

# Engaging Pharmacist in Suicide Screening

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# Culture is Prevention



**COMMUNITY.**  
**TRADITION.**  
**WELLNESS.**

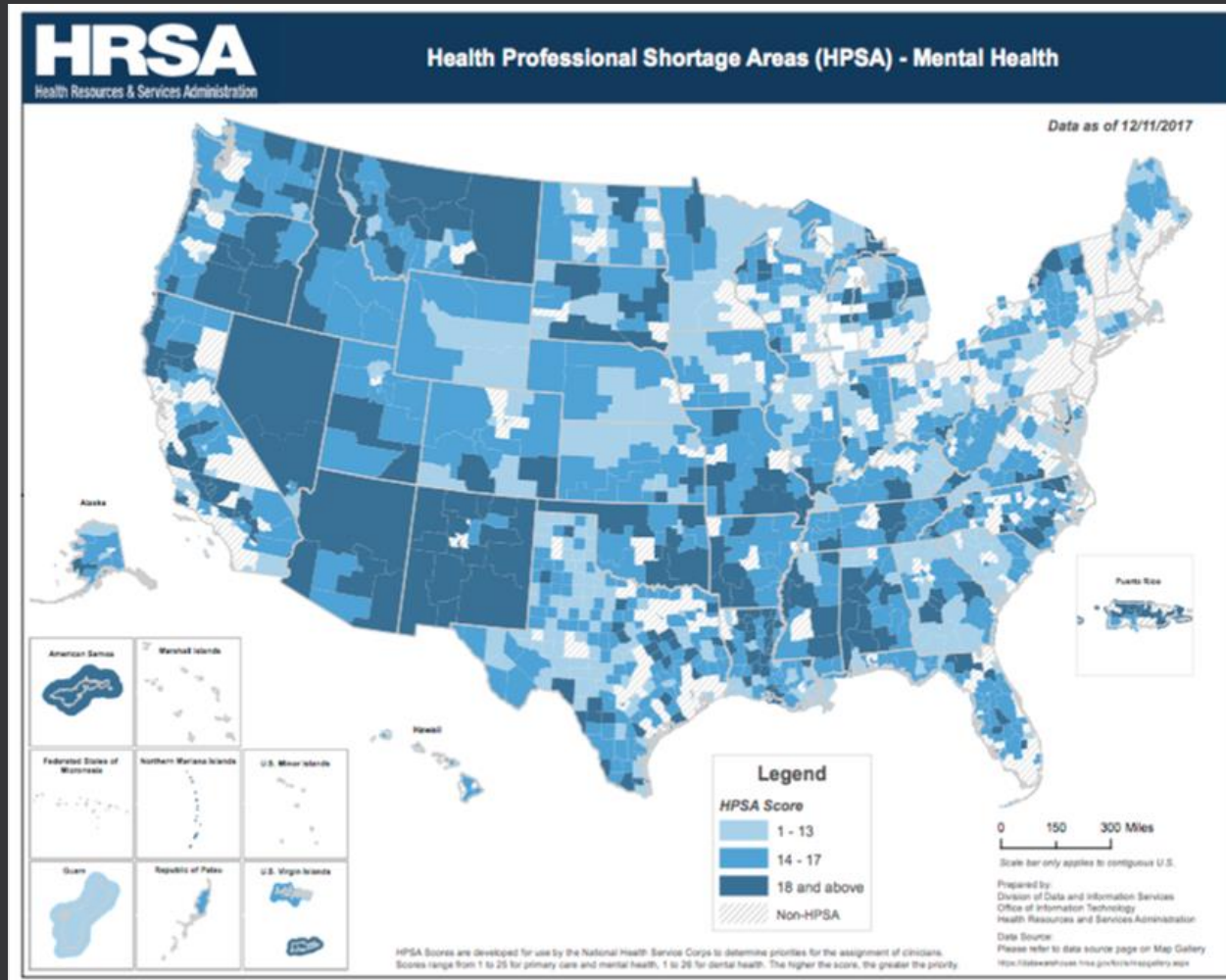


<https://www.indianhealthboard.com/>. (n.d.). Retrieved from <https://www.indianhealthboard.com/>



