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Journal of the American Pharmacists Association

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## GUEST EDITORIAL

## We all have a role to play in suicide prevention

If you have not been personally affected by suicide, you probably know others who have. Before the coronavirus disease 2019 pandemic, suicide was the 10th leading cause of death in the United States,<sup>1</sup> and since the pandemic began, multiple professional organizations have raised the alarm about the declining mental health of health professionals and health professional students.<sup>2–4</sup> This makes the commentary by Lee et al.,<sup>5</sup> which examines suicide rates in pharmacists, especially timely.

Using data from the National Violent Death Reporting System, Lee et al.<sup>5</sup> found that, before the pandemic, the age-adjusted suicide rates for pharmacists in the United States were higher than the general population in 2004, 2009, and 2014. The most common means of suicide for pharmacists were firearms and poisoning. Factors that were associated with pharmacist suicide were job problems and current treatment for mental illness. Given the recent attention that pharmacist job stress and burnout has received in the literature,<sup>6</sup> these findings are particularly concerning.

The pharmacy community must act now to implement immediate and long-term solutions to reduce suicide. Collectively, pharmacy professionals, researchers, educators, students, the organizations or institutions that employ us, and professional societies all have a role to play. Below are just a few recommendations for actions we can take to prevent suicide and enhance pharmacist well-being. However, these actions are just a starting point—my hope is that others will bring their creativity and passion to generate comprehensive solutions to address this important issue.

### What we can do as individuals

We can become suicide prevention gatekeepers. Gatekeepers recognize suicide warning signs, ask individuals who exhibit warning signs if they are thinking or talking about suicide, validate the individual's feelings, and expedite referrals. A brief summary of these key gatekeeper behaviors is presented in [Table 1](#). Fortunately, there are a number of suicide prevention trainings available for both pharmacy professionals and student pharmacists.<sup>7,8</sup> Many of these trainings are free and can be completed in less than 2 hours. Although asking someone who exhibits warning signs whether they are “talking about suicide” can feel uncomfortable, remember that asking shows the person that you care about them and want to help. Learning

these gatekeeping skills better positions us to recognize and respond to colleagues and loved ones who are in crisis.

### What our institutions, organizations, and workplaces can do

In the short term, our institutions, organizations, and workplaces can require suicide prevention training. In particular, pharmacy programs can integrate suicide prevention or Mental Health First Aid training into their curricula to equip the next generation of pharmacists with suicide prevention gatekeeping skills. Employers of pharmacists can require pharmacy staff, including technicians, to complete a certain number of continuing pharmacy education units in suicide prevention.

In both the immediate and long term, institutions, organizations, and workplaces can create a culture that promotes mental health well-being. This is especially important as many institutions return to prepandemic work conditions. Creating policies that promote well-being, such as sending e-mails only during work hours, ensuring protected time for lunch, and intentionally spacing midterm and final examinations to provide students time to study, shows concern for employees and students. As Lee et al.<sup>5</sup> found, experiencing job problems was a factor that was associated with pharmacist suicide. Because of this, institutions and workplaces should assess employee and student well-being and be prepared to provide additional resources (or referral to additional resources) when needed.

### What professional societies can do

Professional societies can promote suicide prevention through the release of position statements, sponsoring and promoting suicide prevention programming, and advocating for policies that support mental health well-being. These societies should charge their relevant special interest groups to make suicide prevention a focus area. Because firearms were the number one means of suicide for pharmacists, societies and organizations should partner with all firearms stakeholder groups on suicide prevention initiatives. In addition, these societies should partner with other professional societies to collectively lobby for improved suicide prevention resources at the local, state, and national level. For example, a recent article documented how the National Suicide Prevention Lifeline (NSPL), which is supposed to offer an immediate one-to-one connection with a trained professional for individuals in

DOI of original article: <https://doi.org/10.1016/j.japh.2022.04.013>.

<https://doi.org/10.1016/j.japh.2022.04.012>

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**Table 1**  
Description of key suicide prevention gatekeeper behaviors (SAVES)

Behavior	Description
Signs of suicide	Recognize verbal and behavioral suicide warning signs. Verbal Talking about: <ul style="list-style-type: none"> <li>• Suicide</li> <li>• Feeling hopeless</li> <li>• Feeling trapped</li> <li>• Being a burden to others</li> <li>• Unbearable pain</li> <li>• No reason for living</li> <li>• No sense of purpose in life</li> </ul> Behavioral <ul style="list-style-type: none"> <li>• Increased drug or alcohol use</li> <li>• Visible decline in appearance</li> <li>• Withdrawing from friends and family</li> <li>• Distress (anxious/crying)</li> <li>• Dramatic mood changes</li> <li>• Difficulty sleeping or sleeping all the time</li> <li>• Giving away possessions</li> <li>• Saying goodbye to family and friends</li> </ul>
Ask about suicide	When you recognize suicide warning signs, ask the individual directly about suicide. 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 when you ask. Example verbiage <ul style="list-style-type: none"> <li>• “Are you thinking about killing yourself?”</li> <li>• “Are you talking about suicide?”</li> </ul>
Validate feelings	Recognize, acknowledge, and value the person's feelings. Give the person your full attention. <ul style="list-style-type: none"> <li>• Listen and allow the person to talk.</li> <li>• Do not judge.</li> <li>• Reassure the person that help is available, and you will help them find it.</li> </ul>
Expedite referral	Connect individuals with services. <ul style="list-style-type: none"> <li>• For individuals who have taken harmful actions, call 911.</li> <li>• For individuals who have exhibited warning signs, but you are unsure if they are in immediate danger, provide the individual with contact information for the NSPL (1-800-273-8255; switching to 3-digit number [988] in July).</li> <li>• If the person cannot connect with the NSPL, then provide them with referrals to local or state resources. This website provides links to both mental health and substance use treatment resources: <a href="https://afsp.org/find-a-mental-health-professional#mental-health-resources">https://afsp.org/find-a-mental-health-professional#mental-health-resources</a>.</li> </ul>
Set a reminder to follow up	Follow up with the person the next day. This lets the person know that you care enough to check in and make sure they are okay.

Abbreviation used: NSPL, National Suicide Prevention Lifeline.

crisis, was woefully underfunded.<sup>9</sup> When respected societies with large memberships lobby for a critical resource such as NSPL, key decision makers are more likely to respond.

In summary, we all have a role to play in suicide prevention. If we make suicide prevention a priority, we can create positive change at the individual, organizational, community, and policy levels.

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