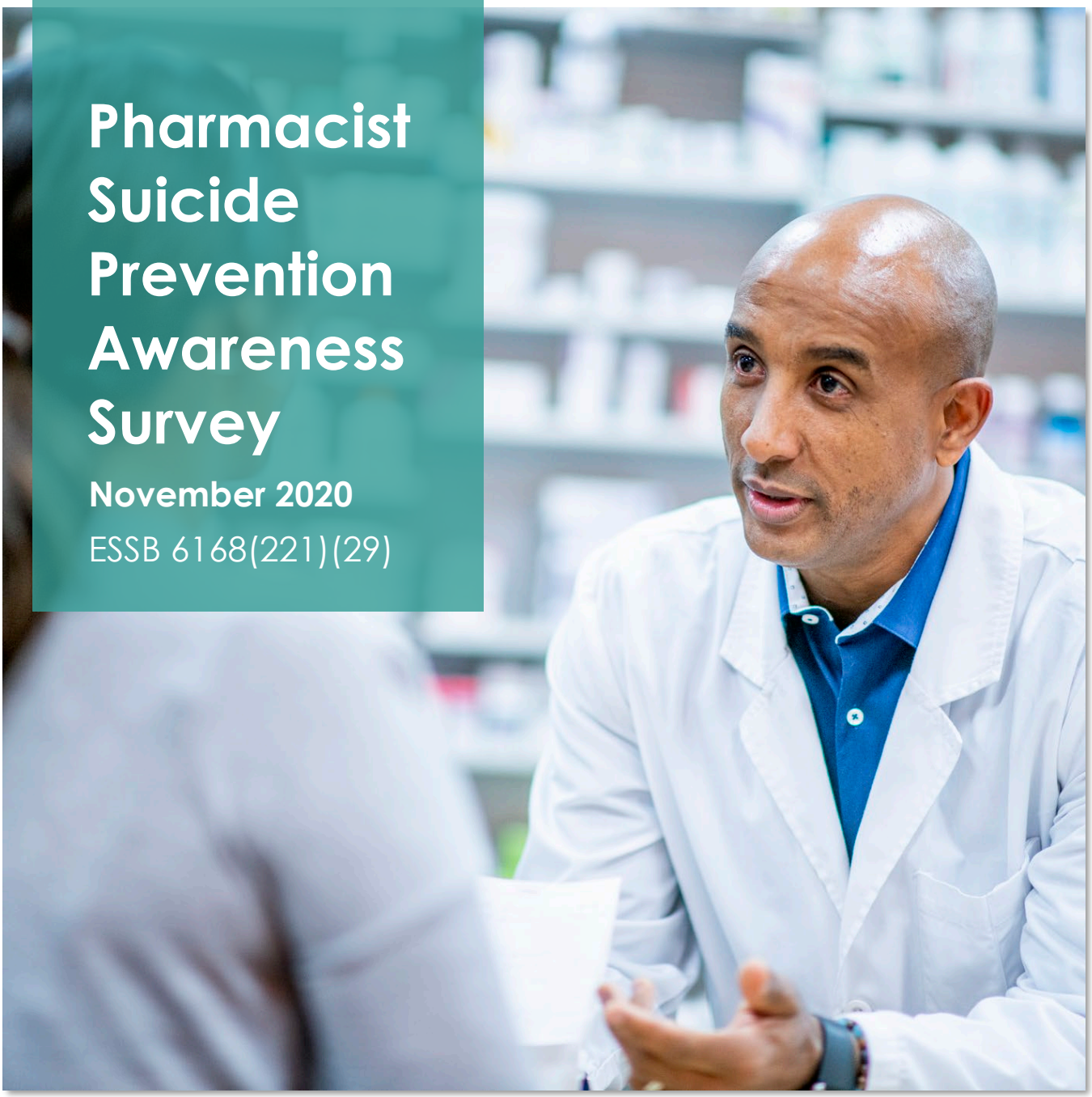
Report to the Legislature

Pharmacist Suicide Prevention Awareness Survey

November 2020

ESSB 6168(221)(29)



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Executive Summary

The 2019 Washington State Legislature directed the Pharmacy Quality Assurance Commission (commission) through a budget proviso in ESHB 1109(221)(29)(b) to collaborate with the Safer Homes Task Force to develop and conduct a survey of all Washington state licensed pharmacists on suicide awareness and prevention training. The survey assesses if and how pharmacists utilize suicide prevention training. The report's goal is to identify barriers preventing pharmacists from placing their training into practice.

