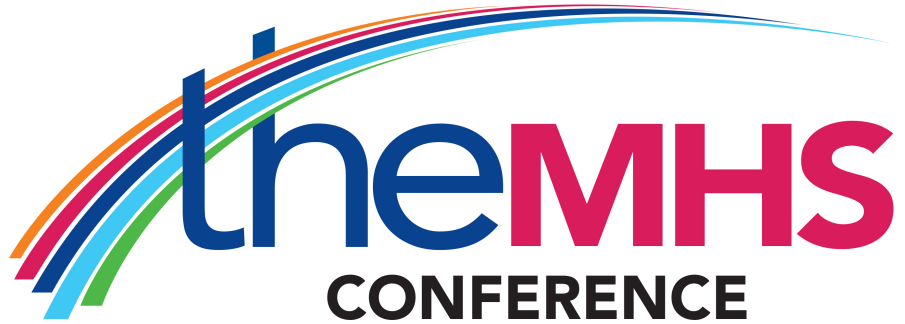
Pharmacists' Roles in Suicide Care: Influencing Policy through Education and Practice

Presented by: Dr Claire O'Reilly, Dr Sarira El-Den and Professor Alan Rosen



Session Outline

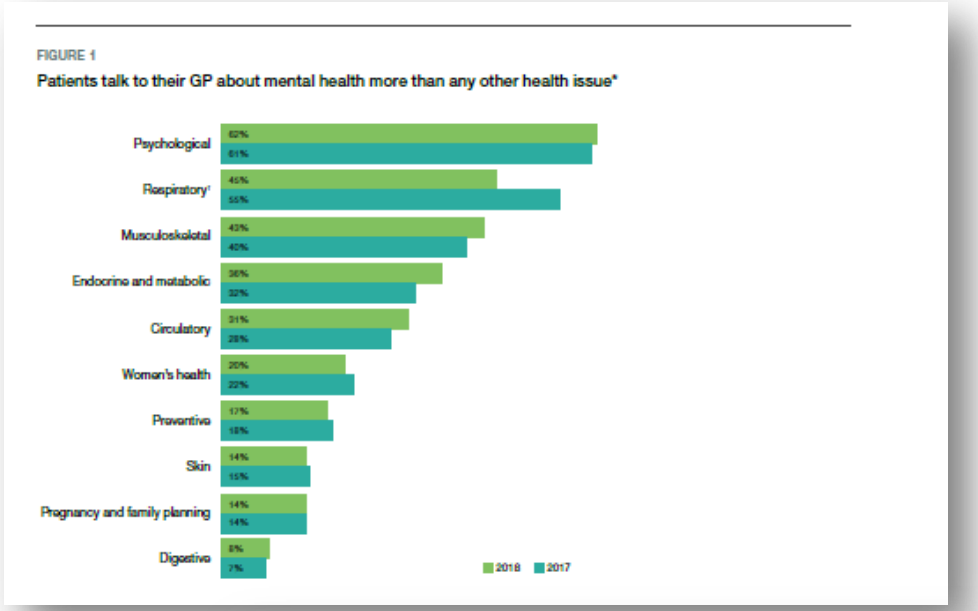
- Speaker 1 – Dr Claire O'Reilly
  - Pharmacists' roles in caring for people at risk of suicide
- Speaker 2 – Dr Sarira El-Den
  - Mental health education and training for pharmacists
- Speaker 3 – Prof Alan Rosen
  - Pharmacists' stigma and attitudes towards suicide

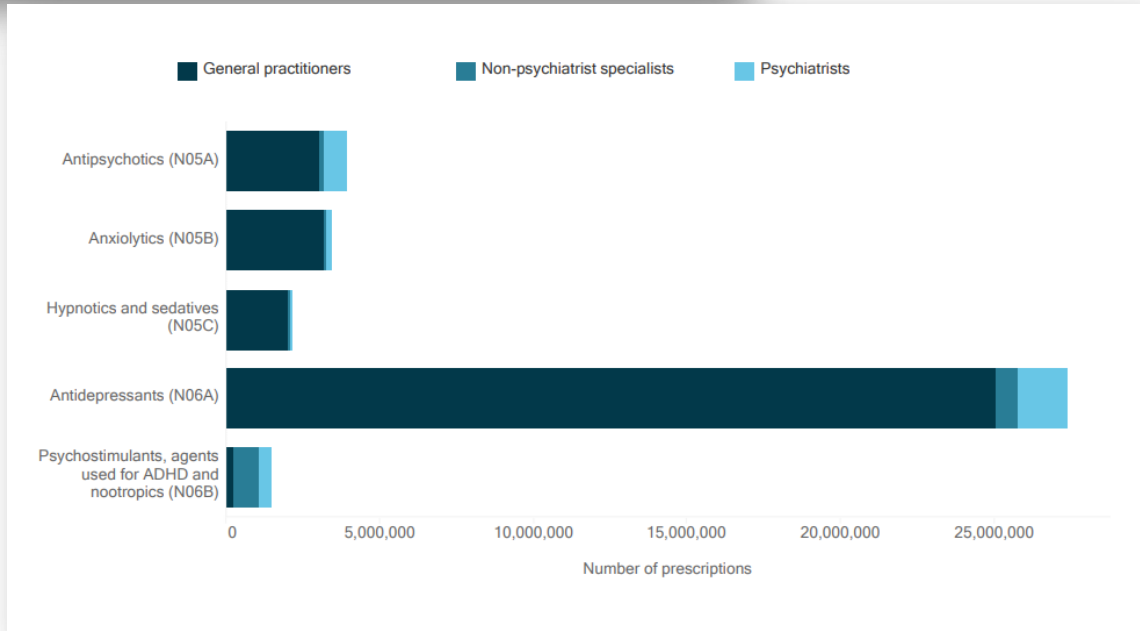
Background – Pharmacists and Mental Health

