effectiveness or safety monitoring from their pharmacist[4]
- Little data exists examining community pharmacists attitudes or perceived barriers towards working with this population
- Due to accessibility and trust, community pharmacists have a tremendous opportunity to positively impact individuals living with mental illness, their families, and the patient's healthcare providers, to further enhance evidence-based treatments leading to improved outcomes and patient satisfaction.

4

Objectives

After completion of this program, participants will

- Identify a set of interactive questions to discuss with a patient to assist in determining if they are considering self-harm.
- Develop the confidence to continue an interactive discussion if the patient is deemed to be at risk of suicide
- Understand a menu of options to discuss with patients regarding dealing effectively with suicidal thoughts, including connecting with mental health professionals.

Stigma…

- Misunderstanding and stigma surrounding mental ill health are widespread as people with mental illnesses and certain neurologic disorders are treated differently than those without these disorders, even by healthcare professionals
- Despite the existence of effective treatments for mental disorders, there is often a belief that they are untreatable or that people with mental disorders are difficult, not intelligent, or incapable of making decisions
- These biases can serve as barriers to patients receiving optimal care, can hinder them from realizing their potential, and can be detrimental to their sense of well-being
- Reducing stigma is an important step in increasing access to care for persons with mental illness

5

Stigma and Mental Illness

International Journal of Clinical Pharmacy

RESEARCH ARTICLE

Community pharmacists and mental illness: a survey of service provision, stigma, attitudes and beliefs

Vincent Giannetti[1] · Charles F. Caley[2] · Khalid M. Kamal[3] · Jordan R. Covey[3] · Jerry McKee[4] · Barbara G. Wells[5] · Dean M. Najarian[6] · Tyler J. Dunn[6] · Pratyusha Vadlagani[6]

Received: 1 June 2017 / Accepted: 15 March 2018
© Springer International Publishing AG, part of Springer Nature 2018

Abstract

Keywords Community pharmacy · Community pharmacy services · Mental disorders · Pharmacist knowledge · Pharmacist attitudes · Questionnaire · Social stigma

SCIENCE AND PRACTICE

Journal of the American Pharmacists Association

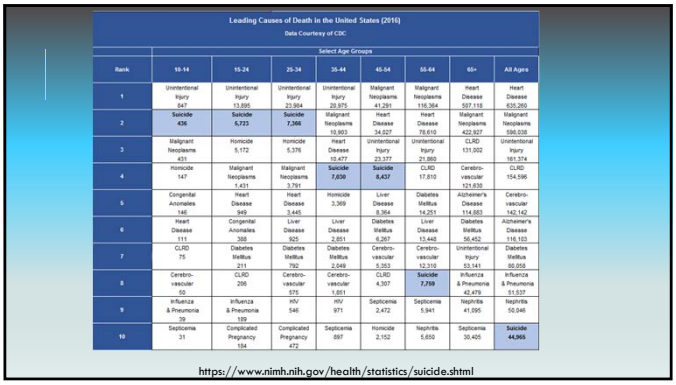
RESEARCH

Community pharmacists' attitudes toward providing care and services to patients with severe and persistent mental illness

Alicia Watkins*, Jerry McKee, Caitlin Hughes, Trista Pfeiffenberger

ARTICLE INFO

ABSTRACT



Leading Causes of Death in the United States (2016)