# Team Based Care

# Workforce Shortage



# The Red Lake Pharmacy's Journey

Shortage of mental health (MH)  
providers in rural Minnesota



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graph TD; A[Shortage of mental health (MH) providers in rural Minnesota] --> B[Increased access to MH services by training Pharmacists to Provide Behavioral Health Med Management]; B --> C[All pharmacy staff trained in PHQ2 And PHQ9 in February 2018];
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Increased access to MH services by  
training Pharmacists to Provide  
Behavioral Health Med Management

All pharmacy staff trained in PHQ2  
And PHQ9 in February 2018



# Gatekeeper Training

Easy  
Cost effective  
Applicable in any setting



# Question Persuade Refer

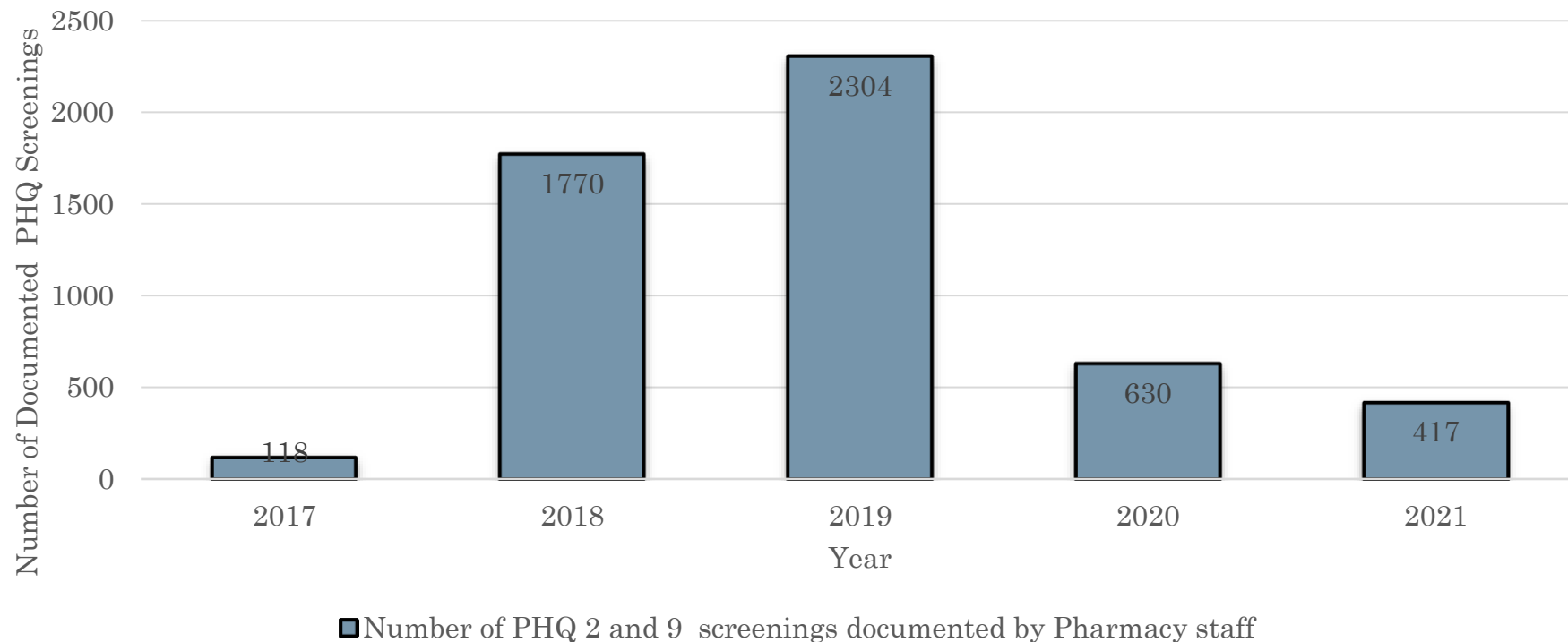
The Equivalent to  
CPR



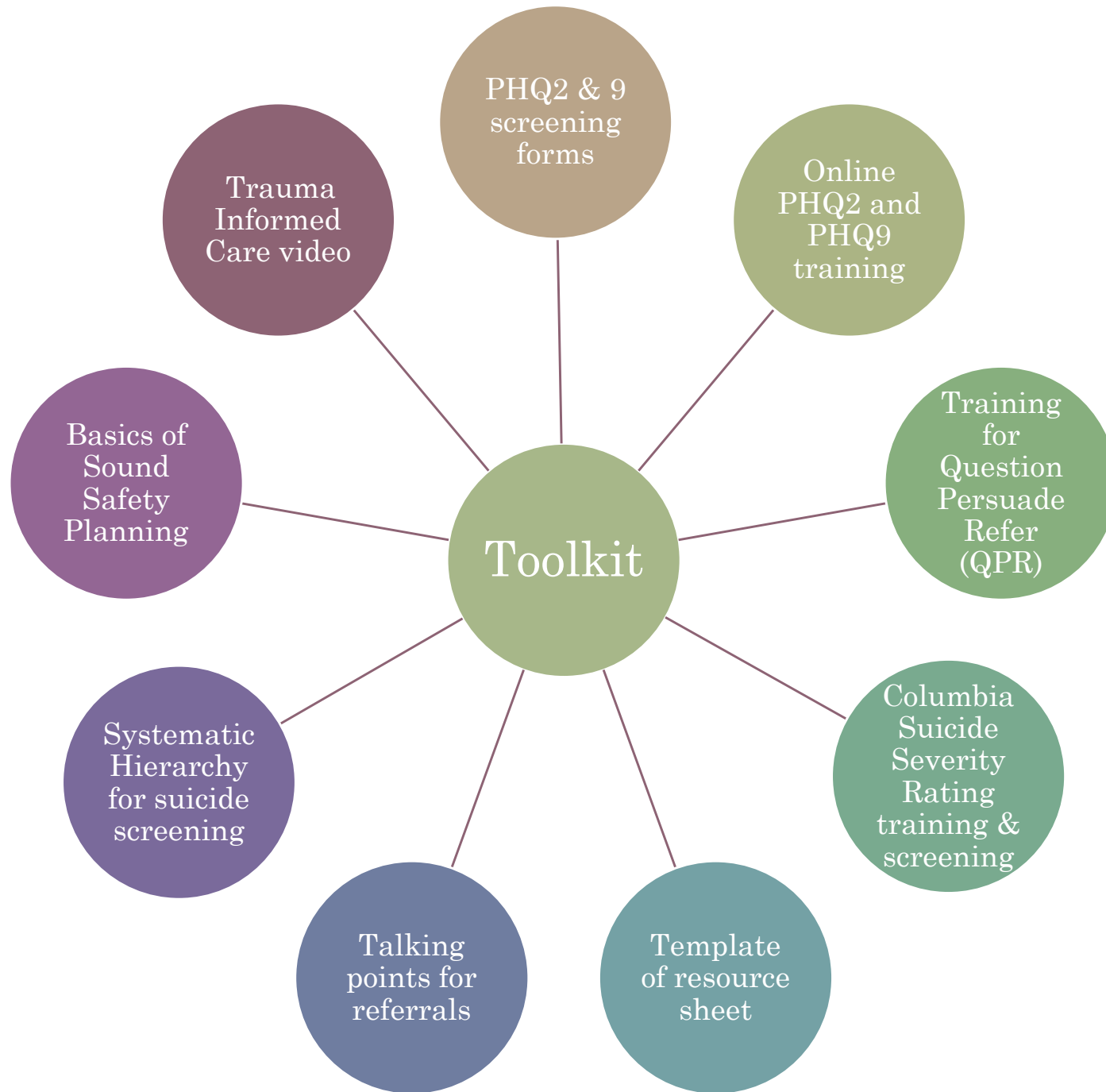
Emergency Mental  
Health  
Intervention