Dr Claire O’Reilly

Primary health care professionals and mental health

- Most common reason for seeing GP[1]
- 45% of patients who died by suicide contacted a health care professional in the month prior[2]
- Australian pharmacists are involved in dispensing 39 million mental health-related prescriptions, annually[3]
- Australians visit a pharmacy 14 times per year on average[4]
- Evidence that people visit their pharmacy 1.5-10 times more than their primary care physician[5]





1. RACGP Health of the Nation Report 2018. 2. Luoma, Martin & Pearson, American Journal of Psychiatry, 2002. 3. Australian Institute of Health and Welfare, 2021. 4. Pharmacy Guild of Australia, Vital facts on community pharmacy, 2018. 5. Tsuyuki R, et al. Can Pharm J (Ott), 2018.

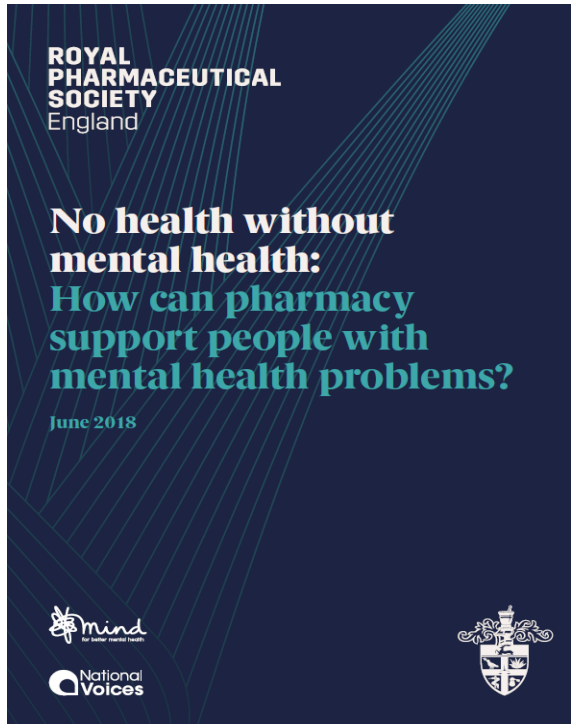
Why pharmacists & mental health?

- Accessible & trusted primary health care professionals
- Medicines often a mainstay of treatment
- Frequently consulted for advice on psychotropics
- Consumers want information about their medicines
- Multiple physical co-morbidities with mental illness
- Adherence to medicines a major challenge in mental health

Pharmacists and Mental Health – reports and guidelines

Australia

Worldwide



UK

Recognition of the pharmacist role

'Introduce incentives to include pharmacists as key members of the mental health care team.'

National Mental Health Commission Report 2015

'Pharmacists need to be a part of an integrated approach, working with GPs who are providing continuous follow-up care, and with other members of the multi-disciplinary team.'

'Mental health provides considerable scope for pharmacists to exercise their skills in the medication management cycle. It enables a move away from simply dispensing pharmaceuticals to a long-term sustainable role for pharmacists as key multidisciplinary team members.'

National Mental Health Commission Report 2015

Suicide Prevention in Australia

Fifth National Mental Health and Suicide Plan 2017

Suicide Prevention in Australia

The Fifth National Mental Health and Suicide Prevention Plan

1. **Surveillance**—increase the quality and timeliness of data on suicide and suicide attempts.
2. **Means restriction**—reduce the availability, accessibility and attractiveness of the means to suicide.
3. **Media**—promote implementation of media guidelines to support responsible reporting of suicide in print, broadcasting and social media.
4. **Access to services**—promote increased access to comprehensive services for those vulnerable to suicidal behaviours and remove barriers to care.
5. **Training and education**—maintain comprehensive training programs for identified gatekeepers.
6. **Treatment**—improve the quality of clinical care and evidence-based clinical interventions, especially for individuals who present to hospital following a suicide attempt.
7. **Crisis intervention**—ensure that communities have the capacity to respond to crises with appropriate interventions.
8. **Postvention**—improve response to and caring for those affected by suicide and suicide attempts.
9. **Awareness**—establish public information campaigns to support the understanding that suicides are preventable.
10. **Stigma reduction**—promote the use of mental health services.
11. **Oversight and coordination**—utilise institutes or agencies to promote and coordinate research, training and service delivery in response to suicidal behaviours.