Data Courtesy of CDC

Rank	Select Age Groups							
	10-14	15-24	25-34	35-44	45-54	55-64	65+	All Ages
1	Unintentional Injury 847	Unintentional Injury 13,895	Unintentional Injury 23,984	Unintentional Injury 20,975	Malignant Neoplasms 41,291	Malignant Neoplasms 116,364	Heart Disease 507,118	Heart Disease 635,260
2	Suicide 436	Suicide 6,723	Suicide 7,366	Malignant Neoplasms 10,903	Heart Disease 34,927	Heart Disease 78,610	Malignant Neoplasms 422,927	Malignant Neoplasms 598,038
3	Malignant Neoplasms 431	Homicide 5,172	Homicide 5,376	Heart Disease 10,477	Unintentional Injury 23,377	Unintentional Injury 21,880	CLRD 131,002	Unintentional Injury 161,374
4	Homicide 147	Malignant Neoplasms 1,431	Malignant Neoplasms 3,791	Suicide 7,030	Suicide 8,437	CLRD 17,810	Cerebro-vascular 121,830	CLRD 154,596
5	Congenital Anomalies 146	Heart Disease 949	Heart Disease 3,445	Homicide 3,369	Liver Disease 8,364	Diabetes Mellitus 14,251	Alzheimer's Disease 114,883	Cerebro-vascular 142,142
6	Heart Disease 111	Congenital Anomalies 388	Liver Disease 925	Liver Disease 2,851	Diabetes Mellitus 6,267	Liver Disease 13,446	Diabetes Mellitus 56,452	Alzheimer's Disease 116,103
7	CLRD 75	Diabetes Mellitus 211	Diabetes Mellitus 782	Diabetes Mellitus 2,048	Cerebro-vascular 5,353	Cerebro-vascular 12,310	Unintentional Injury 53,141	Diabetes Mellitus 80,058
8	Cerebro-vascular 50	CLRD 206	Cerebro-vascular 575	Cerebro-vascular 1,851	CLRD 4,307	Suicide 7,769	Influenza & Pneumonia 42,479	Influenza & Pneumonia 51,537
9	Influenza & Pneumonia 39	Influenza & Pneumonia 159	HIV 546	HIV 971	Septicemia 2,472	Septicemia 5,941	Nephritis 41,095	Nephritis 50,046
10	Septicemia 31	Complicated Pregnancy 154	Complicated Pregnancy 472	Septicemia 897	Homicide 2,152	Nephritis 5,650	Septicemia 30,405	Suicide 44,965

https://www.nimh.nih.gov/health/statistics/suicide.shtml

SUICIDE IS NOT A 21ST CENTURY PHENOMENON

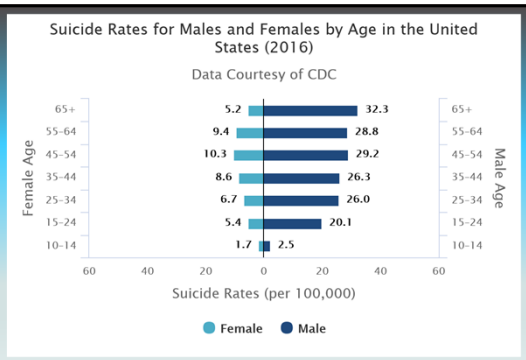
Richard Cory (1897)
Edwin Arlington Robinson, 1869 - 1935

Whenever Richard Cory went down town,
We people on the pavement looked at him:
He was a gentleman from sole to crown,
Clean favored and imperially slim.

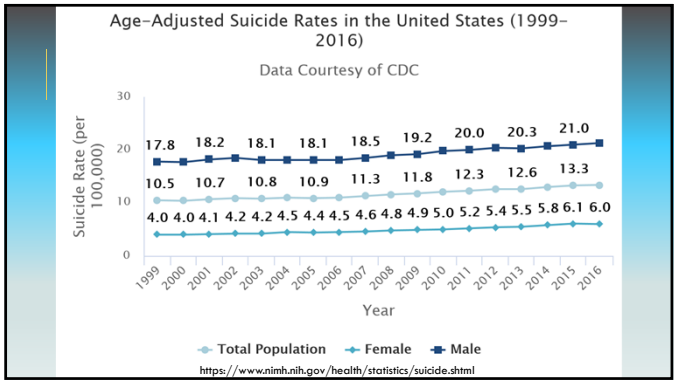
And he was always quietly arrayed,
And he was always human when he talked,
But still he fluttered pulses when he said,
"Good-morning," and he glittered when he walked.

And he was rich--yes, richer than a king--
And admirably schooled in every grace:
In fine, we thought that he was everything
To make us wish that we were in his place.

