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ADVANCES IN PHARMACY PRACTICE

Pharmacist training in suicide prevention

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ABSTRACT

Objective: Suicide in the United States is a major preventable public health problem. Pharmacists need to be educated on suicide prevention strategies so that they can increase their own awareness and identify patients at-risk. A training program for pharmacists was used to provide skills necessary to recognize a crisis and the warning signs of suicide. The program's effect on the participant's general perception, self-efficacy, and attitude towards suicide prevention was examined.

Setting: Various academic, health care, and professional meetings throughout San Diego County.

Practice innovation: First Question, Persuade, and Refer training program targeting pharmacists.

Evaluation: A self-administered presurvey, postsurvey and, Program Outcome Evaluation were given to participants of the suicide training program. Items included demographics, general perception, self-efficacy, and attitude toward suicide prevention. Descriptive statistics were used to describe participants' demographics. *t* tests were used to compare general perception, attitudes, and self-efficacy scores between pretest and post-program evaluation survey responses. Nonparametric Wilcoxon signed rank analyses for matched pairs were used to compare survey responses that asked about attitudes before and after trainings. Regression analyses were conducted to assess factors associated with general perception, self-efficacy, and attitudes.

Results: Participants were more likely to update knowledge after training and reported more confidence to make an intervention for a patient at risk for suicide.

Conclusion: Our findings suggest that a suicide prevention training program helped pharmacist respondents build confidence in several self-efficacy areas relating to detection of suicide signs, response to patients with suicidal thoughts, reassurance for patients, and provision of resources and referrals.

Suicide is a major preventable public health problem[1] and a priority area for the National Institute of Mental Health.[2] The number of suicides in San Diego[3] is similar to that nationwide (13.2 per 100,000 vs. 12.9 per 100,000) but considerably higher than the California average (10.5 per 100,000).[1] Health professionals, including pharmacists, need to be educated on suicide prevention strategies so that they can increase their own awareness and identify and refer at-risk individuals. Pharmacists can help to identify patients through day-to-day interactions with patients and during more formal interactions, such as comprehensive medication management. Pharmacists also have a role in suicide prevention because medications are common methods of suicide.

Pharmacists are among the most trusted professionals and are often the most accessible health professionals.[4] Pharmacists practice in multiple settings, including community pharmacies, hospitals, long-term care facilities, managed care organizations, and government agencies. Even within the busy environment of community pharmacies, pharmacists have demonstrated success in increasing immunization rates and implementing practice recommendations based on educational activities, such as diabetes education, sunscreen application, and melanoma prevention.[5] Recently, Walgreens announced that it will be partnering with Mental Health America to provide increased access to and resources for mental health services.[6] There appears to be a need and demand for training programs in mental health for pharmacists in the community.

As a first in the country, the state of Washington now requires all licensed pharmacists in the state to attend a one-time 3-hour Washington State Department of Health–approved suicide prevention training course before the 2018 license renewal date. Programs and legislation that require suicide prevention training can result in an increased number of pharmacists to be trained.

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Key Points

Background:

- Suicide is a major preventable public health issue in the United States.
- Pharmacists are well positioned to identify patients at risk for suicide.

Findings:

- Training can increase pharmacist respondents' self-efficacy areas relating to detection of suicide signs, response to patients with suicidal thoughts, reassurance for patients, and provision of resources and referrals.
- Training can increase desire to update knowledge of suicide and make appropriate recommendations.
- Other changes in perception of suicide may take multiple interventions.

Setting

Four suicide prevention trainings were conducted between Summer 2013 and Spring 2015. All training sessions were conducted in person by at least 1 trainer from Community Health Improvement Partners (CHIP; described in detail later) and 1 academic trainer. Pharmacists were invited to attend 1 of the live training sessions using listservs from professional organizations, personal contacts, websites, and e-mail announcements to pharmacist preceptors and residents. Sessions were held in various locations, including professional organization continuing education meetings, medical center, and school of pharmacy. The length of each session was 1.5 hours. The training was divided into 3 parts: (1) importance of pharmacists to be trained in suicide prevention, medications as a common method of suicide, and ways for pharmacists to detect those at high risk for suicide; (2) suicide statistics including protective and risk factors; and (3) Question, Persuade, and Refer (QPR) training, including role-play exercises. The academic trainer was responsible for Part 1 and administering the surveys to participants, and the CHIP trainer was responsible for Parts 2 and 3.

Practice innovation

Currently, there is no published educational program that has targeted pharmacists to increase their awareness of suicide prevention strategies for their patients. We used the basis of *Question, Persuade, and Refer (QPR) Gatekeeper Training Program*[7] to prepare training sessions for pharmacists. The QPR is a validated, national, best practice intervention for training individuals using a "train-the-trainer" method created by Paul Quinnett, PhD, and first described in 1995 in a number of presentations and publications by the QPR Institute. More than 9000 Certified QPR Instructors have been trained in the United States and abroad through 2011, and more than 1,000,000 American citizens had been trained as QPR gatekeepers by the end of 2009, at a current rate of approximately 20,000 persons per month. QPR is designed to provide to the public the basic skills necessary to recognize a crisis and the warning signs of suicide to be able to refer someone to help. QPR is described as cardiopulmonary recitation or an emergency mental health intervention for suicidal persons.

QPR training was provided in partnership with CHIP, a community organization contracted with the County of San Diego Health and Human Services Agency to provide a range of programs, including suicide prevention. QPR has been adopted by the county as the preferred method for suicide prevention training. CHIP collaborates with San Diego health care systems, hospitals, community clinics, insurers, physicians, universities, and other community-based organizations. CHIP, via its facilitation of the San Diego County Suicide Prevention Council, has disseminated this suicide prevention training program for the lay community and first-responder health professionals. To successfully disseminate the QPR training within the pharmacy community, CHIP approached the University of California San Diego Skaggs School of Pharmacy and Pharmaceutical Sciences (SSPPS) to partner, design, and deliver enhanced QPR training for pharmacists throughout the county.

Evaluation

Program evaluation

The suicide prevention training program was evaluated using survey methods. The survey instrument was constructed to examine the program's effect on the participant's general perception, self-efficacy, and attitude toward suicide

Table 1
Self-efficacy for suicide prevention (n = 77)

Questions		Not confident, n (%)	Not very confident, n (%)	Neutral, n (%)	Somewhat confident, n (%)	Extremely confident, n (%)
1.	How confident are you in your ability to identify the signs of suicide?	0	2 (2.6)	12 (15.6)	49 (63.6)	14 (18.2)
2.	How confident are you in your ability to listen without judgment?	0	1 (1.3)	5 (6.5)	31 (40.3)	40 (51.9)
3.	How confident are you in responding appropriately to patients who have suicidal thoughts?	0	3 (3.9)	14 (18.2)	45 (58.4)	15 (19.5)
4.	How confident are you in your ability to give reassurance?	0	1 (1.3)	11 (14.3)	44 (57.1)	21 (27.3)
5.	How confident are you in your ability to provide resources for suicide prevention?	0	3 (3.9)	11 (14.3)	28 (36.4)	35 (45.5)
6.	How confident are you in deciding whether medical intervention is necessary?	1 (1.3)	3 (3.9)	19 (24.7)	39 (50.6)	15 (19.5)
7.	How confident are you in your ability to competently refer patients to other agencies?	0	2 (2.6)	9 (11.7)	35 (45.5)	31 (40.3)