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## RESEARCH NOTES

## A review of suicide prevention programs and training policies for pharmacists

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## ABSTRACT

**Objectives:** The availability of suicide prevention training programs for pharmacists is unknown and may depend on state training requirements. This study's objectives were to: 1) report state training requirements for pharmacist suicide education; and 2) describe educational resources that are available to prepare pharmacists for interactions with patients at risk of suicide.

**Methods:** Each state's board of pharmacy was contacted from July to November 2017 to determine whether that state required pharmacists to complete suicide prevention training. A scoping literature review completed in August 2017 identified suicide prevention resources for pharmacy professionals. A systematic search of 5 databases and Google yielded publications and online resources that were screened for full review. Two coders reviewed articles and resources that met inclusion criteria and extracted data on program format and length, intended audience (i.e., students, practicing pharmacists), learning methods, topics covered, and outcomes assessed.

**Results:** Only Washington State requires pharmacists to obtain suicide prevention training. Sixteen suicide education programs and resources targeted pharmacists, including 8 in-person courses, 6 online courses, and 2 written resources. Five resources exclusively targeted pharmacists and 2 exclusively targeted student pharmacists. Most programs included information on suicide statistics, how to identify individuals at risk of suicide, how to communicate with someone who is suicidal, and how to refer patients to treatment resources. The long-term effectiveness of the programs at improving outcomes was not reported.

**Conclusion:** Although only 1 state requires pharmacists to obtain training on suicide prevention, there are several resources available to help prepare pharmacists to interact with individuals at risk of suicide.

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Suicide rates have increased steadily from 1999 to 2014, making suicide the tenth leading cause of death in the United States.<sup>1</sup> The frequency with which pharmacists encounter

patients at risk of suicide in the United States remains undocumented, yet pharmacists may be more likely to encounter these individuals owing to many factors, including an increase in the suicide rate,<sup>1</sup> a doubling in the rate of suicides that involve an opioid,<sup>2</sup> an increase in the number of pharmacies that conduct depression screening,<sup>3,4</sup> and an increase in the number of prescriptions that are associated with suicidal ideation.<sup>5</sup> In addition, the proliferation of online information about how to die by suicide<sup>6</sup> may increase individuals' knowledge of how to lethally combine prescription drugs, over-the-counter products, and alcohol; many community pharmacies have convenient locations and hours where these products can be purchased. Given that pharmacists are one of the most accessible health care providers in the nation and have experience in counseling, pharmacists may be a readily accessible and underutilized resource for suicide prevention.<sup>7</sup>

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This is particularly true given that the suicide rate is highest overnight and many pharmacies are open 24 hours a day.<sup>8</sup>

Few studies have investigated pharmacists' barriers to counseling patients who are at risk of suicide, and none have been conducted in the United States. Five studies of Canadian pharmacists identified the following barriers to interacting with patients at risk of suicide: inability to verify prescriptions after hours,<sup>9</sup> lack of time,<sup>9-11</sup> lack of privacy,<sup>10,11</sup> discomfort discussing mental illness,<sup>11</sup> believing that pharmacists should have little to no involvement in screening for suicide,<sup>12</sup> and perceptions that patients would not want to talk with a pharmacist about mental health.<sup>11</sup> One qualitative study with 5 pharmacists found that all 5 suspected patients of misusing medications on at least a monthly basis but noted that intervening with patients suspected to be at risk for intentional overdose was a challenge.<sup>9</sup>

Several studies conducted outside the United States have identified additional barriers to pharmacists counseling patients at risk of suicide, including low levels of knowledge about suicide and low confidence to communicate about suicide.<sup>12-16</sup> This is potentially problematic given that the probability of encountering a patient at risk of suicide or displaying signs of crisis in the pharmacy setting may be increasing. Well-established gatekeeper training programs, which train groups of people to recognize individuals at high risk of suicide and refer them for treatment, have shown promise for addressing the suicide knowledge deficits in health professionals.<sup>17</sup>

## Objectives

Currently, the availability of suicide prevention training programs and resources for pharmacy professionals in the United States is unknown. The availability of such programs may depend on whether states require pharmacists to obtain suicide prevention training. Therefore, the objectives of this study were to 1) report state training requirements for pharmacist suicide education; and 2) describe educational resources that are currently available to prepare pharmacists for interactions with patients at risk of suicide.