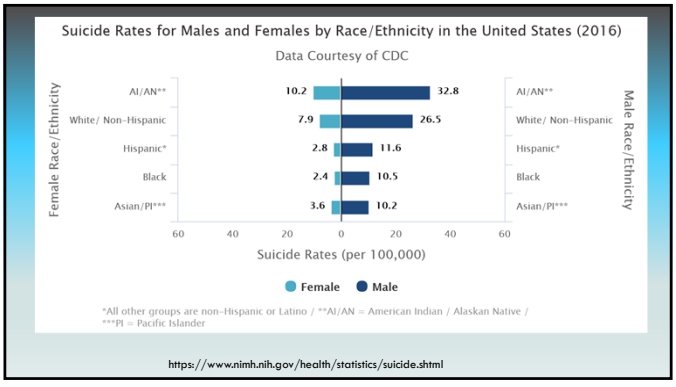
So on we worked, and waited for the light,
And went without the meat and cursed the bread;
And Richard Cory, one calm summer night,
Went home and put a bullet through his head.



https://www.nimh.nih.gov/health/statistics/suicide.shtml



https://www.nimh.nih.gov/health/statistics/suicide.shtml



https://www.nimh.nih.gov/health/statistics/suicide.shtml

THERE ARE 121 SUICIDES PER DAY IN THE U.S.

Each year 44,965 Americans die by suicide

SPECIFIC RED FLAGS/WARNING SIGNS

Talking About Dying: any mention of dying, disappearing, jumping, shooting oneself, or other types of self harm.

Change in Personality: sad, withdrawn, irritable, anxious, tired, indecisive, or apathetic.

Change in Behavior: difficulty concentrating on school, work, routine tasks.

Change in Sleep Patterns: insomnia, often with early waking or oversleeping, nightmares.

Change in Eating Habits: loss of appetite and weight, overeating.

Narrowed Thinking: black/white, all/nothing, hopelessness.

Others?

SYMPTOMS OF DEPRESSION: D + SIGECAPS

Depressed mood or anhedonia
Sleep (insomnia or hypersomnia)
Interest (loss of)
Guilt or worthlessness
Energy loss
Concentration loss
Appetite changes (weight loss or gain)
Psychomotor agitation or retardation
Suicidal ideation

≥5 symptoms for at least 2 weeks

RISK FACTORS: SOCIAL/SITUATIONAL

- Family history of suicide
- Witnessing family violence
- Child abuse or neglect
- Lack of social support
- Sense of isolation
- Recent or serious loss (e.g., death, divorce, separation, broken relationship; self-esteem; loss of interest in friends, hobbies, or activities)

SUICIDALITY & DEFINITIONS

Suicide ideation: thoughts of engaging in behavior intended to end one's life

Suicide plan: the formulation of a specific method through which one intends to die

Suicide attempt: engagement in potentially self-injurious behavior in which there is at least some intent to die

Nonsuicidal self-injury (e.g., self-cutting): self-injury in which a person has no intent to die

RISK FACTORS: CULTURAL/ENVIRONMENTAL

- Access to lethal means (i.e. firearms, pills)
- Stigma associated with asking for help
- Barriers to accessing services
- Lack of bilingual service providers
- Unreliable transportation
- Financial costs of services
- Cultural and religious beliefs (e.g., belief that suicide is noble resolution of a personal dilemma)

RISK FACTORS: INTRAPERSONAL

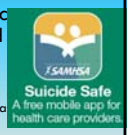
- Male gender (married men at less risk)
- Mental health disorders (particularly mood disorders)
- Previous suicide attempt
- Alcohol and other substance use disorders
- High risk behaviors
- Chronic pain conditions
- Hopelessness, helplessness, guilt, worthlessness

SPOT THE RED FLAGS…

Scenario: Jason is a 45 year-old male who is recently divorced and not living with his children. He picks up his Celexa at the pharmacy each month and the dose has increased from 20 mg to 40 mg daily. In conversation, he admits that he is drinking 4 to 5 beers/day. When he came to the pharmacy to pick up his medication, he asks for a 90-day supply of all of his medications. With some probing, he admits to thoughts of suicide. **"The world is better off without me. If you don't give the meds to me, I have a gun at my house.."**

WHAT CAN PHARMACISTS DO?

