SUICIDE AWARENESS AND PREVENTION FOR PHARMACISTS

Kelly Gable, Pharm.D., BCPP
Associate Professor – SIUE School of Pharmacy
Psychiatric Care Provider – Family Care Health Center

Lisa Thompson-Gibson, MA, LPC
Suicide Prevention Coordinator – SIUE Counseling Services
What do you think, feel, or believe when considering the concept of suicide?

Suicide is (circle all that apply):

A. A Choice
B. A Sign of Psychological Weakness
C. Akin to Cancer
D. All of the Above
LEARNING OBJECTIVES

1. Recognize the impact of suicide in our communities.
2. Identify the warning signs and risk factors of suicide.
3. Demonstrate how to ask about thoughts of suicide.
4. Discuss how to support and refer someone who is experiencing suicidal ideation.
5. List resources for continued learning about suicide prevention and awareness.
6. Describe the pharmacist’s role in suicide prevention.
The Truth About Suicide

- Suicide is the 3rd leading cause of death for people ages 10 – 24 y.o.
- Suicide is the 10th leading cause of death in the U.S.
  - 1/3 of those who die by suicide are (+) for alcohol at time of death (33.4% tested positive for alcohol, 23.8% for antidepressants, and 20.0% for opiates)
  - 90% of suicides occur in persons with a clinically diagnosable psychiatric disorder

American Foundation for Suicide Prevention
ON AVERAGE, THERE ARE 121 SUICIDES PER DAY

For every suicide, 25 people attempt.

Each year 44,193 Americans die by suicide.
GENDER DISPARITIES

- **Males** die by suicide 3.5 X more often than women & represent 77.9% of all suicides
  - White males accounted for 7 out of 10 suicides in 2015
  - The rate of suicide is highest in middle age – white men
  - Firearms are the most common method of suicide among males (56.9%)

- **Females** are more likely than males to have suicidal thoughts
  - Poisoning is the most common method of suicide for females (34.8%)
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
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
SPECIFIC 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.
SPOT THE RED FLAGS!

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).
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)
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
- 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
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
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
**SUICIDE PREVENTION**

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 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
A: ASKING THE QUESTION

- Don’t be afraid to ask directly!
  - Research shows that asking someone doesn’t “give them the idea” of suicide
  - Asking directly shows caring, concern, and that it’s a safe topic to discuss

- If you feel unable to ask someone about suicide, please do find someone who can

Let’s Practice!
HOW TO ASK

- Are you having any thoughts of ending your life?
- 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

- 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?
“THEY SAID ‘YES’—NOW WHAT?”

- It’s ok to stumble
- 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.”
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

Join the Conversation. #ICARESIUE
Facebook: Facebook.com/ICARESIUE
M: MATCH THE PERSON W/RESOURCES

- Show the person how to connect with preferred resources
- 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](http://findtreatment.samhsa.gov) or call 1-800-662-HELP
  - Crisis hotline
  - Call 911; wait with person until Police arrive
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
- Above all, avoid doing nothing!
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..”
**RISK ASSESSMENT**

**Low**
- Some ideation
- No plan

**Moderate**
- Ideation
- Vague plan but no immediate plans

**High**
- Ideation
- Specific plan and timeframe established
HOW TO RESPOND IN CRISIS SITUATIONS

- Be aware. Recognize the warning signs.
- Ask if he/she is thinking about suicide.
- Be direct. Talk openly 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
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
HOW TO RESPOND 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
HOW TO RESPOND 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
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 notice 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 care
  - Immediate & continuous follow-up after ED or Inpatient discharge
  - Educate family members, significant others, faith-based organizations, the community

Suicide Safe
A free mobile app for health care providers.
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
ONLINE PREVENTION RESOURCES

- American Association of Suicidology: [www.suicidology.org/](http://www.suicidology.org/)
- American Foundation for Suicide Prevention: [www.afsp.org](http://www.afsp.org)
- Mental Health First Aid (8 hour training): [https://www.mentalhealthfirstaid.org](https://www.mentalhealthfirstaid.org)
- Karla Smith Foundation: [https://karlasmithfoundation.org/](https://karlasmithfoundation.org/)

**Pharmacy Specific Resources:**

- Washington State Suicide Prevention: [https://wsparx.site-ym.com/page/SuicideTraining](https://wsparx.site-ym.com/page/SuicideTraining)
QUESTIONS TO LEAVE WITH TODAY

- What roadblocks do you anticipate in asking someone about suicidal thoughts?
- Which resources are you most likely to recommend?
- How can you keep a list of resources handy?
FOR QUESTIONS OR ADDITIONAL INFO

Lisa Thompson-Gibson, MA, LPC
SIUE Counseling Services
lithomp@siue.edu

Kelly N. Gable, Pharm.D., BCPP
SIUE School of Pharmacy
kgable@siue.edu