The survey results showed a high percentage of pharmacists had taken the training, with nearly one in four pharmacists reporting that they had been able to use the training in their practice. Pharmacists who were able to use the training indicated they recognized the signs in a patient or colleague and were able to help them through the crisis or refer them to professional assistance. For those who were unable to use the training, the most common reasons included time constraints, limited or no contact, and lack of resources.

The survey included responses from 2,144 pharmacists licensed in the state of Washington out of the 10,166 pharmacists with valid email addresses shared with the Washington State Department of Health (department) through the GovDelivery system. The survey took place in July 2020.

Background

In 2016, ESSHB 2793 (chapter 90, Laws of 2016) created the Safer Homes Task Force, which included provisions that pharmacists were required to complete suicide prevention training starting in 2017. In 2019, the Washington State Legislature directed the Pharmacy Quality Assurance Commission (commission) through a budget proviso in ESHB 1109(221)(29)(b) to collaborate with the Safer Homes Task Force to develop and conduct a survey of all Washington state licensed pharmacists on suicide awareness and prevention training. This report provides a summary of the results of the survey.

Methodology

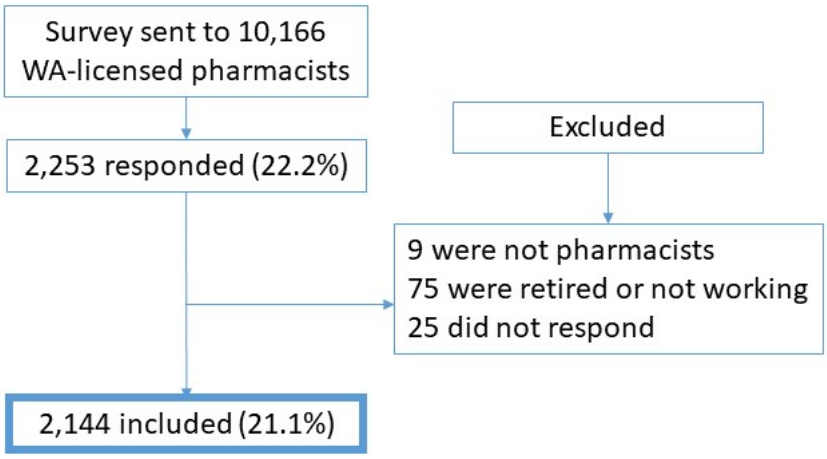
The commission distributed an initial survey developed in conjunction with the Safer Homes Task Force in March of 2020. The commission released the survey at the start of the pandemic resulting in few responses. The commission and the task force made a second attempt in July of 2020. The new survey had a response rate of 22 percent of recipients. The commission did not collect identifiable information, as both surveys were voluntary.

The survey focused on how, if at all, suicide prevention training was used in practice by pharmacists; attitudes toward suicide prevention and training; confidence level in training application; and identifying any barriers to putting training into practice. The commission distributed the survey to all licensed pharmacists in Washington with valid email addresses through GovDelivery and through the department's survey software, Opinio. The Suicide Safer Homes Task Force prepared suicide awareness and prevention educational materials for the commission, which were included in the survey message and the survey itself. Most questions on the survey were presented in a multiple-choice format, although some were open-ended and coded for analysis.

Survey Overview

Figure 1 shows the overview of the survey sample. The commission sent the survey to 10,166 people[1], 2,253 of whom responded. Of the respondents, 75 were retired or not working and 25 did not respond to the question on job profession. Nine respondents chose "Pharmacy Technician" or "Other" as their job title. Data for these nine respondents were not included in the results, as the target population was licensed pharmacists. In total, 2,144 active licensed pharmacists responded to the survey.

[1] 10,166 is the number of licensed pharmacists in Washington who have opted in to receive GovDelivery notifications.



Summary of Survey Results

The survey captured a broad sample of pharmacists who practice in a variety of settings. Respondents primarily came from the retail (42.7 percent) and hospital (25.6 percent) settings; although some indicated they were in the long-term care, primary care, or "other" setting.