- ~40% of people have a healthcare visit within a week prior to their suicide attempt.
- Healthcare professionals are in a unique position to notic depression and suicide warning signs in their patients and intervene early.
- Suicide is a preventable public health issue.
  - Alternatives to hospital, such as same-day scheduling for MH services & in-home crisis ca
  - Immediate & continuous follow-up after ED or inpatient discharge
  - Educate family members, significant others, faith-based organizations, the community



Murphy AL, Hillier K, Ataya R, et al. A scoping review of community pharmacists and patients at risk of suicide. Can Pharm 2017. 150:366-379.

HOW CAN YOU HELP? - *ARMS*

After identifying signs that suggest that a person may be at risk of attempting suicide, what might you do next?

- Ask the person directly about suicidal thoughts/urges
- Recommend resources for getting help
- Match the person with available resource(s)
- Seek additional help, consultation, as needed
- MHFA action plan is similar (ALGEE)

WHAT CAN PHARMACISTS DO?

Pharmacists are integral "gatekeeper" members of the healthcare team:

- ✓ Identify at-risk individuals
- ✓ Counsel on suicidal thoughts with every new antidepressant medication dispensed
- ✓ Collaborate with other healthcare team members
- ✓ Exercise active listening and compassion
- ✓ Refer to suicide prevention resources- keep cards at your pharmacy

SUICIDE RISK ASSESSMENT

Low	• Some ideation • No plan
Mod	• Ideation • Vague plan but no immediate plans
High	• Ideation • Specific plan and timeframe established

SUICIDE & HOPELESSNESS

- Hopelessness manifests itself in a suicidal person's negative views of the future, themselves, and their situation/problem:
- ***Future:*** unrealistic expectations of continued suffering, frustration, difficulty, and isolation
- ***Self:*** feelings of incompetence, helplessness, and being unloved
- ***Situation/problem:*** insurmountable, unsolvable, unbearable

"The mere presence of at least one caring person doubles the endurance of an individual."

– Rabbi Kushner *reference to Ice Endurance Experiments during WWII*

HOW TO RESPOND IN CRISIS SITUATIONS

- Be aware. Recognize the warning signs. Early.
- Ask if he/she is thinking about suicide.
- Be direct. Talk openly, confidently and matter-of-factly about suicide.
- Be willing to listen. Allow expressions of feelings.
- Be nonjudgmental. Don't debate whether suicide is right or wrong or whether feelings are good or bad. Don't lecture on the value of life.
- Get involved. Become available. Show interest and support.
- Remove means (stock-piled pills, weapons, etc.)

American Association of Suicidology

LOOK FOR PROTECTIVE FACTORS

- Connectedness to family
- Connectedness within school (to teachers and other students)
- Strong emotional health
- Marriage and young children in the home
- Meaningful ways of coping with stress
- Awareness of religious/moral/social opposition
- Involvement with a hobby or organization
- Positive worldview

A: ASKING THE QUESTION/ASSESSING RISK

- Don't be afraid to ask directly!
  - Research shows that asking someone doesn't "plant the idea" of suicide
  - Asking directly shows caring, concern, and that it's a safe topic to discuss- be confident!
- If you feel unable to ask someone about suicide, please do find someone who can

SUICIDE PREVENTION QUESTION

Suicide can be prevented:

A. Never in those truly intent on suicide
B. Sometimes, but only in advance of acute risk
C. Always, but only in advance of acute risk
D. Always, even up to the last moment

HOW TO ASK

- Are you having any thoughts of ending your life?
- Any thoughts of harming yourself?
- Sometimes when people are experiencing a lot of distress, they start thinking about suicide. Has that been the case for you?
- Be open to listening to the person's response
  - Non-judgmentally
- If the person does not answer your question, ask again

SUICIDE ASSESSMENT QUESTIONS

- Have you ever felt that life was not worth living?
- Is death something you've thought about recently?
- How often do you think about death?
- How likely do you think it is that you will act on these thoughts?
- Have you made a specific plan to harm or kill yourself?
- Do you have any weapons available to you?
- What things in your life make you want to go on living?
- Who is part of your support system?