# Red Lake Pharmacy

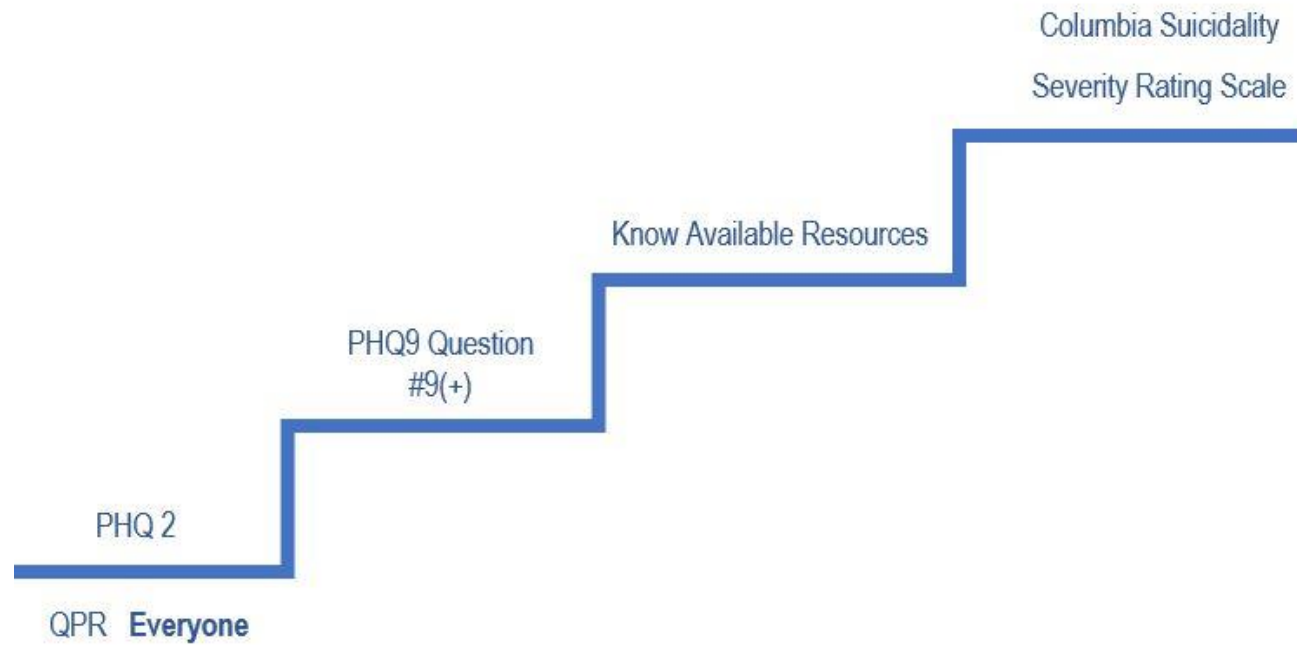
## Number of PHQ 2 and 9 screenings documented by Pharmacy staff







# Systematic Hierarchy for Suicide Screening





“Pharmacists are the most accessible and frequently visited health care provider.”<sup>3</sup>

<sup>3</sup>Manolakis, P. G., & Skelton, J. B. (2010). Pharmacists Contributions to Primary Care in the United States Collaborating to Address Unmet Patient Care Needs: The Emerging Role for Pharmacists to Address the Shortage of Primary Care Providers\*. *American Journal of Pharmaceutical Education*, 74(10). doi:10.5688/aj7410s

# The Suicide Epidemic

Suicide is the  
**10<sup>th</sup>**  
leading cause of death in  
the US

Each year  
**44,965**  
Americans die by suicide

For every suicide  
**25**  
attempt

Suicide costs the US  
**\$ 69** Billion  
annually

40 – 60 % of people who attempt suicide have  
seen their provider in the previous 30 days.

How many of them have seen their  
pharmacist?

# Barriers

Time.