Table 1. Pharmacy Setting of Respondents

Setting	*Number of Respondents*	*Percentage of Total*
Retail	891	42.7 percent
Hospital	535	25.6 percent
Primary Care	159	7.6 percent
Long-term Care	103	4.9 percent
Other*	401	19.2 percent

Note: * Other primary work settings include, but were not limited to: Managed Care, Ambulatory Pharmacy, Academia, Consulting, Industry, Specialty Pharmacy, Nuclear Pharmacy, Home Infusion, Government, and Mail Order Pharmacy.

Patient Interaction Method: The commission asked participants to select all the ways they interact with patients[2]. Overall, 69.2 percent interact with patients in person while 59 percent interact over the phone, 8.5 percent by email, and 3.7 percent over video. About 25 percent of respondents reported using all four methods, and about 20 percent stated they do not interact with patients.

Suicide Training in Practice: Out of the 1,904 pharmacists who reported taking suicide prevention training, nearly three quarters (n=1427) state they have not used it in practice. Pharmacists indicated a variety of reasons for not using the training, the largest number responding that it "has not come up." Others indicated they had minimal contact with patients or others do that suicide screening.

The respondents who reported using suicide prevention tools with either a patient or a colleague took a variety of actions (see Table 2). The majority, 54.1 percent, reported that they have asked a patient about suicide and/or counseled them on safe medication storage (53.6 percent). Table 2 also shows that a notably smaller percentage of pharmacists (20.6 percent) "distributed materials on suicide prevention," compared to the other categories.

Table 2. How Suicide Prevention Training was Put into Practice[3]

Action Used	*With a Patient*	*With a Colleague*
Asked if they were thinking about suicide.	231 (54.1 percent)	74 (17.3 percent)
Helped them in the middle of a crisis.	172 (40.3 percent)	93 (21.8 percent)
Directed them to a suicide hotline or other crisis resource.	204 (47.8 percent)	62 (14.5 percent)
Counseled them on how to help someone whose actions concerned them.	164 (38.4 percent)	87 (20.4 percent)
Counseled them on safe medication storage.	229	41

[2] The provided categories are not mutually exclusive.

[3] Respondents were asked to indicate which of any methods they had used. Percentages is of total responses.

	(53.6 percent)	(9.6 percent)
Referred the person at risk to a behavioral health provider.	188 (44.0 percent)	47 (11.0 percent)
Distributed materials on suicide prevention.	88 (20.6 percent)	37 (8.7 percent)
Other	29 (6.8 percent)	16 (3.8 percent)

The highest reported actions directed at colleagues included helping them in the middle of a crisis (21.8 percent) and/or counseling them on how to help someone they are concerned about (20.4 percent).

Of note, one respondent shared a personal story: "I have counseled patients more thoroughly on suicidal ideations with the use of antidepressants, and it has saved at least one life. I would not have had the tools to comfortably approach people about this without the mandated training."

Attitudes on Suicide Prevention and Training: Figure 2 shows respondents' attitudes toward suicide prevention and training. More than half of the respondents recognize that some of their patients may be at risk for suicide, and a vast majority is familiar with the warning signs associated with suicidal ideation. Most pharmacists surveyed believe that it is their responsibility to discuss suicide prevention with their patients. They also indicated that they believe suicides are preventable. The respondents reported confidence in their ability to perform the tasks to help their patients address these feelings. Please see Figure 3 for additional information.

