

Awareness of Suicide Among Health Care Professionals: Determinants, Challenges, and Impact



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Learning Objectives

1. Define suicidal ideations, symptoms, causes, diagnosis, treatment, and potential coping mechanisms
2. Define suicide rates and trends to include healthcare professionals, New Mexicans, and in the US
3. Define suicide resources available in New Mexico, include the New Mexico Suicide Coalition
4. Discuss, survey, chat, and/or debate about any additional treatment options or intervention, and if they may help the potential for suicide

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Suicide Data: New Mexico

Suicide is a public health problem and leading cause of death in the United States. Suicide can also be prevented – more investment in suicide prevention, education, and research will prevent the untimely death of thousands of Americans each year. Unless otherwise noted, this fact sheet reports 2020 data from the CDC, the most current verified data available at time of publication (March 2022).

10th leading cause of death in New Mexico

- 2nd leading**
cause of death for ages 10-24
- 2nd leading**
cause of death for ages 25-34
- 4th leading**
cause of death for ages 35-44

4th leading
cause of death for ages 45-54

- 9th leading**
cause of death for ages 55-64
- 16th leading**
cause of death for ages 65+

83.36% of communities did not have enough mental health providers to serve residents in 2021, according to federal guidelines.

Almost **four times** as many people died by suicide in 2019 than in alcohol related motor vehicle accidents.

The total deaths to suicide reflected a total of 11,423 years of potential life lost (YPLL) before age 65.

63% of firearm deaths were suicides.
59% of all suicides were by firearms.

	Number of Deaths by Suicide	Rate per 100,000 Population	Rate Ratio
New Mexico	516	24.18	4
Nationally	45,979	13.48	

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What is Suicidal Ideation?

“Suicidal Ideation” is a broad term used to describe a range of contemplations, wishes, and preoccupations of death and/or attempt to end one’s own life



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Verbal vs Behavioral Manifestations

Individual verbally expresses:

- Suicide
- Feeling hopeless
- Feeling trapped
- Being a burden to others
- Unbearable pain
- No reason for living
- No sense of purpose in life

Individual presents with:

- Increased drug or alcohol use
- Visible decline in appearance
- Withdrawing from friends and family
- Distress (anxious/crying)
- Dramatic mood changes
- Difficulty sleeping or sleeping all the time
- Giving away possessions
- Saying goodbye to family and friends

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Attributing Factors:

- Mood disorders (depression/anxiety)
- Certain medications increase risk of suicidal thoughts and behavior (i.e. antidepressants, montelukast, etc.)
- Genetic predispositions
- Stressful, harmful, or discouraging environmental conditions
- Substance use and abuse
- Relationship/social problems
- Easy access to lethal means

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Some Common Illnesses Associated with Depression/Suicide Risk:

- Heart attack
- Diabetes/high blood sugar
- Chronic lung disease
- Arthritis
- Ulcer
- Hip/femoral fractures

Fässberg MM, Cheung G, Canetto SS, et al. A systematic review of physical illness, functional disability, and suicidal behaviour among older adults. *Aging Ment Health.* 2016;20(2):166-194. doi:10.1080/13607863.2015.1083945

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How Community Pharmacies Can Assist in Suicide Awareness

1. Counsel patients, alert patients to medications that have a boxed warning of increased risk of suicide ideations.
2. Utilize or have access to valid suicidality screening tools to use if applicable.
3. Provide other community resources you are aware of, that may be available to help with additional causative problems in their lives.
4. WRITE those available community resources and/or referrals out for patients to have if EVER needed.



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Case

- ▶ LB presents to the pharmacy to pick up medications
 - ▶ Pharmacist: How are you today?
 - ▶ LB: Same as before, fine.
 - ▶ Pharmacist: What concerns do you have with this medication?
 - ▶ LB: This medication is costing me a fortune, I am struggling to pay the co-pay or even keep the lights on.
 - ▶ Pharmacist: I can work with your prescriber to try and find a lower costing medication, I also have a community resource for electricity assistance.
 - ▶ LB: That will be good, thanks.
 - ▶ Pharmacist: (make note to ask patient at the next visit and determine if screening tool is rendered at next encounter).