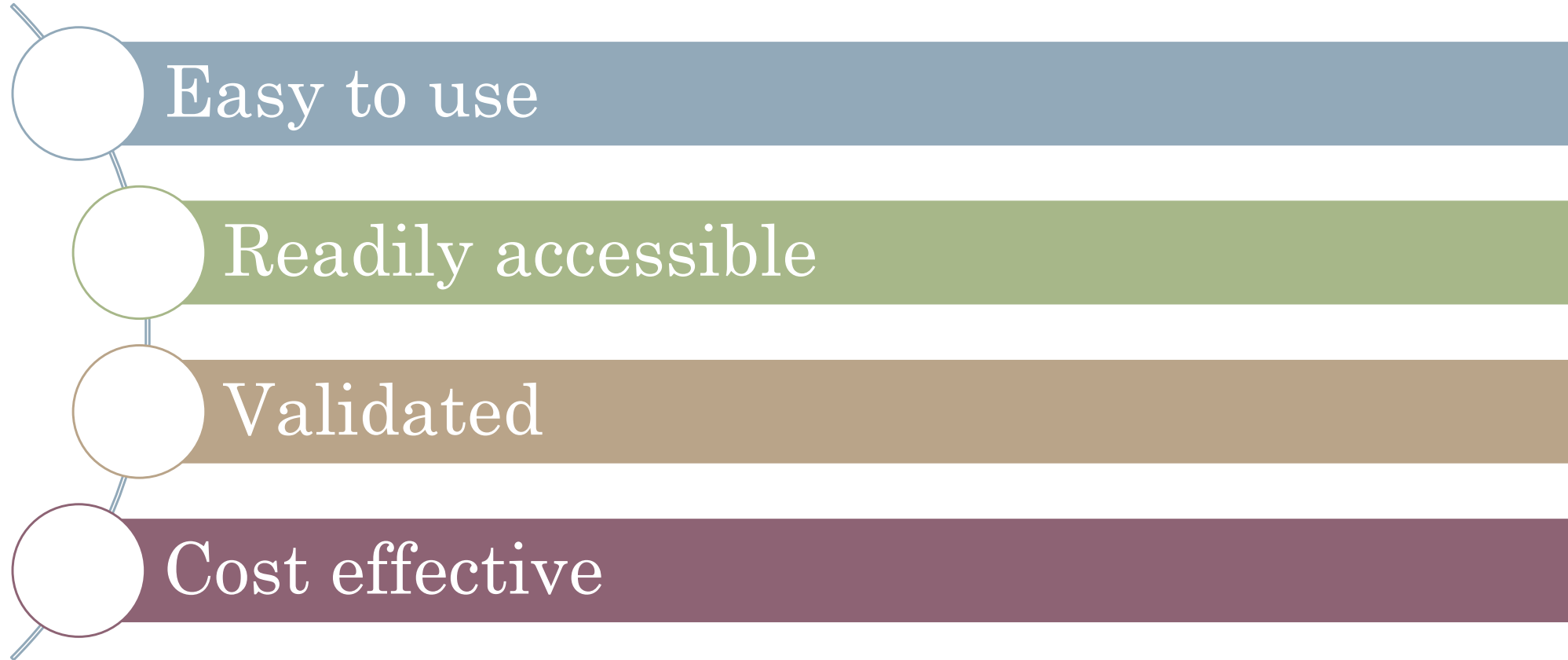
How do you decide which screening to use?

What do we do if a patient indicates they are having thoughts of suicide?