Figure 2. Level of Agreement or Disagreement on Suicide Prevention Statements

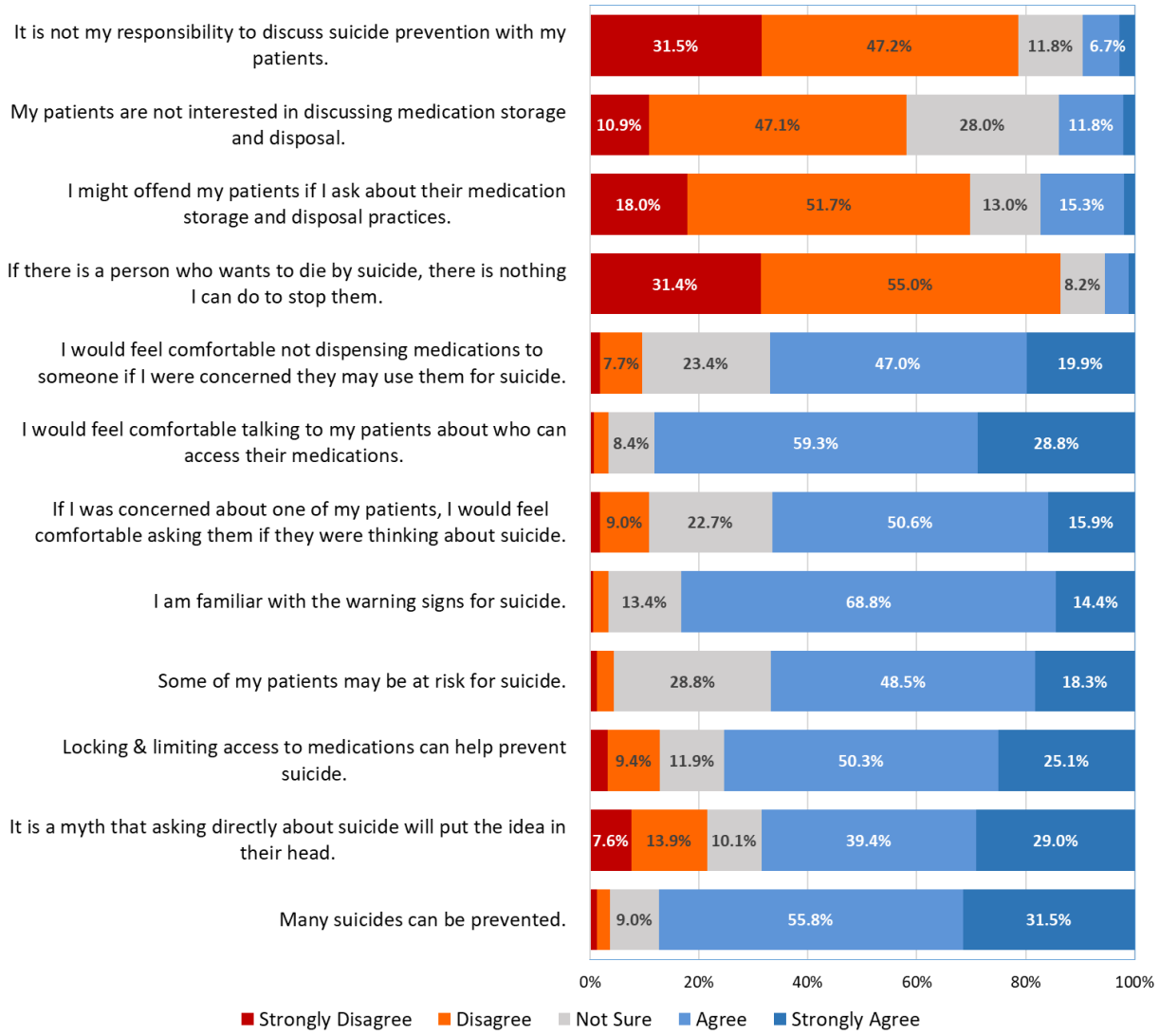
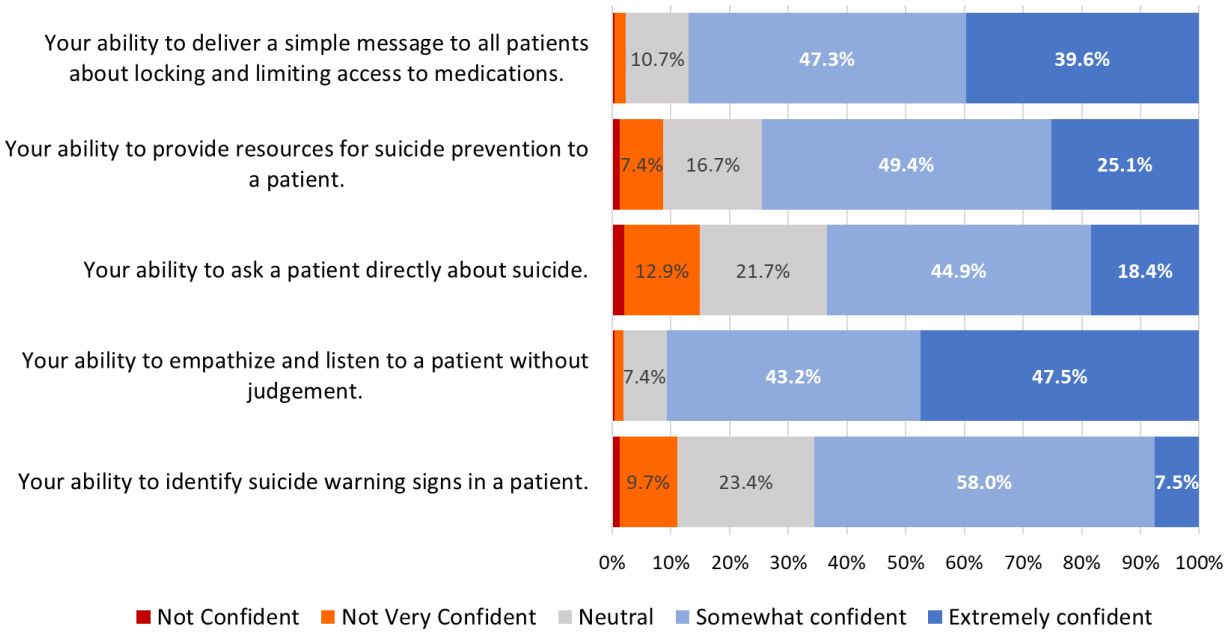