Fifth National Mental Health and Suicide Plan 2017

Australian Productivity Commission Review of Mental Health Services

'There is an opportunity to better use the skills of pharmacists to improve the use of medicines for mental ill health by integrating pharmacists into multidisciplinary mental healthcare teams, in supporting early detection and intervention, being first responders in mental health crises and supporting people to live well with their mental illness through better and safer use of psychotropic medicines.'

Pharmaceutical Society of Australia response to Productivity Commission Report on Mental Health - https://www.psa.org.au/importance-of-medicine-safety-in-mental-health-care-cannot-be-ignored/

Pharmacists' Experiences Caring for People at risk of Suicide

Dr Claire O'Reilly

Pharmacists' roles in suicide care

- Medicines are common means to suicide[1,2] → role for pharmacists

- BUT, pharmacist's role in suicide prevention limited
  - Pharmacists accessible & trusted health professionals, and medications common in suicide attempts & self-harm

- **Little is known about pharmacists.**

How common do pharmacists come into contact with people at risk of suicide?

1.Finkelstein et al., 2015. 2. Sinyor et al., 2012.

Australian & Canadian joint study - 2016

- **Aim:** to explore Australian and Canadian pharmacists' experiences, attitudes and stigma towards people at risk of suicide

- **Specific objectives:**
  - Explore how often pharmacists care for people at risk of suicide
  - Describe the experiences of pharmacists involved in the care of people at risk of suicide
  - Explore the impact of pharmacists' experiences when caring for people at risk of suicide
  - Compare Canadian and Australian pharmacists attitudes, stigma, and experiences regarding people at risk of suicide
  - Explore pharmacists attitudes and stigma towards providing care to people at risk of suicide (Prof Alan Rosen)

Suicide survey - methods

- **Population:** Australian & Canadian Community Pharmacists

- **Ethics:** University of Sydney and Dalhousie University HREC's

- **Survey:**
  - Demographics
  - Attitudes Towards Suicide Scale[1]
  - Stigma of Suicide Scale[2]
  - Questions regarding pharmacists' experiences with patients at risk of suicide, or who had died by suicide.

1. Renberg et al. 2003 Suicide Life Threat Behav 2. Batterham et al. 2013 Suicide Life Threat Behav

Key results – survey data

- 396 Australian and Canadian pharmacists
  - 161 Australian pharmacists
    - 68% Female
    - 78% urban
    - 92% currently practicing

- 85% of **pharmacists had interacted with someone at risk of suicide at least once**
  - 16% >6 times

- 38% cared for consumer(s) with recent suicide attempt

- 28% lost consumer(s) to suicide

Pharmacists' experiences of people at risk of suicide

- Pharmacists' most prominent experience:
  - < 50% carried out a suicide assessment
  - 13% directly inquired about suicidal thoughts

- 60% felt uncomfortable about their involvement
- 1 in 4 were dissatisfied with how they handled the situation.
- Training & resources key barriers

Survey of Australian and Canadian Community Pharmacists' Experiences With Patients at Risk of Suicide

Andrea L. Murphy, B.Sc.Pharm., Pharm.D., Claire L. O'Reilly, B.Pharm., Ph.D., Randa Ataya, B.Sc., Steve P. Doucette, M.Sc., Frederick I. Burge, M.D., F.C.F.P., Luis Salvador-Carulla, M.D., Ph.D., Timothy F. Chen, Ph.D., Dani Himmelman, M.Sc., Stanley Kutcher, M.D., F.R.C.P.C., Ruth Martin-Misener, M.N., Ph.D., Alan Rosen, A.O., F.R.A.N.Z.C.P., David M. Gardner, M.Sc., Pharm.D.

Psychiatric Services in Advance (doi: 10.1176/appi.ps.201900244)

Pharmacists' experiences with people at risk of suicide

Social Psychiatry and Psychiatric Epidemiology
https://doi.org/10.1007/s00127-018-1553-7

ORIGINAL PAPER

CrossMark

Community pharmacists' experiences and people at risk of suicide in Canada and Australia: a thematic analysis

Andrea L. Murphy[1,2] · Randa Ataya[1] · Dani Himmelman[3] · Claire O'Reilly[4] · Alan Rosen[5,6] · Luis Salvador-Carulla[7] · Ruth Martin-Misener[8] · Fred Burge[9] · Stanley Kutcher[2,10] · David M. Gardner[1,2]

Received: 26 January 2018 / Accepted: 14 June 2018

- Community pharmacists' descriptions of their most *prominent* experience with a person at risk of suicide
- 4 themes: referrals & triage, accessibility for confiding, emotional toll & stigma

"I was disappointed in myself as I was afraid to ask her in detail about her plan. I was also hesitant to discuss suicidal ideation with her despite knowing/having done mental health first aid because I didn't want to worsen the situation/felt very under qualified for this discussion."
ID 335

"A life changing moment in my career and I was so grateful for my MHFA training, knowing I needed to ask lots of questions to ascertain suicide risk and to act immediately."
ID 316

What is the impact of these experiences?

