Suicide Awareness & Referral Training for Pharmacy Professionals

By Jennifer Stuber, Ph.D. & Brandy Singer, Pharm. D.
June 3, 2017

Partners:
- Forefront Suicide Prevention: University of Washington School of Social Work
- Washington State Pharmacy Association
- University of Washington School of Pharmacy
- Washington State University College of Pharmacy

Forefront contact info: ffront@uw.edu; 206.543.1016
Disclosure: No financial relationship exists between either of our presenters and any commercial entity related to this topic.
Training Objectives

1. Recognize suicide's impact in communities
2. Describe pharmacy professionals' role in suicide prevention
3. Educate all patients to make homes safer
4. Prevent suicide professionally and personally using the LEARN™ steps
Most suicides are preventable.

We are all vulnerable to suicide.

Today’s training skills can apply to anyone, not just patients.
Suicide is not about wanting to die.

It’s about wanting to end pain.
Meet Laura

Laura is a social worker whose professional practice involves helping people with serious mental illness to recover.

Insert Laura video and photo

5:32:05:19
I was diagnosed with depression at age 16 and I've struggled on and off having you know... mild episodes and more difficult ones... I came to Seattle in 2012 to go to the school of social work...I didn’t know many people at all and I was already starting to feel depressed but it got really bad and I started isolating a lot more. Umm, alcoholism also runs in my family and I started drinking to help just get through the day. And nothing was changing and so I got into the place where suicide seems like an option and just to make it stop.
Module 1: Suicide’s Impact
Suicidal behavior, U.S. 2015

- 44,193 suicides
- 505,507 suicide attempts
- 9,300,000 suicidal ideation

*estimate

1 in 5 people

*estimate

Behavioral health disorders
Means used in U.S. suicides (N=44,193)

- Firearms (52%)
- Suffocation (23%)
- Poison/Overdose (18%)
- Other (3%)
- Jump (2%)
- Cut (2%)
Means used in U.S. suicide attempts with hospitalization

(N=505,507)
Gender differences in U.S. 2015 suicide attempts (by 100,000)
Medications most used in suicide attempts
(N=324,164)
Percentages total more than 100%

- Anxiolytics, sedatives, hypnotics: 43.2%
- Antidepressants: 40.1%
- Antipsychotics: 13.6%
- Anticonvulsants: 7.1%
- Pain relievers: 20.7%
Understanding Veterans

“I fear they do not know us... I fear they do not comprehend the full weight of the burden we carry...”

-Adm. Michael Mullen

- 9% U.S. residents
- 13% Washington residents
- 18% U.S. suicides
- 22% Washington suicides
Veterans

- 10%-30% Veterans Experience Post-Traumatic Stress Disorder
- PTSD 58 per 100,000 suicide rate
- Opioid Use Disorder 140 per 100,000 suicide rate
- U.S. Overall, 2015 13.26 per 100,000 suicide rate

(mentalhealth.va.gov/docs/2016suicidedatareport.pdf)
Meet David

He is a suicide prevention advocate who channels the grief over the loss of his mother into a platform for saving lives.

20:48:18:20 - My Mom was my hero. My mom was my constant source of inspiration... I learned everything important in life from my mom. I’m a mama’s boy all the way...

21:00:11:15...The afternoon of my mother’s suicide attempt, I took her to refill a prescription at Rite Aid, 4 prescriptions actually... Later that evening she swallowed all 120 pills of the prescriptions...

21:18:16:19 - My mom’s suicide absolutely changed all of our lives, us being a large, Japanese-American, catholic family... So to talk about suicide is almost unthinkable, at least, to kind of the older guard of the culture that I come from....

21:29:29:04 - If my mom was sitting here I would say “Mom, I love you so much and I miss you so much. And I am now understanding exactly how much pain you were in. And I’m so sorry for coming up short and missing your warning signs. I just didn’t know what I was doing.
Module 2: Pharmacist’s role
Trainings Apply To:

- 8,500+ Pharmacists
- 130,000 Health Care Providers
- 45,000 Behavioral Health Providers
- 750+ Gun Dealers, Employees

Safer Homes builds Washington’s role as innovative leader in suicide prevention.
Why Pharmacists?