Figure 3. Confidence in Suicide Prevention Tactics



Barriers to Helping At-Risk Patients: The commission asked pharmacists whether they face any barriers to helping patients at risk for suicide. The result indicated that 599 (27.9 percent) did face barriers in helping patients at risk. The commission then asked pharmacists to explain their response in a text box. We coded these responses into 12 categories located in Table 3 below.

Table 3. Coded Barriers to Helping At-Risk Patients

Coded Categories	*Frequency*	*Percent*
Time Constraint	214	35.7 percent
Limited Contact	87	14.5 percent
Access to Resources	56	9.3 percent
No Contact	50	8.3 percent
Privacy	34	5.7 percent
Perception	28	4.7 percent
Patient Reluctance	16	2.7 percent
COVID	13	2.2 percent
Language	12	2.0 percent
Uncomfortable	11	1.8 percent

Someone Else's Role	8	1.3 percent
Other	62	10.4 percent
Note: Eight respondents did not answer.		

Time Constraint: Time constraints (35.7 percent) were the most common response. Pharmacists reported that, despite having contact with patients, there is not enough time in their setting to spend with individual patients to identify warning signs or to practice suicide prevention techniques. Many identified working in a retail setting where there is very limited time to spend with each patient. Respondents indicated their supervisors holding them to quotas or a type of performance matrix based on how many prescriptions they dispense. One pharmacist stated that "In the retail setting, you already are getting pressured to minimize time talking with patients. So even if I feel comfortable with identifying warning signs for suicide, I am likely to miss them. And when I do see them, there is not an easy handout/flowchart on what to do next."

Others indicated that they were understaffed or that their workload was simply too great. One pharmacist stated, "We fill 359-600 Rx per day with maybe two pharmacists. I feel these conversations should be unhurried and I have maybe three minutes to spend with a patient if I don't want to get behind on filling all my other patients' prescriptions and my other management duties." Some of respondents echoed the challenge of juggling management or non-clinical duties on top of dispensing, patient care, and counseling patients.

Access to Resources: Lack of access to resources was another common (9.3 percent) barrier mentioned. These pharmacists stated they lacked adequate training to identify warning signs or to discuss suicide prevention with patients, or they did not know or have resources to direct at-risk patients to. One shared: "[I] feel as though I don't have enough training to know what to say or do if I'm faced with a patient who is contemplating suicide. We usually refer them to the emergency psychiatric line if a patient is exhibiting signs." Another indicated that their barrier to helping patients at risk for suicide is not having "Resources at easy access for immediate referral – not just a hotline number." Others referenced not knowing what to say or where to direct people.