- More Australian than Canadian pharmacists had prior training ($p<0.001$)
  - Australia – 52 (32%) prior training
    - Most commonly Mental Health First Aid (MHFA)
  - How well did this prepare them? n(%)
    - Somewhat 30 (57%)
    - Very well 18 (35%)
- **87%** were encouraged to upskill in mental health care
- **11%** negatively affected on professional and personal level
  - Significantly more negatively affected if:
    - Personal diagnosis of mental illness ($p=0.017$)
    - Previous suicide care experiences ($p=0.001$)
- **8%** not affected at all

Did pharmacists seek help for themselves?

- 12% of pharmacists access professional support for themselves
  - **51.4% were unsure where to get help**

"Staying focused on caring for the patients is the biggest obligation and I fear that access[ing] help for myself would put that obligation and duty in jeopardy." ID59

"Honestly didn't occur to me to do so." ID519

Implications

- Few pharmacists sought professional help
- Pharmacy-specific supports available
- Half were unsure where to seek help
- More postvention research needed
- Further research exploring timing of MHFA training and relationship with experiences in caring for a person experiencing a mental health crisis
- Further mental health education and training needed?

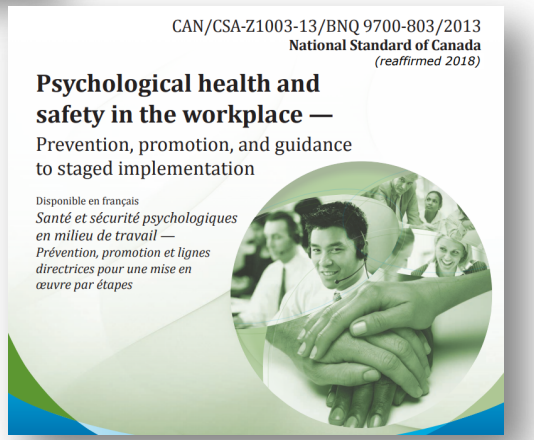
Australia

PHARMACISTS' SUPPORT SERVICE

UK

PHARMACIST SUPPORT
working for pharmacists & their families

Canada – state-based?



Images:
https://www.supportforpharmacists.org.au/
https://pharmacistsupport.org/
https://www.lifemarkworkhealth.ca/services/disability-management/ontario-pharmacy-health-program

Mental Health Education for Pharmacists

Dr Sarira El-Den

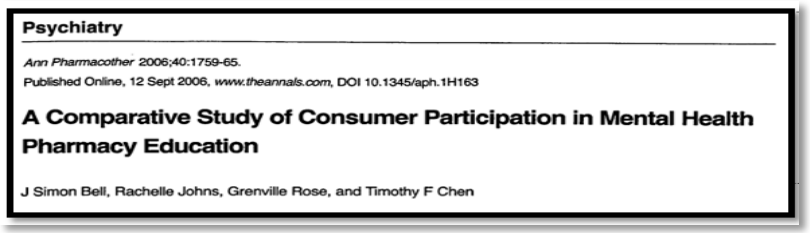
Gap in Healthcare Curricula

- Health care professionals receive insufficient training during their university degrees[1]

- Health care professionals' negative attitudes → detrimental outcomes, and delay or prevent help-seeking and recovery[2,3]

1. Boukouvalas, El-Den et al., Archives of Suicide Research, 2019. 2. Clement et al., 2015. 3. Jorm, Blewitt, Griffiths, Kitchener, & Parslow, 2005.

Mental health pharmacy education



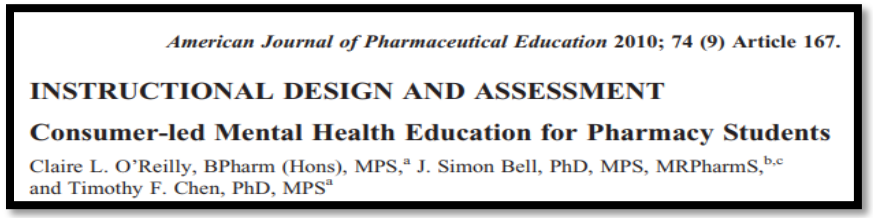
Psychiatry

Ann Pharmacother 2006;40:1759-65.
Published Online, 12 Sept 2006, *www.theannals.com*, DOI 10.1345/aph.1H163

A Comparative Study of Consumer Participation in Mental Health Pharmacy Education

J Simon Bell, Rachelle Johns, Grenville Rose, and Timothy F Chen

2006



American Journal of Pharmaceutical Education 2010; 74 (9) Article 167.