## Methods

To determine whether states required pharmacists to obtain suicide prevention training, first, we consulted a continuing education (CE) website ([www.continuingeducation.com/pharmacy/state-ce-requirements](http://www.continuingeducation.com/pharmacy/state-ce-requirements)) that lists the number and types of CE credits that pharmacists need in each state as well as links to each state board of pharmacy's website. Second, we contacted each state board of pharmacy via e-mail and telephone to verify the information on the CE website. Data on training policies were gathered from July to November 2017.

To achieve our second objective of describing educational resources that prepare pharmacists for interactions with individuals at risk of suicide, we conducted a scoping literature review. For the purpose of the review, the term "suicide prevention education" was defined as pharmacist-specific didactic or skills-based training that addressed any aspect of suicide. Our systematic search strategy involved resource retrieval, abstract and full text screening, and extraction of key information from selected resources. The following databases

were included in our review: Pubmed, International Pharmaceutical Abstracts (IPA), Psycinfo, Google Scholar, and Scopus. Our search included articles and resources published before August 2017.

Databases were searched for the following terms: pharmacist\* AND (suicide OR suicidal) NOT (euthanasia OR "assisted suicide" OR "physician assisted"). Titles and abstracts were screened for relevance and inclusion for full-text review. Duplicate articles were removed. Articles were excluded if they 1) did not describe an educational or training program for pharmacists or student pharmacists; 2) were focused solely on a depression screening program; 3) were focused solely on pharmacists' attitudes to suicide or assisted suicide; 4) did not provide sufficient detail about the topics the training program and resource covered; or 5) did not have full-text versions available in English. If an article referenced an online resource, such as a website, then Google was used to identify that resource, and it was evaluated for inclusion according to the above criteria.

Because some suicide prevention resources for pharmacists may have been developed but not published in the academic literature, a Google search was conducted with the key words "suicide," "training program," and "pharmacist," and the first 100 results were evaluated for inclusion according to the above criteria.

During the full-text review of resources that met inclusion criteria, 2 coders independently extracted the following data: 1) name of training program; 2) format of training program (e.g., in person, online); 3) length of training; 4) target of training (e.g., student pharmacists, pharmacists); 5) learning methods (e.g., didactic presentation, role-play, case studies); 6) topics covered; 7) program outcomes assessed (e.g., satisfaction, knowledge); and 8) cost. The topics covered were further coded into the following categories: background and statistical information; suicide myths and misconceptions; identifying individuals at risk of suicide; how to communicate about suicide; prescription medications associated with increased risk of suicidal ideation; and patient referral resources.

In all but 7 instances, reviewers agreed on what data were extracted (kappa score 0.96). In cases of disagreement, reviewers met and reached consensus on the discrepancy.

## Results

As of August 2017, the state of Washington requires a licensed pharmacist or active retired pharmacist to complete a 1-time 3-hour continuing education (CE) course on suicide awareness and prevention training. Fulfillment of this CE requirement can be fulfilled via a number of programs listed on the Washington Board of Pharmacy website: ([www.doh.wa.gov/ForPublicHealthandHealthcareProviders/HealthcareProfessionalsandFacilities/SuicidePrevention/TrainingPrograms/2017ModelList#Three-hourPharm](http://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/HealthcareProfessionalsandFacilities/SuicidePrevention/TrainingPrograms/2017ModelList#Three-hourPharm)). The training requirement is known as the Matt Adler Suicide Assessment, Treatment, and Management Training Act of 2012, which mandated suicide prevention training for mental health professionals and was eventually expanded to include other health professionals, including, but not limited to, pharmacists, nurses, dentists, occupational therapists, and physicians.<sup>18</sup>

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