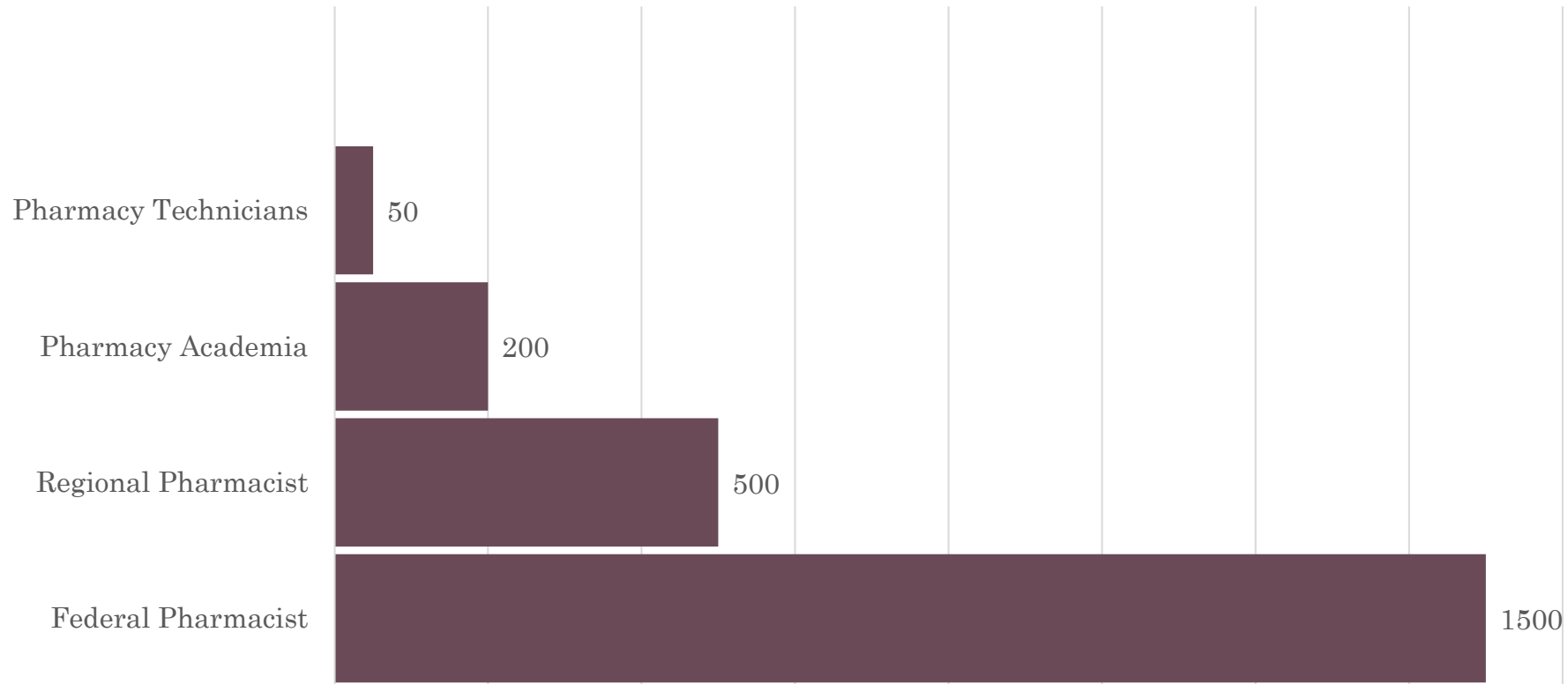
Not trained to do suicide screenings.

Don't want to make it “worse”.

# Mental Wellness Assessment Toolkit for Pharmacists



# Impact





# Recent Research

Stover, A. N., Lavigne, J. E., & Carpenter, D. M. (2022). A Scoping Review of Suicide Prevention Training Programs for Pharmacists and Student Pharmacists. American journal of pharmaceutical education, 8917. Advance online publication. <https://doi.org/10.5688/ajpe8917>

Painter, N. A., Kuo, G. M., Collins, S. P., Palomino, Y. L., & Lee, K. C. (2018). Pharmacist training in suicide prevention. Journal of the American Pharmacists Association : JAPhA, 58(2), 199–204.e2. <https://doi.org/10.1016/j.japh.2017.12.007>

Willson, M. N., Robinson, J. D., McKeirnan, K. C., Akers, J. M., & Buchman, C. R. (2020). Training Student Pharmacists in Suicide Awareness and Prevention. American journal of pharmaceutical education, 84(8), ajpe847813. <https://doi.org/10.5688/ajpe847813>

# Training Pharmacists to play an active role in assessing for Mental Wellness

1

Establish a systematic hierarchy for suicide screening

2

Use validated screening tools

3

Create cost effective, accessible training

4

Create a toolkit with training and resources



Questions

# References

- <sup>3</sup>Manolakis, P. G., & Skelton, J. B. (2010). Pharmacists Contributions to Primary Care in the United States Collaborating to Address Unmet Patient Care Needs: The Emerging Role for Pharmacists to Address the Shortage of Primary Care Providers\*. American Journal of Pharmaceutical Education, 74(10). doi:10.5688/aj7410s