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Columbia Suicide Severity Rating Scale (C-SSRS)

- ▶ **Gold standard** for suicidal ideation/behavior risk assessment
- ▶ Created by medical professionals at Columbia University, the University of Pennsylvania, and the University of Pittsburgh — supported by the National Institute of Mental Health (NIMH) — as a screening tool for a 2007 NIMH study of treatments among adolescents with depression
- ▶ Filled an urgent need for suicide research and prevention
- ▶ Must establish criteria that determine what to do next for each person assessed (hospitalization, counseling, referral, etc.)



<https://cssrs.columbia.edu>

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Sample of Questions from C-SSRS

- ▶ Have you ever wished you were dead or wished you could go to sleep and not wake up?
- ▶ Have you actually had any thoughts about killing yourself?
- ▶ Have you been thinking of how you might do this?
- ▶ Have you ever had intentions of acting on these thoughts?
- ▶ When do you have these thoughts, and how long do they last?
- ▶ What factors do you think have made you feel this way?
- ▶ Are you able to stop thinking about this if you willingly try to?
- ▶ Is there anyone or anything that stop you from wanting to die?

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Healthcare Workers are at Higher Risk to Suicidal Thoughts vs. the General Population Due To:

Difficult working conditions
Long work hours
Rotating and irregular shifts
Staff shortages + increased workload, etc.

Emotionally difficult situations with patients and patient's family members

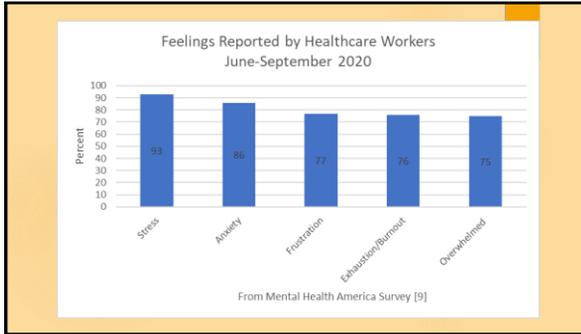
Risk of exposure to infectious diseases and other hazards on the job, including workplace violence

Routine exposure to human suffering and death

Access to lethal means such as medications and knowledge about using them

<https://blogs.cdc.gov/nceh/science/blog/2013/06/17/suicide-prevention-how/>

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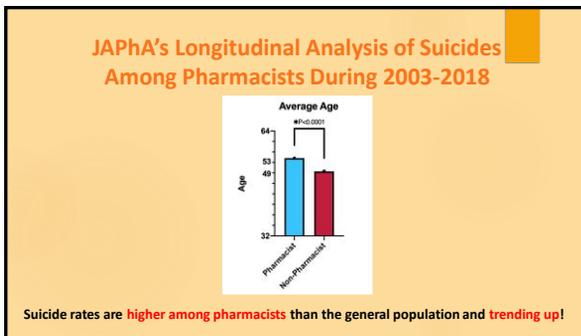
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JAPhA's Longitudinal Analysis of Suicides Among Pharmacists During 2003-2018

- The CDC's National Violent Death Reporting System (NVDERS) is a surveillance system that pools suicide data collected from death certificates, medical examiners & law enforcement reports, and toxicology results into an anonymous database by state.
- Contains all suicide reported in 39 states from 2003-2018.
- Dataset used included 213,462 recorded suicide deaths (316 of which were pharmacists).

Lee EC, Ye DY, Chaffin A, et al. Longitudinal analysis of suicides among pharmacists during 2003-2018. *J Am Pharm Assoc* (2003). 2022;22(4):1165-1171. doi:10.1016/j.japh.2022.04.013

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Important Findings:

- Pharmacists were significantly more likely to have a reported job problem, current treatment for mental illness, and suicide note, and less likely to have a substance abuse issue.
- Pharmacists' mean age at the time of death was statistically significantly higher than the general population.
- Attitudes toward work were generally lower among full-time pharmacists.
- The most common means of suicide among pharmacist decedents in this study was firearms. Previous studies reported that medicinal drugs were most commonly used.

Lee EC, Ye DY, Chaffin A, et al. Longitudinal analysis of suicides among pharmacists during 2003-2018. *J Am Pharm Assoc* (2003). 2022;22(4):1165-1171. doi:10.1016/j.japh.2022.04.013
[https://www.japha.org/article/S1544-1052\(2022\)15-54-fulldoc](https://www.japha.org/article/S1544-1052(2022)15-54-fulldoc)

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Current Suicide Rates/Trends; Pharmacists

- 12 per 100,000 in the general population (1 in 12).
- 20 per 100,000 among other pharmacists.
- Suicide rates among pharmacists is higher than in the general population.
- Firearms was the most common means of suicide, followed by poisoning, then suffocation.