INSTRUCTIONAL DESIGN AND ASSESSMENT

Consumer-led Mental Health Education for Pharmacy Students

Claire L. O'Reilly, BPharm (Hons), MPS,[a] J. Simon Bell, PhD, MPS, MRPharmS,[b,c] and Timothy F. Chen, PhD, MPS[a]

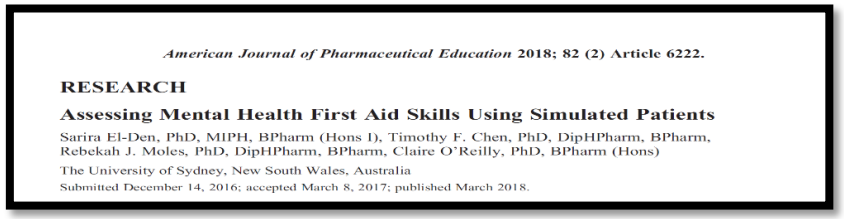
2010

Impact of mental health first aid training on pharmacy students' knowledge, attitudes and self-reported behaviour: a controlled trial

Australian and New Zealand Journal of Psychiatry 2011; 45:549–557
DOI: 10.3109/00048674.2011.585454

Claire L. O'Reilly, J. Simon Bell, Patrick J. Kelly, Timothy F. Chen

2011



American Journal of Pharmaceutical Education 2018; 82 (2) Article 6222.

RESEARCH

Assessing Mental Health First Aid Skills Using Simulated Patients

Sarira El-Den, PhD, MIPH, BPharm (Hons I), Timothy F. Chen, PhD, DipHPharm, BPharm, Rebekah J. Moles, PhD, DipHPharm, BPharm, Claire O'Reilly, PhD, BPharm (Hons)

The University of Sydney, New South Wales, Australia

Submitted December 14, 2016; accepted March 8, 2017; published March 2018.

2018

Assessing students' mental health crisis skills via consumers with lived experience: a qualitative evaluation

Claire L. O'Reilly, Rebekah J. Moles, Evelyn Boukouvalas, Sarira El-Den

The Journal of Mental Health Training, Education and Practice

2019

Article in Press

Mental Health First Aid training and assessment among university students: a systematic review

Dr Sarira El-Den, BPharm (Hons I) GradCertAppPharmPrac MIPH PhD[1,✉]
Lecturer at the School of Pharmacy, Faculty of Medicine and Health, The University of Sydney
A/Prof Rebekah Moles, BPharm DipHospPharm PhD GradCertEdStud (Higher Ed)[1]
Associate Professor at the School of Pharmacy, Faculty of Medicine and Health, The University of Sydney
Ms Huai-Jin Choong
Honours Candidate at the School of Pharmacy, Faculty of Medicine and Health, The University of Sydney
Dr Claire O'Reilly, BPharm (Hons)[1]

2020

MENTAL HEALTH FIRST AID Australia

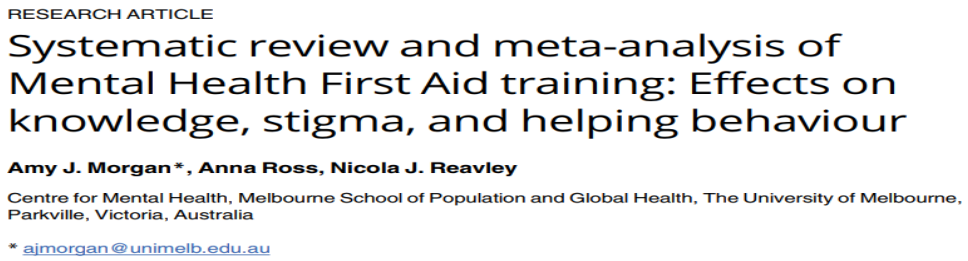
Mental Health First Aid

- *Mental Health First Aid is the help provided to a person who is developing a mental health problem, experiencing a worsening of an existing mental health problem or in a mental health crisis. The first aid is given until appropriate professional help is received or the crisis resolves.*[1]

- 12 hours
- Face-to-face
- Open to members of the public
- Integrated into the BPharm and MPharm degrees at USYD
- Offered in ~70% of Pharmacy Schools in Australia

1. Kitchener BA, Jorm AF, Kelly CM. Mental Health First Aid Manual. 4th ed. Melbourne: Mental Health First Aid Australia; 2017.