- One of the most trusted professions
- Responsibility as healthcare provider and human being
- Desire to practice at top of their license
- Final safety check
- Frequent contact with patients
- Long-term relationships with many patients
Professions at the greatest risk of suicide

1. Medical Doctor
2. Dentist
3. Police Officer
4. Veterinarian
5. Financial Services
6. Real Estate Agent
7. Electrician
8. Lawyer
9. Farmer
10. Pharmacist
As a Pharmacist, How Can I Help Prevent Suicide?

- Educate all patients to make homes safer
- Look for persons at risk
- Empathize and listen
- Ask directly about suicide
- Facilitate removing access to dangers
- Next step: handoff to a crisis line or behavioral health provider
Meet Paul

Paul is a pharmacist, a father of four, who loves to ride his motorcycle, hunt and fish.

PAUL

10:05:01:20
What I like about being a pharmacist most is that pharmacists are kind of like teachers... You are teaching people. ... it’s a real close personal connection you get with patients. They trust you, they see you on a regular basis, you get to know them by their first name, their husbands and wives names, their kids names and they just start to open up to you...

10:14:00:11
...When I was 7, my mother took her own life with prescription drugs... and it was really hard. It just affects you for the rest of your life. ...you still have this gnawing feeling in the back of your head that this happened and that, you know, what did I do wrong? ...
Module 3: Educate All Patients to make Safer Homes
Let's get **proactive**

Talk to every patient about secure storage and disposal of medications. If we do this routinely, it will save lives.
Safer Homes Help Prevent Tragedy

**Suicide**
5,206 U.S. drug-related suicide deaths, 2015*

**Unintentional Overdose**
44,126 U.S. overdose deaths, 2015**

**Child Poisoning**
767 deaths U.S., 2015***

*https://webappa.cdc.gov/sasweb/ncipc/mortrate10_us.html
**https://www.cdc.gov/mmwr/volumes/65/wr/mm655051e1.htm
***https://webappa.cdc.gov/cgi-bin/broker.exe
Recommendation 1

Think about who can access your medications.

My lovely but impulsive granddaughter?

My neighbor’s son?

I never thought about this before…
Recommendation 2

Lock up your prescription medications

- Lockable metal boxes ($25-$30)
- Locking plastic containers ($10-$15)
- Travel lock bag ($15-$30)

Example:
MedSafe Medications
Electronic Lock Box Cabinet
Other Storage Options:
Recommendation 3

Limit amounts of over-the-counter medications
Recommendation 4

Dispose of unused meds

Locate nearby site by using TakeBackYourMeds.org

Or purchase a drug disposal kit, available through Amazon
Last resort: Medication disposal at home

Step 1: Mix into:
- Coffee grounds
- Kitty litter

Step 2: Throw in garbage, in covered container

Or: Purchase medication disposal kit (personal & commercial available)
Safer Homes Universal Message

“Hi. I want you know our pharmacy is part of the Safer Homes Coalition.

We joined the coalition because we want to help educate the public about serious levels of suicide, suicide attempts and accidental overdose.

Please think about who can access medications in your home. A loved one who is struggling? Teenagers? Young children?

Locking up your prescription medications can save lives. Limiting the quantities of over-the-counter medications in your home also saves lives. Here is a card on safe secure medication storage and disposal.”
Turn and Share
Safer Homes Message
Say it again, and again

- Postcards
- Banner ads
- Voicemail recordings
- Stickers
- LEARN™ cards

Educational materials available: SaferHomesCoalition.org
Medications in the house are just a huge risk for people who may want to end their life, um, they are lethal and it’s the easiest way, you know... they are just accessible, it’s just right there...

So my advice is, “Lock up your medications”, get a storage box, or get something to lock up your medications in...
Module 4: Forefront LEARN™ steps
My role as a pharmacy professional

Look for warning signs.
Empathize and listen.
Ask about suicide.
Remove the danger.
Next steps.
Look for warning signs

Warm-up Questions

"How are things going today?"