<https://www.jbimms.com/suicide-rate-higher-among-pharmacists-study-finds-3308137>
Longitudinal analysis of suicides among pharmacists during 2003-2018 - Journal of the American Pharmacists Association (japha.org)

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Current Suicide Rates/Trends; Nurses

- 1 in 18 nurses experience suicidal ideation within a year.
- A total of 403 (5.5%) out of 7378 nurse respondents answered that they had experienced suicidal ideation within the past 12 months.
- After conducting a multivariable analysis of the nurses' survey data, it was determined that burnout and suicidal ideation were strongly linked.

Kelsey EA, West CP, Cipriano PF, et al. Suicidal ideation and attitudes toward help seeking relative to the general working population. *Am J Nurs*. 2021;121(11):24-36. doi:10.1097/01.NAJ.0000798056.73563.f4

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Current Suicide Rates/Trends; Medical Doctors

- ▶ Each year, in the US, roughly 300 - 400 physicians die by suicide.
- ▶ 1 in 15 physicians experience suicidal ideation.
- ▶ Suicide rates among physicians is higher than in the general population.

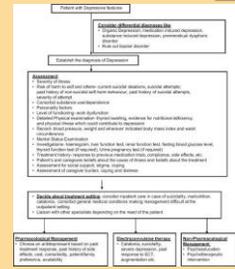
<https://www.acep.org/life-of-a-physician/wellness/wellness-week-articles/physician-suicide/>
<https://www.labroots.com/trending/neuroscience/23102/1-15-physicians-experience-suicidal-ideation>

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Formulating a Treatment Plan

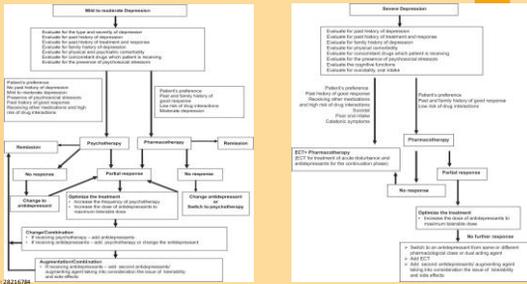
We first must evaluate whether a patient is experiencing a depressive disorder.

- Identifying that a person is not experiencing bipolar depression as opposed to a depressive disorder is important because it will change how we approach therapy and what techniques are effective for the patient.



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Formulating a Treatment Plan



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Some Pharmacological Treatments

- ▶ **SSRIs** - Citalopram, Escitalopram, Sertraline, fluoxetine
- ▶ **TCAs** - Amitriptyline
- ▶ **SNRIs** - Duloxetine, Venlafaxine
- ▶ **BZDs** - Alprazolam can be used for generalized anxiety disorder and acute treatment, > 6 weeks should be only for patients diagnosed with an anxiety disorder who have chronic and severe anxiety complaints
- ▶ **Antipsychotics** - Clozapine is FDA approved for suicidal behaviors, less frequently for acute suicidality but does have a role in reducing acute symptoms causing emotional dysphoria

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Mechanism Review

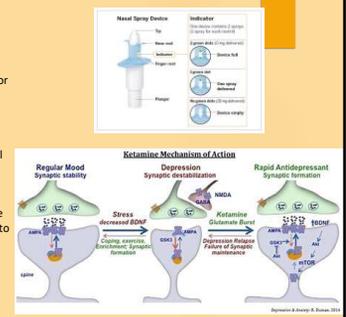
- SSRIs**
 - Selectively inhibit 5-HT reuptake in the presynaptic neurons
 - Increases levels of available 5-HT in the brain
- TCAs**
 - Block reuptake of 5-HT and NE in presynaptic terminal
 - Weakly inhibit DA reuptake
 - Increases available 5-HT, NE, and DA levels in the brain
- BZDs**
 - Enhancement of the inhibitory effect of GABA on neuronal excitability
 - Effects appear to be linked to the GABA-A receptors (not GABA-B)
- Antipsychotics**
 - DA and 5-HT regulation by selective antagonism (some are partial DA agonists which reduces motor side effects of DA antagonism)

PMD: 22316168, Emory.edu

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NMDA-RA

- ▶ **NMDA receptor antagonist** - Spravato (esketamine) is FDA approved for treatment resistant depression (in conjunction with an oral treatment).
- ▶ Trauma/depression can create changes within your brain (i.e. eats away at dendritic spines which transmits electrical signals to neurons), specifically synapse destabilization.
- ▶ Ketamine strengthens those dendritic spines and improves synapses, and, unlike marijuana, these brain changes continue to occur even after the drug is out of the system.
- ▶ It has been called a sustained antidepressant.