MHFA evaluation studies



RESEARCH ARTICLE

Systematic review and meta-analysis of Mental Health First Aid training: Effects on knowledge, stigma, and helping behaviour

Amy J. Morgan*, Anna Ross, Nicola J. Reavley

Centre for Mental Health, Melbourne School of Population and Global Health, The University of Melbourne, Parkville, Victoria, Australia

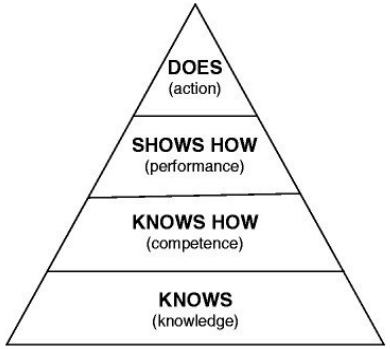
* ajmorgan@unimelb.edu.au

- Improvements in:
  - ❑Knowledge
  - ❑recognition of mental illness
  - ❑beliefs about treatment
  - ❑Stigma
  - ❑Confidence in helping
  - ❑Intentions to provide MHFA
  - ❑Help provided at follow-up

} Self-report

Self-report vs observed behaviours

- Self-reported behaviours do not always correspond to actual, observed behaviours[1,2]
- Incorporating observed behavioural measures ensures that students not only “know” the material and “know how” to apply it, but it allows them to “show how” they apply their newly learned skills.[3]



1. Tamburrino MB, et al. Teach Learn Med. 1993. 2. 20. Jenner EA, et al. J Hosp Infect. 2006. 3. Miller, Academic Medicine, 1990. Image source: https://www.researchgate.net/publication/268881484_Should_essays_and_other_open-ended-Type_questions_retain_a_place_in_written_summative_assessment_in_clinical_medicine/figures?lo=1

Simulated patient role-play assessments

Pharmacy student/MHFAider

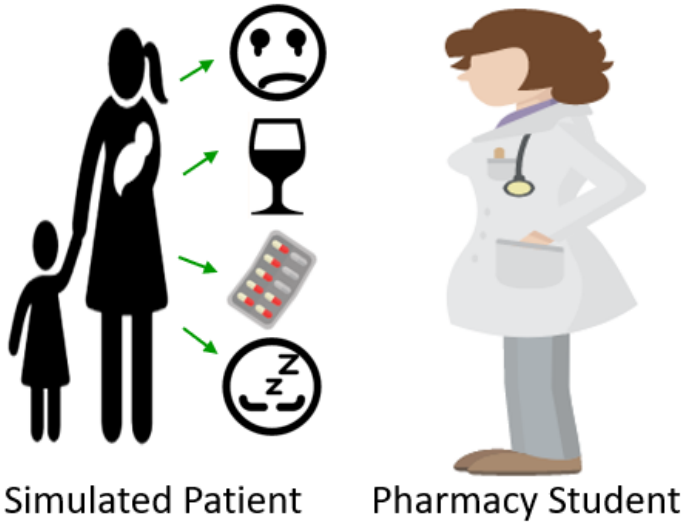
Tutor

Simulated patient experiencing mental health symptoms/crisis

Remaining students - Observers

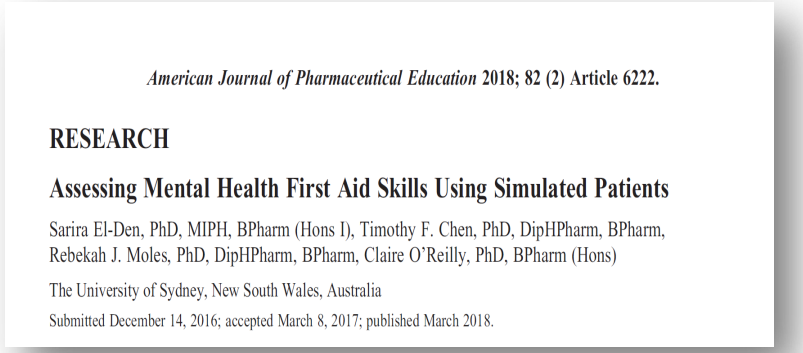
Simulated patient cases are developed and delivered through collaboration with One Door Mental Health Consumer Educators

Sample case



- To pass the assessment
  - >50% overall mark
  - Need to assess for suicide
    - If patient is suicidal → need to keep them safe and provide immediate professional help
- After the role-play
  - Immediate feedback discussion with mental health consumer educator, tutor and peers

Evaluation of Simulated Patient Role-play assessments



American Journal of Pharmaceutical Education 2018; 82 (2) Article 6222.

RESEARCH

Assessing Mental Health First Aid Skills Using Simulated Patients

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The University of Sydney, New South Wales, Australia

Submitted December 14, 2016; accepted March 8, 2017; published March 2018.