"How is the medication working?"
Look for warning signs: Emotions

- Depression and/or anxiety
- Anger and/or irritability
- Hopelessness ("things will never get better")
- Helplessness ("there's nothing I can do")
- Shame / humiliation
Look for warning signs:

Situations

- Loss of relationship, job, self-respect
- Death of loved one, friend or peer (especially if by suicide)
- Sudden, unexplainable joy after period of depression
Look for warning signs:
Behaviors

- Change in disposition
- Drugs & alcohol
- Isolation
- Giving away prized possessions
- Losing interest in activities
- Too much or too little sleep
- Self-harm
- Weight loss/gain
- Changes in eating patterns

Expressions like "The world would be better off without me"

Identifying as a burden or failure
What warning signs do you see?

David’s Story, Part II

So I guess the story really starts when my mother was a teenager. From what I understand, she picked up drinking kind of recreationally and that became more habitual throughout her 20’s and her early 30’s. She’s leading a great career of rapid ascendance all the while and is effectively what you would call a closet alcoholic or a functioning alcoholic… And unbeknownst to my father, my sister, and I, she’s getting drunk right before she goes to bed…

She escaped intensive care with her life somehow and went straight to Lakeside Recovery Center as a 28-day in-patient. As far as we know, she never drank again. But as I study dual disorders, I am kind of seeing and understanding what happened next which was those years of drinking masked mental health disorders and those were bipolarity and irritable depression.

she was laid off from her job. She was a middle manager at T-Mobile and was laid off a month or two after getting out of rehab so you can imagine the challenges that she faced.
Look for warning signs:
Pharmacist’s observations

- Distress not always vocalized
- Tearful, anxious, or overly tired
- Seems desperate to get medications
- Not refilling psychotropic medications
- Appears intoxicated
- Disoriented, accompanied by caregiver
- Change from usual behavior
Medications and Suicide

Increase suicidal thoughts

Lethal when overdosed

Treat conditions associated with suicide
Medications Known to Increase Suicidal Thoughts or Actions

- Alcohol
- Amphetamines, Methamphetamine,
- Antidepressants (including SSRIs, SNRIs, TCA, MAOI)
- Anti-epileptics
- Antipsychotics
- Anxiolytics
- Barbiturates
- Bupropion/Naltrexone (Contrave®)

- Cocaine, Heroin, MDMA (Ecstasy), PCP
- Hypnotics (including zolpidem)
- Isotretinoin
- Montelukast
- Parkinson’s Agents
- Tamiflu
- Tramadol
- Varenicline (Chantix®)
Other Medications Correlated with Suicide

- Ace Inhibitors
- Acetaminophen
- Allopurinol
- Angiotensin Receptor Blockers
- Antiarrhythmics
- Beta Blockers
- Calcium Channel Blockers
- Colchicine

- Marijuana
- Muscle Relaxants
- NSAIDS
- Opioids
- Marijuana
- Muscle Relaxants
- NSAIDS
- Opioids
Patients Who May Be at Increased Risk

- Switching psychotropic medications or starting a new one
- Has new serious diagnosis
- Struggles to adhere to medication regimens
- Loved one has recently died
Consider Screening

- Pharmacists worried about patients
- Pharmacists in integrated care settings
- Pharmacists treating psychiatric conditions
- Pharmacists treating pain conditions
PHQ 2

Commonly used as a first level of inquiry for major depression.

Over the last two weeks:

1. How often have you been bothered by having little interest or pleasure in doing things?

2. How often have you felt down, depressed or hopeless?

• Not at all
• Several days
• More than half the days
• Nearly every day
PHQ 9

Question 9

"How often have you been bothered over the last 2 weeks by thoughts that you would be better off dead, or of hurting yourself in some way?"