Mental Health First Aid- What is it exactly?

- MHFA is an 8-hour course that gives people the skills to help someone who is developing a mental health problem or experie a mental health crisis
- Often referred to as the CPR equivalent for mental illness
- MHFA training and curricula are coordinated by the National Council for Behavioral Health, the Maryland Department of Health and Mental Hygiene, and the Missouri Department of Mental Health to ensure the quality and standardization of the program nationwide
- MHFA training, while intended for all people, may be of particular benefit to persons who regularly interact with persons with mental illness and their families, such as community pharmacy employees

34

"THEY SAID 'YES'—NOW WHAT?"

- It's ok to stumble- primary reason screening does not occur- your interaction may be life-saving
- An imperfect response is better than no response, or not asking the question at all

Statements to avoid:

- "You can't really mean that."
- "But you have so much to live for."
- "Suicide is a selfish act."
- "Suicide is a mortal sin."

What do you learn in MHFA?

In the Mental Health First Aid course, risk factors and warning signs for mental health and addiction concerns are outlined

Strategies regarding how to help someone in both crisis and non-crisis situations, and where to turn for help are identified in the following areas:

- Depression and mood disorders
- **Suicide Risk Assessment**
- Anxiety disorders
- Trauma
- Psychosis
- Substance Use disorders

35

Enter MHFA training –Why is it needed?

- Improves understanding of presentation and pervasiveness of mental illness
- Challenges myths and misconceptions regarding engaging persons with mental illness
- Improves general understanding of spectrum of interventions and supports for persons with mental illness in the community
- Increases comfort and confidence in talking with persons with me illness and understanding their unique needs

Ott CL, McKee JR. Pharmacy Times 2015. http://www.pharmacytimes.com/publications/directions-in-pharmacy/2015/october2015/mental-health-first-aid-as-a-skill-set-for-community-pharmacy-personnel

33

How MHFA helps the pharmacist in practice

- Pharmacists are better enabled to provide assistance in decreasing distress related to stressful situations, trauma, and crisis
- Provides pharmacists with the tools to build trusting relationship to help others
- Pharmacists have an improved comfort level in interacting with persons with mental illness by knowing appropriate community based referral options and supports
- Pharmacists are enabled to assist in promoting wellness and recov for those dealing with mental illness

Ott CL, McKee JR. Pharmacy Times 2015. http://www.pharmacytimes.com/publications/directions-in-pharmacy/2015/october2015/mental-health-first-aid-as-a-skill-set-for-community-pharmacy-personnel

36

M: Match the person w/resources

- Show the person how to connect with preferred resources (list at end of presentation)
- If the need is urgent, don't leave the person alone
  - Offer to assist the person to obtain help
  - Behavioral health treatment locator: http://findtreatment.samhsa.gov or call 1-800-662-HELP
  - Crisis hotline
  - Call 911; ***wait with person until police arrive***

Responding in Crisis Situations

- Don't act shocked. This creates distance.
- Don't be sworn to secrecy. Seek support.
- Offer hope that alternatives are available, but do not offer glib reassurance.
- Don't give advice by making decisions for someone else.
- Don't ask why. This encourages defensiveness.
- Offer empathy, not sympathy.

American Association of Suicidology

S: Seek Additional Support

- If the person is resistant, or if you're not sure how to proceed, be sure to ask someone for additional support
  - Consult with a therapist or specialist
  - Seek support for yourself, as needed
  - Do not make promises that you cannot keep
- Above all, avoid doing nothing!