- Students under- and overestimate their self-reported confidence in enquiring about suicide, when compared to performance in simulated patient role-play assessments

- Students performed better in the cases where the simulated patient did not experience suicidal thoughts
    - Ambiguous language often used around suicide
    - Difficulty of knowing how to respond to suicidal thoughts

Evaluation of Simulated Patient Role-play assessments

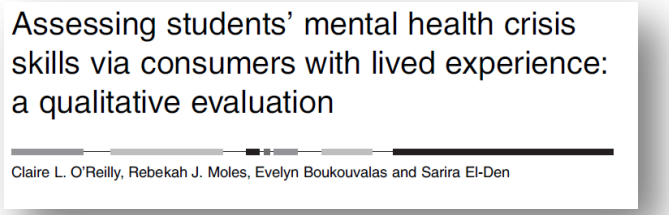

Social Psychiatry and Psychiatric Epidemiology (2018) 53:1185–1195
https://doi.org/10.1007/s00127-018-1582-2

ORIGINAL PAPER

Confidence and attitudes of pharmacy students towards suicidal crises: patient simulation using people with a lived experience

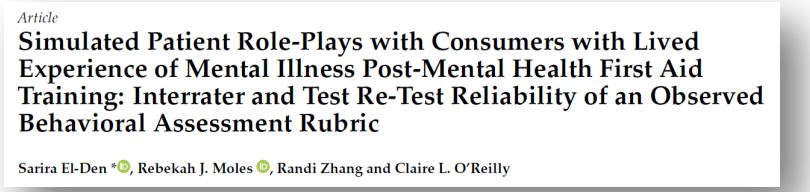
Evelyn A. Boukouvalas[1] · Sarira El-Den[1] · Timothy F. Chen[1] · Rebekah Moles[1] · Bandana Saini[1] · Alison Bell[2] · Claire L. O'Reilly[1]

- Comparative study: students who participated in/observed the role-plays were more likely to maintain significant improvements in confidence at follow-up than those who completed MHFA only.


Assessing students' mental health crisis skills via consumers with lived experience: a qualitative evaluation

Claire L. O'Reilly, Rebekah J. Moles, Evelyn Boukouvalas and Sarira El-Den

- Qualitative analyses: role-plays beneficial to and valued by consumers and students


Article

Simulated Patient Role-Plays with Consumers with Lived Experience of Mental Illness Post-Mental Health First Aid Training: Interrater and Test Re-Test Reliability of an Observed Behavioral Assessment Rubric

Sarira El-Den *, Rebekah J. Moles, Randi Zhang and Claire L. O'Reilly

- Interrater and test re-test reliability of rubric: modifications to improve clarity and ensure consistency among markers. Development of rubric versions to differentiate between appropriate MHFA provision in crisis and non-crisis case.

International perspective

- Some healthcare curricula globally have started to integrated MHFA in curricula[1]
- There have been funding initiatives to support tertiary health students students[2], including medical students[3] to receive MHFA training
- US pharmacists in Washington need to complete mandatory Suicide Prevention Training prior to registration[4]
- BUT – no minimum standard of mental health and suicide prevention education for pharmacists nationally or internationally

1. El-Den S et al., JAPhA, 2020. 2. MHFA, Free MHFA training for 1st year health students, 2019. 3. Medical Deans Australia and New Zealand, Supporting Australian medical students' mental health and wellbeing, 2019. 4. Washington State Department of Health, Suicide Prevention Training for Health Professionals, 2021.

Pharmacists’ stigma of suicide

Prof Alan Rosen

CANADIAN-AUSTRALIAN JOINT SUICIDE STIGMA IN PHARMACISTS STUDY

DALHOUSIE UNIVERSITY-UNIVERSITY OF SYDNEY 2016-2019

Claire O'Reilly, Sarira El-den, Alan Rosen TheMHS Conference, February 2021

Murphy A, O'Reilly C et al, J Social Psychiatry & Epidemiology, 2018.
Murphy A O'Reilly C et al, Sage Open Medicine, 2019.

RESULTS – PREVIOUS MENTAL HEALTH CRISIS TRAINING

- More Australian than Canadian pharmacists had prior training ($p<0.001$)

- Australian Pharmacists – 28.6% had prior MH crisis training (Canadians 11.5%)
  - Most commonly Mental Health First Aid (MHFA)

- How well did this prepare them? n(%)
  - Somewhat 30 (57%)
  - Very well 18 (35%)

A new initiative of SANE Australia's Anne Deveson Research Centre, the National Stigma Report Card

Murphy A et al, J Social Psychiatry & Epidemiology, 2018

CANADA VS AUSTRALIA PHARMACISTS ATTITUDES & BEHAVIOURAL INTENTION RE SUICIDAL CLIENTELE

-CANADIAN PHARMACISTS WERE LESS DISMISSIVE OF SUICIDAL CLIENTELE AS PATHETIC, IMMORAL, WEAK OR IRRESPONSIBLE---SO LESS STIGMATISING, ----BUT MORE OF THEM FELT HELPLESS & DID NOT KNOW WHAT TO DO.