- Not at all
- Several days
- More than half the days
- Nearly every day
My role as a pharmacy professional

Look for warning signs.
Empathize and listen.
Ask about suicide.
Remove the danger.
Next steps.
Suicidal frame of mind

Laura, Part II

LAURA 5:34:50:16

I would wake up in the morning and each day I’d tell myself I’m going to go to class I’m not that far behind... And I wouldn’t be able to do it, it just felt so overwhelming so I’d go back to sleep and then I’d watch TV and I’d felt so pathetic and so then the only thing that got me out of bed was drinking... I felt so disconnected from everything, from my family, from life at all, that I didn’t think it would matter if I was gone, like it felt like I’m not really in anyone’s life...
Listening is key to empathizing

✓ Just listen, even if what they are saying is hard to hear.
✓ Avoid judgment; maintain calm
✓ Practice reflective listening

Helpful Suggestions:
• “How are you feeling? Do you feel like this medication is helping?”
• “It sounds like you’re really hurting.”
• “Tell me more about that.”
• “I’m worried about you. I want to help.”
# Listening intently is key

<table>
<thead>
<tr>
<th>DO THIS</th>
<th>EXAMPLES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Just listen</td>
<td>&quot;Tell me more about that.&quot;</td>
</tr>
<tr>
<td>Avoid judgement; maintain calm</td>
<td>&quot;I see. Do you feel like this medication is helping?&quot;</td>
</tr>
<tr>
<td>Practice reflective listening</td>
<td>&quot;You sound overwhelmed. Can you tell me more?&quot;</td>
</tr>
<tr>
<td>Express concern</td>
<td>&quot;I'm worried about you. I want to help.&quot;</td>
</tr>
</tbody>
</table>
My role as a pharmacy professional

Look for warning signs.
Empathize and listen.
Ask about suicide.
Remove the danger.
Next steps.
Ask directly about suicide

Paul, Part II

I feel that if you sense for a second that there might be something up with one of your patients or that there is an inkling in your mind that they might be thinking about suicide you owe it to them and you owe it to yourself to just ask them... I think a lot of pharmacists are just... they are not sure if they should ask or they don’t feel like it’s their place or they are embarrassed, but if you think they are at risk I think you need to ask them. The worst case scenario is they will be embarrassed and you will be embarrassed... no harm no foul... but if they say yes... I’ve been thinking about it then you have that golden opportunity to say, you know what, let’s sit down and talk.... ... there’s a line you can call...
Having the Conversation
When do I ask?

- Notice multiple warning signs together
- Notice concerning changes of behavior
- When your instinct tells you something is wrong
- There is never harm in asking about suicide
## Ask About Suicide This Way

<table>
<thead>
<tr>
<th>Action</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ask calmly</td>
<td>“Are you thinking about suicide?”</td>
</tr>
<tr>
<td>Be direct</td>
<td>“Are you thinking of killing yourself?”</td>
</tr>
<tr>
<td>Be prepared to hear a “yes”</td>
<td>“Thank you for sharing this”</td>
</tr>
</tbody>
</table>
How to Ask the Question

FRAMING THE IDEA:

■ “Sometimes when people are overwhelmed by life, when they can’t find solutions to their problems, they think about suicide. Are YOU thinking about suicide?”

DIRECT:

■ “Are you considering suicide?”
■ “Are you planning to kill yourself?”
A Patient Scenario

Your patient, James, appears distraught when picking up his lorazepam prescription.

He is ordinarily outgoing. But today he seems hurried and closed off to conversation.

James answers your question about his medications’ effectiveness without enthusiasm.

He fails to make eye contact or otherwise acknowledge you.

You wonder if he is sleep deprived or has been crying.
"James, sometimes when people are feeling very anxious, feeling like their world is falling apart, and are frustrated that their medications aren’t working, they are thinking about suicide. Are you thinking about suicide?"
If Your Patient Says Yes

- Acknowledge their pain
- Thank them for honesty, courage
- Ask two follow-up questions:
  
  *Have you thought about how you might end your life?*

  *Do you have access to those means?*
My Role as a Pharmacy Professional

Look for warning signs.

Empathize and listen.

Ask about suicide.

Remove the danger.