Limited or No Contact: Many pharmacists (22.8 percent) reported that they had limited or no direct contact with patients, which serves as a barrier to suicide screening and prevention. Pharmacists described working in settings where someone else had the contact with patients, such as in a hospital or long-term care facility, or that their contact with patients used another technology that limited face-to-face contact. Respondents noted that this increased with safety conditions enacted in response to the pandemic.

Privacy: Thirty-four pharmacists (5.7 percent) reported privacy-related barriers to helping at-risk patients. Most of these responses focused on how the pharmacy counter often lacks the privacy desired for conversations on suicide prevention. One pharmacist stated, "I work in a large retail chain and there isn't much privacy. We do our best with counseling and recommendations but there isn't a separate space, only a separate window for us to discuss more sensitive issues." Some mentioned how a drive-through window setting, where patient interaction can be through a television monitor, can make it difficult to have personal conversations with at-risk patients.

Perception, Uncomfortable, and Patient Reluctance: Twenty-eight pharmacists (4.7 percent) indicated that they believe they would be unable to help a patient at risk of suicide or that they are hesitant to have conversations on suicide due to stigma. Others thought that this kind of assessment is outside their scope of practice. Eleven pharmacists (1.8 percent) indicated that the barrier to helping at-risk patients is that they are uncomfortable talking about suicide. Additionally, 16 pharmacists (2.7 percent) cited that the patient may be reluctant to talk to the pharmacist about suicidal thoughts due to the setting, being uncomfortable with the topic, or a lack of trust, to name a few.

Language, Someone Else's Role, and Other: Twelve pharmacists (2.0 percent) stated there is a language barrier between them and their patients. Responses coded into the category "Someone Else's Role" indicated there is a different professional in their setting responsible for suicide screening and prevention. Other explanations (10.4 percent) regarding barriers to helping patients at risk for suicide were highly specific to an individual situation or setting. Nearly 600 pharmacists took the time to explain the barriers they face in using suicide prevention training.

General Feedback from Respondents

The commission asked pharmacists about the best methods for distributing materials regarding suicide awareness and prevention to patients (Table 4). Out of the provided list, pharmacists selected pamphlets (60.1 percent) and cards or small handouts (57.0 percent) as the best methods to distribute information. Table 4 also shows the results for methods such as magnets or stickers and text messages. Responses in the "Other" category included suggestions for digital formats such as emails, websites, or social media.

Table 4. Best Methods for Distributing Suicide Prevention Materials

Material	*Frequency*	*Percentage*
Pamphlet	1,288	60.1 percent

Cards or other small handout	1,223	57.0 percent
Magnets/Stickers	697	32.5 percent
Text Messages	593	27.7 percent
Other	173	8.1 percent
Note: Respondents were able to select multiple options. Categories are not mutually exclusive		

The commission asked pharmacists for any additional feedback in an open-ended question. Of the 2,144 respondents, 117 offered an additional comment on the survey. We coded these comments and presented them in Table 5. The majority of pharmacists' responses were positive about the suicide prevention training. One pharmacist said, "I used the training to prevent a loved one from suicide." Some expressed that the required training was not enough. For example, one pharmacist stated, "The current structure of 6 hours of education doesn't help enough though. There should be a toolkit of ways to refer patients to treatment… It's easy to distribute pamphlets, but when you have someone suicidal in front of you, all that training goes out the window if you haven't been in that situation before and you need support just as much as the person with you." Others expressed concern over the training being required, and the time and financial cost associated with the requirement.

Table 5. General Feedback as Coded

Coded Categories	*Frequency*	*Percent*
Positive about Training	32	32.3 percent
Training Could be Improved	23	23.2 percent
Need More Training	18	18.2 percent
Training is Costly	10	10.1 percent
Need Handouts	8	8.1 percent

Training is Time Consuming	8	8.1 percent
Other	18	18.2 percent

Conclusion

The Pharmacy Commission and the Safer Homes Task Force survey of pharmacist attitudes on suicide prevention yielded 2,144 responses from pharmacists serving in a variety of practice settings. Of those who responded to the survey, 1,904 reported taking a suicide prevention training. While most pharmacists surveyed have taken the training, only one-quarter have put it into practice. When asked what barriers prevented them from using the training, almost 600 survey participants volunteered an explanation. Pharmacists responded that barriers included time constraints, limited access to resources, or a lack of privacy in the pharmacy setting. These explanations provide the commission and the task force with much-needed insight and understanding that pharmacists face when addressing suicide prevention.