-AUSTRALIAN PHARMACISTS WERE MORE STIGMATISING, (CLOSER TO GENERAL CANADIAN POPULATION RESULTS) ----BUT FELT LESS HELPLESS & KNEW TO APPROACH THEM & OFFER TO ASSIST THEM FINDING SUITABLE CARE----MORE INSTRUMENTAL, MORE POSITIVE DISCRIMINATION

MODEL OF STIGMA

Problems of knowledge
[IGNORANCE]

Problems of attitude
[PREJUDICE]

Problems of behaviour
[DISCRIMINATION]

Stigma

Thornicroft, G. Shunned 2007

DISCRIMINATION

Discrimination: enacted stigma through behavioural actions

experienced

- **Unfair treatment due to a mental illness**
- ***Example:*** ***unreasonably rejected for a job***

anticipated

- **Fear of encountering discrimination**
- ***Example:*** ***individual does not apply for a job***

positive

- **Beneficial treatment**
- ***Example:*** ***preferentially hired due to mental health diagnosis***

Brohan et al Psych Res 2013

CONCLUSION: 1. (POSSIBLE EXPLANATION-HYPOTHESIS LEVEL):

STIGMA MAY COMPRISE OFTEN RELATED BUT SOMETIMES DIVERGENT ATTITUDINAL & BEHAVIOURAL VARIABLES OR COMPONENTS:

- Must Attitudes & Behaviours always be congruent or can they be contradictory?
- It appears that Cognitive Dissonance may not be a barrier to ethical, responsible & responsive behaviours?
- Consistency or Purity of Thought & Action may be an unrealistic expectation or aspiration, sometimes or even often?
- Is MHFA more effective with behaviour change than with attitudinal change with primary healthcare professionals? Are they just pragmatic & less reflective about applying required behaviours?
- **Caveats/Limitations:**

-no matching was possible between particular Australians or Canadians who had completed Mental Health courses, and those who were more or less stigmatizing or enabling.

-measure was of behavioural intention, not of behaviours themselves.

-we can't conclude too much from the national differences in pharmacist stigma of suicide, as it was a cross-sectional measure at one time point, without analysing the influence of training over more points in time.

CONCLUSION: 2. (POSSIBLE NEXT STEPS TOWARDS SOLUTIONS-HYPOTHESIS LEVEL):

STIGMA MAY COMPRISE OFTEN RELATED BUT SOMETIMES DIVERGENT ATTITUDINAL & BEHAVIOURAL VARIABLES OR COMPONENTS:

- Should we prioritize, focus initially & strive directly for helpful behaviours? Maybe they will reshape attitudes on the rebound?
- Over-reliance on self-rating attitude studies. Does this suggest the need for more simulated behavioural or more truly behavioural studies? (Thornicroft).
- Are such studies ethical? Eg. with Service Users with consistent support, in recovery as roleplay or simulation enablers & as discussants, or with actors?
- Do we need both Mental Health First Aid & Experiential Suicidality Attitudinal, Awareness & Responsiveness Training for co-laterally involved professionals & community members? Eg Hairdressers? Real-estate agents?
- Should we tackle Trauma & Stigma together—pulling out the stops on overcoming both together synergistically? Optimizing both Neuroplasticity & Empowerment?

CONCLUSIONS 3.

Results of parallel Univ Sydney Comm Pharm Research

O'Reilly C et al, Internat J of Social Psychiatry, 2019

- **Discrimination** from primary & secondary health professionals is **prevalent.**
- Low discrimination scores from **assertive mental health** team staff:
  --Do they shield service-users from -ve discrimination?
  --Do they provide Positive Discrimination? Is it therapeutic?

- As both +ve attitudes and +ve behaviours may be **synergistic** in a) destigmatising, b) getting practical help, c) positive discrimination*, and d) healing & recovery, can they be learned with training? Does this require MHFA (theoretical + face-to-face components) + experiential training with service-users & families in highly valued & legitimized expert roles?

* eg human rights facilitation, doing special things, undoing unneeded treatments & orders

WE CAN ALL BE MORE EFFECTIVE IF WE ARE ALL ON THE SAME PAGE

STIGMA AS A SOURCE OF TRAUMA

- **Prominent Sources of Trauma in Mental Health Services (can be co-occurring)**

1. **Frightening acute psychotic & suicidal experiences**
2. **Involuntary Hospital Admission & Treatment, being secluded, held down & injected**
3. **Early & persistent experiences of Stigma**

- **Service-users report that the experience of the stigma of having a mental illness is often worse than living with the illness.**
- **Acute &/or cumulative experiences of being stigmatized, shunned and discriminated against may be erosive & contribute substantially to the genesis of PTSD.**
- **Self-stigma can set in early & become an indelible "traumatic shadow or stain" -so difficult to remove.**
- **Recent evidence suggests that hyper-reactivity to stress may often be epigenetically transmitted to future generations, with investment in preventive interventions likely to be worthwhile.**

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Thank you

Questions?