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Some Types of Non-Pharmacologic Interventions

- **Supportive Psychotherapy (SP):**
 - Allowing the patient to ventilate, providing emotional support, guidance, increasing the patient's self-esteem, accepting feelings at face value, enhancing hope, enhancing adaptive coping.
- **Cognitive Behavior Therapy (CBT):**
 - Identifying problems, identifying cognitive distortions/errors, generating alternative thoughts, problem solving, mastery and pleasure rating, activity scheduling, anxiety management strategies- relaxation exercises.
- **Brief Psychodynamic Psychotherapy (BPP):**
 - The premise of brief psychodynamic psychotherapy is that depressive symptoms remit as patient learns new methods to cope with inner conflicts. Several different approaches have been described.

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Screening Tool

- Visit mhanational.org/frontline
 - To be screened for mental health, and find resources/support as a healthcare worker
 - <https://mhanational.org/mental-health-healthcare-workers-covid-19>

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Other Possible New Treatment Options

- 1) Cannabis
- 2) Psilocybin (psychedelic mushrooms)

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Mechanism Review

Psilocybin is structurally similar to serotonin, the NT that regulates mood, sleep, and appetite. Psilocybin binds to serotonin receptors in the brain, and the one that it most binds to is the 5-HT2A receptor.

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Should Healthcare Professionals be able to use these other/new treatment options to help with their mental health/prevent suicide ideation risk?

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Survey Questions

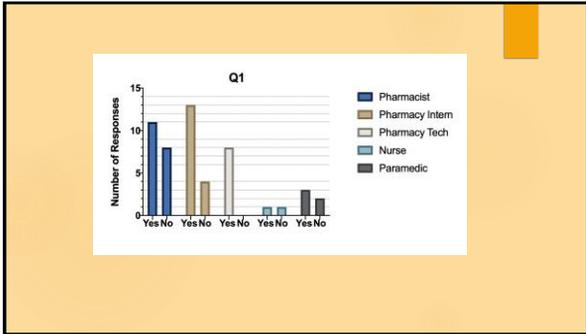
- Number of Healthcare Professionals Surveyed - 51
- Breakdown of Healthcare Professionals Surveyed
 - Pharmacists - 19
 - Interns - 17
 - Technicians - 8
 - Nurses - 2
 - Paramedics - 5

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Survey Question 1

▶ Do you think pharmacists and other HCWs who are responsible for patient care should be able to use medical cannabis under the supervised care of a licensed provider if it effectively manages their symptoms?

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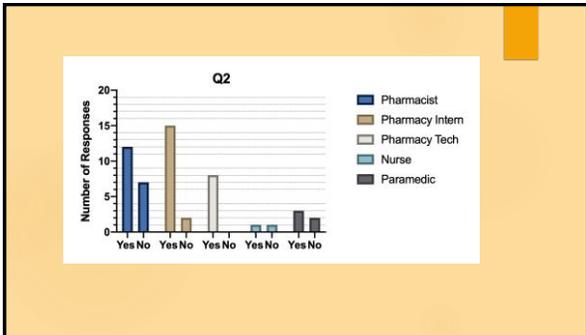


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Survey Question 2

▶ A pharmacist or other HCW is currently using medical cannabis while under the care of a licensed provider. Do you think they should be protected under current state laws from termination?

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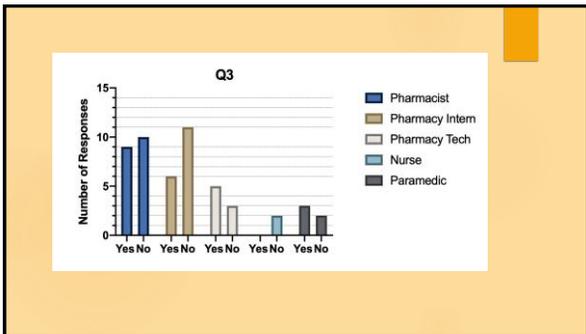


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Survey Question 3

▶ If the state were to pass the use of psilocybin in NM, do you think pharmacists or other HCWs using psychedelic mushrooms under the care of a licensed provider for their symptoms should be protected under state laws from termination?