The survey also revealed that many pharmacists believe the most effective way to distribute materials on suicide awareness and training to patients would be with a pamphlet, cards, or other small handouts. The general feedback received suggests that there were positive benefits from the suicide prevention training, and that future training along with cost considerations could help optimize pharmacist-patient care services.

Appendix – Survey Instrument

1. What is your primary profession? (please select one)
    - Pharmacist
    - Pharmacy Technician
    - Pharmacy Assistant
    - Other (please specify)
        - *Text box to enter other profession*

2. What is your primary work setting? (please select one)
    - Hospital pharmacy
    - Retail pharmacy
    - Long term care pharmacy
    - Nuclear pharmacy
    - Primary care setting
    - Other (please specify)
        - *Text box to enter other primary work setting*

3. How do you interact with patients? (Select all that apply)
    - in person
    - over the phone
    - by email
    - over video
    - I do not interact with patients
    - Other:
        - *Text box to enter other interaction*

4. Have you completed (or participated in) a suicide-prevention training?
    - Yes
    - No

5. Have you completed (or participated in) any of these suicide-prevention trainings (select all that apply)?
    - Training offered by the Washington State Pharmacy Association
    - Training offered by Kaiser Permanente
    - Training offered by QPR Institute
    - Training offered by another organization (please specify)
        - *Text box to enter other training*
    - Yes, but I don't remember what organization offered the training

6. Have you used this training in practice with either a patient or an employee colleague?
    - Yes

- No

7. What did you do? (check all that apply)

	Patient	Colleague
Asked if they were thinking about suicide	☐	☐
Helped them in the middle of a crisis	☐	☐
Directed them to a suicide hotline or other crisis resource	☐	☐
Counseled them on how to help someone they're concerned about	☐	☐
Counseled them on safe medication storage	☐	☐
Referred the person at risk of suicide to a behavioral health provider	☐	☐
Distributed materials on suicide prevention	☐	☐
Other (please describe in the box below)	☐	☐

8. Why not (select all that apply)? <*Only answer if "No" to Q6*>

- Has not come up
- Minimal direct contact with patients
- Not currently practicing pharmacy
- Suicide screening is done by other people
- Other (please describe)
    - *Text box to describe*

9. Please rate the extent to which you agree or disagree with the following statements on the following scale:

Strongly disagree - Disagree - Not sure - Agree - Strongly agree

- Many suicides can be prevented.
- If there is a person who wants to die by suicide, there is nothing I can do to stop them.
- It is a myth that asking directly about suicide will put the idea in their head.
- Locking & limiting access to medications can help prevent suicide.
- Some of my patients may be at-risk for suicide.
- I am familiar with the warning signs for suicide.
- If I was concerned about one of my patients, I would feel comfortable asking them if they were thinking about suicide.

- I would feel comfortable talking to my patients about who can access their medications.
- I would feel comfortable not dispensing medications to someone if I were concerned they may use them for suicide.
- I might offend my patients if I ask about their medication storage and disposal practices.
- My patients are not interested in discussing medication storage and disposal.
- It is not my responsibility to discuss suicide prevention with my patients.

10. Please rate your current level of confidence on the following scale:

Not confident - Not very confident - Neutral - Somewhat confident - Extremely confident

- Your ability to identify suicide warning signs in a patient
- Your ability to listen to a patient without judgement
- Your ability to ask a patient directly about suicide
- Your ability to provide resources for suicide prevention to a patient
- Your ability to deliver simple messages to patients about locking and limiting access to medications

11. Do you face any barriers to helping patients at risk for suicide?
    - Yes
    - No

12. (If Yes to Q11) Please explain the barriers in the box below.
    - *Text box to describe*

13. What are the best methods of distributing materials regarding suicide awareness and prevention to patients (select all that apply)?
    - Pamphlet
    - Cards or other small handout
    - Magnets/Stickers
    - Text messages
    - Other (please describe)
        - *Text box to describe other*

14. Do you have additional feedback for us?
    - *Text box to describe*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