Next steps.
Lethal When Overdosed

- Antiarrhythmics
- Anticoagulants
- Antihypertensives
- Antipsychotics
- Barbiturates
- Benzodiazepines
- Beta Blockers
- Calcium Channel Blockers
- Colchicine
- Diabetes Agents
- Lithium
- Muscle Relaxants
- NSAIDs
- Opioids
- OTC Meds
- Other Antiepileptics
- Other Hypnotics
- Parkinson’s Agents
- PDE 5 Inhibitors
- SSRIs
- TCAs
- Theophylline
- Vasodilators
Laura –
5:44:46:06
In February, so I made another plan to attempt and with that one I, um, I bought a lot of alcohol and I bought pills again but they had never worked and so I bought a rope and so I went home and and I just couldn’t think of waking up the next day to the same life. But when I tried to tie it to the pipe that was in my room it wouldn’t hold and with that I just just gave up. when you are that depressed it took everything I had to make a plan and it was that one thing that didn’t work that kept me alive. i didn’t try to find something different i didn’t try to re-tie it. i didn’t try to problem solve. It was just that one barrier that stopped me.
Remove the danger

**Ask the patient:** Who can help you remove access to dangerous items in your home?

**REMOVE ACCESS**
- Dispose of excess or expired medications
- Remove firearms if resident at risk. Emergency temporary transfers now legal in Washington
- Remove ropes, belts, cords, other potential risks for hanging

**RESTRICT ACCESS**
- Lock up prescription medications
- Use gun safe, lock box. Who can access your guns?
- Cars - carbon monoxide poisoning
I think about around the time of my attempts, there was one guy when I was buying some of the pills and he was... it was over the counter, but he was checking out all of the pills and he gave me a bit of a strange look... but he didn’t say anything and there were several times that people they didn’t say anything and just thinking if one person had asked me how I was doing, I might have broken down in tears and that’s a simple enough thing to do.
Removing danger –

It’s what we do with friend too intoxicated to drive
Remove the danger: Pharmacist's tools

- Sell and prominently display locking storage devices.
- Put medications in bingo cards or blister packs.
- Refuse to dispense the medications.
- Use Safer Homes message.
My Role as a Pharmacy Professional

Next steps: If it’s an emergency

If the person is in immediate danger and refuses to stay safe with you, call 911.

Act Urgently.
Next Steps – Connect With Resources

Call National Suicide Prevention Lifeline (24/7)
Press 1 Veterans services.

Make the call together, you and your patient.

Trained individuals will conduct a risk assessment and recommend community resources to meet the level of risk.

Use Crisis Text Line: text Hello to 741741

800-273-8255

National Suicide Prevention Lifeline
Additional Resources

• The patient’s healthcare provider who prescribed the meds

• Trusted family member or friend
Demonstration of suicide awareness and referral of patient

4-minute Video here: Paul & Laura N.
Practice

1. Patty’s warning signs
2. Threat: prescription overdose
3. Use LEARN steps to help prevent Patty’s suicide

Look for warning signs.
Empathize and listen.
Ask about suicide.
Remove the danger.
Next steps.
Knowing what I know now... my hope is that health care providers and pharmacists know the warning signs for suicide ...

It would seem to me that this health care professional should be able to recognize and act upon warning signs if they were there. ...as a pharmacist, you are handing out statistically a very dangerous, let’s call it a weapon, in prescription medications, no different than a gun salesman. And with that, in my opinion, comes a certain set of responsibilities that you need to live up to.
Changing the culture

- Advocate for suicide risk identification & intervention protocols for your pharmacy setting
- Advocate for sale & display of medication storage devices
- Confer with peers, supervisor on pharmacists’ role in suicide prevention
- Use Safer Homes materials
- Your ideas?
Pharmacists Lead in Many Issues: Suicide Prevention - Next Step

- Corporate values go beyond productivity
- Payment incentives for care provided, not only meds dispensed
- Pharmacies must prioritize suicide prevention, to enable pharmacists to help
- Reverse trend toward mail order pharmacies
- Designate locations for private conversations about suicide risk
- Work with insurers to pay for blister packs
Turn and Share:
What can you do TODAY to help patients create Safer Homes?
Conclusion of Training

More information available by July 1: www.SaferHomesCoalition.org