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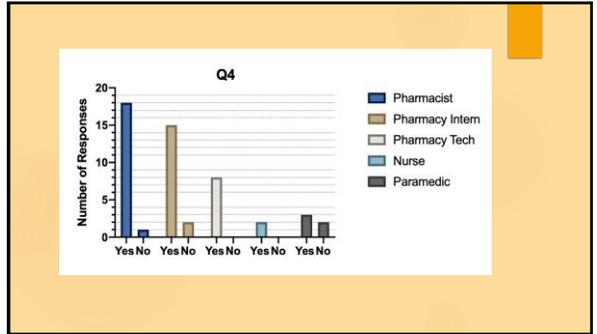


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Survey Question 4

- ▶ If a new pharmacist begins at your pharmacy and has been using medical cannabis or psilocybin legally and under the care of a licensed provider to effectively manage their symptoms, do you think they should be given time to discontinue therapy safely and effectively?

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FDA Opinion

- ▶ Delta-8 THC products have not been evaluated or approved by the FDA for safe use and may be marketed in ways that put the public health at risk
- ▶ Double bond on 8th carbon chain vs 9th carbon chain (Delta-9)
- ▶ FDA concerns:
 - ▶ Variability in product formulations and product labeling
 - ▶ Other harmful cannabinoid and terpene content is difficult to regulate
 - ▶ Variable delta-8 THC concentrations
 - ▶ Products labeled as "hemp products," may mislead consumers who associate "hemp" with "non-psychoactive."
 - ▶ False or misleading claims
 - ▶ Patients and other consumers may use them instead of approved therapies to treat serious and even fatal diseases



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FDA Laws Around THC as a Treatment Option

- ▶ Marijuana is federally classified as a **Schedule I drug** under the Controlled Substances Act.
- ▶ Cultivating, distributing and possessing marijuana violates federal drug laws.
- ▶ President Biden's proclamation on Oct. 7, 2022, included a request for the secretary of health and human services and the attorney general "to initiate the administrative process to review expeditiously how marijuana is scheduled under federal law."



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FDA Laws Around These Treatment Options

- ▶ The FDA has approved research efforts for psilocybin to treat MDD
- ▶ The FDA has designated psilocybin therapy — currently being tested in clinical trials — as "breakthrough therapy," an action that is meant to accelerate the process of drug development and review.
- ▶ Potential to treat severe TRD, or depression in patients who have not improved after undergoing two different antidepressant treatments
- ▶ Still a Schedule I drug, but is decriminalized in > 12 states

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New Mexico Laws and Cannabis

- ▶ April 2021 – NM Legislature passed the **Cannabis Regulation Act** legalizing cultivation, manufacture, purchase, possession, and consumption of adult (21+) cannabis use.
- ▶ June 2021 – cannabis officially legal, but how a consumer buys it, how much they can have at one time, and where they can use it are still restricted by the law.
- ▶ Cannabis businesses in NM must be licensed by the Cannabis Control Division and be registered with the NM Taxation and Revenue Department for a Cannabis Excise Tax account.
- ▶ It remains illegal to cultivate for non-personal use, manufacture, or sell cannabis without a license.



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New Mexico Laws and Psilocybin

- ▶ The legality of psilocybin in New Mexico is slightly different than in the rest of the country. While it is illegal, cultivating or possessing psilocybin mushrooms for personal use is not considered a criminal offense (but you will get a fine).
- ▶ Extracting psilocybin as you grow mushrooms is a second-degree felony in New Mexico.
- ▶ The most significant penalty is a hefty fine of up to 10,000 and up to 9 years in prison. Psychedelic mushrooms are still illegal at the state level.

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Colorado Laws Around These Treatment Options

- ▶ Colorado allows for the use of psilocybin at state-regulated centers under the supervision of licensed facilitators. It also legalizes personal private use, growing and sharing of psilocybin and psilocin, as well as 3 additional psychedelic compounds — DMT, ibogaine and mescaline — by adults 21+
- ▶ Colorado's Natural Medicine Health Act states it should not be construed to require an employer to permit or accommodate the use, consumption, possession, transfer, display, transportation, or growing of natural medicines in the workplace. This may allow employers to continue to have zero-tolerance policies for psychedelic use.
- ▶ Colorado law also does not accommodate the use of marijuana in the workplace and the Colorado Supreme Court has held that employee's are not protected from termination by the state's laws, due to continued illegal status under federal law.