Responding in Crisis Situations

- Get help from individuals or agencies specializing in crisis intervention and suicide prevention.
- **Always take statements about suicide seriously.**
- **Call 911. – *CIT officer***
- **Call 1-800-273-TALK**

Reducing access to lethal means

- England, early 1960s
  - Rates dropped 25% after switch from coal to natural gas
- U.S. gun owners
  - Suicide rates 3X greater in homes with a gun
    - Rates decrease by 66% if gun locks, safe storage of bullets
- U.K., 2001
  - Suicide rates via pill overdose decreased with change in packaging

Would You Know What To Do Next?

It's the end of a long work day and a female patient presents to the pharmacy counter to pick up her monthly prescriptions. You proceed to inform her that she has no refills on her sertraline or trazodone. You would be happy to contact her prescriber or she can call them. She shrugs her shoulders and says apathetically, "why bother, I'm not worth the effort. You probably won't see me around here anymore anyway." (The phone is ringing in the background and there is a line in the drive through).

R: Recommend Resources

National Numbers

- National Suicide Prevention Lifeline—800-273-TALK
- Crisis Text Line—Text HOME to 741741
- *1-800-656-HOPE* (4673) Sexual Assault Hotline
- *1-800-799-SAFE* (7233) Domestic Violence Hotline
- *866-488-7386*, Trevor Project Lifeline
- *877-565-8860*, Trans Lifeline
- *866-356-6998*, LGBTQ Partner Abuse & Sexual Assault Helpline

How Can I Access MHFA Training?

- Web based locater app allows users to locate training sessions in their immediate community
- Many trainings are free of charge

- http://www.mentalhealthfirstaid.org/cs/take-a-course/find-a-course/

Additional Resources

- National Suicide Prevention Lifeline: www.suicidepreventionlifeline.org/
- Veterans Crisis Line: https://www.veteranscrisisline.net/get-help/chat
- National Action Alliance for Suicide Prevention: http://actionallianceforsuicideprevention.org/
- National Strategy for Suicide Prevention: http://www.surgeongeneral.gov/library/reports/national-strategy-suicide-prevention
- NIMH Suicide Prevention: https://www.nimh.nih.gov/health/topics/suicide-prevention/index.shtml
- Take 5 To Save Lives: http://www.take5tosavelives.org/
- StopBullying: https://www.stopbullying.gov/

Questions?

Online Prevention Resources

- American Association of Suicidology: www.suicidology.org/
- American Foundation for Suicide Prevention: www.afsp.org
- National Alliance on Mental Illness (NAMI): http://nami.org/

Pharmacy Specific Resources:

- http://howtosaveapatientlife.weebly.com/index.html
- Washington State Suicide Prevention: https://wsparx.site-ym.com/page/SuicideTraining
- Pharmacists Preventing Suicides: http://www.pharmacistspreventingsuicides.com/

References

1. NIH. Serious Mental Illness (SMI) Among U.S. Adults. http://www.nimh.nih.gov/health/statistics/prevalence/serious-mental-illness-smi-among-us-adults.shtml . Accessed August 20, 2018.
2. NIMH Suicide Information. https://www.nimh.nih.gov/health/statistics/suicide.shtml. Accessed Aug 20, 2018.
3. Insel, TR. Assessing the Economic Costs of Serious Mental Illness. *The American Journal of Psychiatry. 2008*;165(6):663-665.
4. Caley C, Stimmel G. Characterizing the Relationship Between Individuals with Mental Conditions and Community Pharmacists. Results from a 2012 Survey. 2012; https://cpnpf.org/foundation/initiatives. Accessed April 11, 2016.
5. Watkins AK, McKee JR, Hughes K, et al. Community Pharmacists' Attitudes Toward Providing Care and Services to Patients with Severe and Persistent Mental Illness. JAPhA 2017. May 2017.
6. Giannetti V, Caley CF, Kamal KL, Covvey JR, McKee JR, et al. Community pharmacists and mental illness: a survey of service provision, stigma, attitudes and beliefs. International Journal of Clinical Pharmacy 2018. https://doi.org/10.1007/s11096-018-0619-7.
7. Murphy AL, Hillier K, Ataya R, et al. A scoping review of community pharmacists and patients at risk of suicide. Can Pharm 2017. 150:366-379.