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Resources

Call Agora Crisis Line 1-800-273-TALK (8255)

- To reach 24-hour crisis center if you feel you may be in a mental health crisis
- <https://mhanational.org/mental-health-healthcare-workers-covid-19>

Text MHA to 741741

- To reach crisis counselor if you feel you may be in a mental health crisis
- <https://mhanational.org/mental-health-healthcare-workers-covid-19>

Call, text, chat 988 (suicide and crisis lifeline)

- To reach mental health & crisis counselors
- <https://www.cdc.gov/suicide/facts/>

New Mexico Suicide Coalition

- Meets every quarter



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NM Crisis and Access Line



Crisis and Access Line

Call to connect with a counselor

1-855-662-7474

Toll Free 24/7/365

Peer-to-Peer Warm Line

Call or text to connect with a peer

1-855-662-7474

Call: 9am - 11:30pm
Text: 9am - 11pm

Healthcare Worker and First Responder Support Line

Call for support and resources for front line workers

1-855-907-5595

Call: 9am - 11pm
Text: 9am - 11pm

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NAMI

This organization offers educational programs, advocates for individuals and families affected by mental illness, and operates a toll-free helpline.

Affiliate Name	Contact Info
NAMI Albuquerque	Address: NAMI Albuquerque 2201 San Pedro NE, Ste 212 Albuquerque, NM 87110-4122 Phone: (505) 256-0268 Email Address: aburke@nami.org Website: http://www.namialbuquerque.org Serving: Bernalillo County and surrounding areas
NAMI San Juan County NM	Address: NAMI San Juan County NM 100 S. 2nd St. Farmington, NM 87401 Phone: (505) 326-1365 Email Address: sanjuan@nami-newmexico.org Serving: San Juan County
NAMI Santa Fe	Address: NAMI Santa Fe PO Box 6427 Santa Fe, NM 87502-6423 Phone: (505) 326-4204 Email Address: info@nami-santa-fe.org Website: http://www.namiasanta-fe.org Serving: Santa Fe County
NAMI Southern New Mexico	Address: NAMI Southern New Mexico PO Box 2056 Las Cruces, NM 88504-0506 Phone: (575) 448-2774 Email Address: info@southnami.org Website: http://www.nami-snm.org Serving: Southern New Mexico

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Help You, Your Co-Workers, Your Patients

Ask - Asking about suicide is an effective method to find out if the person needs help and shows the person that you care enough to ask. Ask in a natural way and use open body language.

- ▶ "Are you talking about suicide?"
- ▶ "Are you thinking about killing yourself?"

Validate - Recognize, acknowledge, and value the person's feelings. Give them your full attention.

Reassure - Let them know that help is available, and you will help them find it.

Referral - Ensure they get immediate access to care.

Follow-up - Check in next day, stay connected throughout healing process




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What Can We Do as a Community?



- University and college campus suicide prevention
- Incorporate coping mechanisms and personal problem-solving skills into curriculum
- Identifying those at risk, strengthen response to crisis
- Health professional training in suicide assessment, treatment and management
- Strengthen the work environment: positivity, support, healthy conditions for employees
- Improve access & delivery of mental health care

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Coping Mechanisms



- Commit to doing things you love EVERY day
- Spend more time with people who cheer you up
- Practice gratitude (i.e. via journaling 15 mins/day)
- Make relaxation a routine
- Practice mindfulness (awareness of what is happening around you in the moment, observe with all 5 senses)
- Value social interaction, and set boundaries prioritizing your health
- Optimize your physical health: regular exercise, nutritious meals, constant hydration, consistent sleep
- Monitor and limit social media intake

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Summary

- Suicide is an important topic for New Mexicans to be aware of
- Suicide awareness is something all community pharmacy team members can help with.
- Healthcare professionals struggle with thoughts of suicide as well.
- It is important to stay updated regarding public health topics such as suicide awareness, new treatment options, new state laws, and others opinions.

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Remembering Dr. Lorna Breen



<https://youtu.be/jhqRUxK1Gxc>

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