

PHARMACISTS HELPING TO PREVENT SUICIDES

A Program For The Missouri
Department of Mental Health
And Mental Health Commission
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PRESENTED BY

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PHARMACISTS PREVENTING SUICIDES© GOALS

THROUGH EDUCATION, TRAINING, POLICY ANALYSIS AND ADVOCACY, PPS© HELPS PHARMACY AND HEALTHCARE PROFESSIONALS PREVENT SUICIDE AND IMPROVE THE QUALITY OF LIFE FOR THOSE AT RISK FOR TAKING THEIR OWN LIVES AND THOSE OF OTHERS.

SOME PPS© ACCOMPLISHMENTS

- ❑ PRESENTED 12 SEMINARS AT 8 SCHOOLS OF PHARMACY FACULTY AND STUDENT CONVOCATIONS
 - ❑ ESTABLISHED pharmacstspreventingsuicide.com FEATURING EDUCATIONAL MODULES AND ICONS TO OTHER SITES OFFERING EDUCATION, TRAINING, PROMOTIONAL AIDS AND OTHER RESOURCES TO PHARMACISTS AND OTHERS.
 - ❑ PRESENTED A 1-CREDIT HOUR C.E. PROGRAM ON SUICIDE PREVENTION TO THE ILLINOIS PHARMACISTS ANNUAL MEETING IN 2013.
 - ❑ PRESENTED A WHITE PAPER TO THE MISSOURI BOARD OF PHARMACY AND 80 – 100 ATTENDEES IN OCTOBER, 2012.
 - ❑ DRAFTED THE “TRICIA LEANN THARP ACT” REQUIRING 2 HOURS OF C.E. FOR PHARMACISTS TO RENEW THEIR LICENSE TO PRACTICE PHARMACY IN MISSOURI, **NOW H.B.2244.**
 - ❑ PUBLISHED AN ON-LINE 1-HOUR C.E. COURSE IN 2009 TAKEN BY OVER 4,000 PHARMACISTS NATION-WIDE. NOW UNDER REVISION.
 - ❑ HELPED PERSUADE AN INSURANCE PROGRAM IN BOSTON, MA TO ALLOW DOCTORS AND SUICIDAL PATIENT’S FAMILIES TO BE EXEMPT FROM THE “90-DAY SUPPLY” RULE AND PETITIONED OVER 50 INSURANCE COMPANIES TO DO LIKEWISE, WITH NO RESPONSE FROM ANY OF THEM.
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PPS ACCOMPLISHMENTS

- ❑ THREE PROFESSORS AT 2 SCHOOLS OF PHARMACY ARE NOW CONDUCTING RESEARCH AMONG PHARMACISTS AND PHARMACY SCHOOLS. THEY ARE ALSO PRESENTING A SEMINAR AT THE COMING ANNUAL MEETING OF THE ILLINOIS PUBLIC HEALTH ASSOCIATION.
 - ❑ AT LEAST 459 PHARMACY STUDENTS AT ONE PHARMACY SCHOOL HAVE TAKEN THE "ASK, LISTEN, REFER" COURSE FROM THE MISSOURI SUICIDE PREVENTION PROGRAM THROUGH MARCH 11, 2014
 - ❑ SINCE PPS© SEMINARS, AT LEAST FOUR PHARMACY COLLEGES HAVE INCLUDED SUICIDOLOGY AND SUICIDE PREVENTION IN THEIR COURSES.
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PHARMACISTS ARE ACCESSIBLE AND IN A PIVOTAL POSITION TO PREVENT SUICIDES

- PHARMACISTS IN THE U.S. HAVE BEEN RECOGNIZED EVERY YEAR FOR OVER 10 YEARS AS THE MOST TRUSTED PROFESSIONAL, HEALTH AND OTHERWISE
 - IN A 2011 WHITE PAPER FOR THE FEDERAL CDC, PHARMACISTS ARE SHOWN TO BE THE MOST ACCESSIBLE HEALTH PROFESSIONAL TO THE CONSUMER
 - THERE ARE ABOUT 275,000 REGISTERED PHARMACISTS IN AMERICA, IN ALMOST EVERY NEIGHBORHOOD, TOWN AND CITY
 - IN 2010, THERE WERE DISPENSED IN THE U.S.A. ABOUT 270 MILLION PRESCRIPTIONS FOR ANTIDEPRESSANT PRESCRIPTION DRUGS, GIVING PHARMACISTS THE OPPORTUNITY TO QUESTION-PROBE-AND REFER
 - AT-RISK PATIENTS NEED KNOWLEDGEABLE EDUCATION AND FOLLOW-UP SERVICES WHICH PHARMACISTS CAN PROVIDE
 - SOME THIRD-PARTY INSURANCE AND GOVERNMENTAL PLANS NOW REIMBURSE PHARMACISTS FOR MEDICATION MANAGEMENT SERVICES
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PHARMACISTS, PHARMACY INTERNS AND STUDENTS CAN SIGNIFICANTLY HELP REDUCE THE NUMBER AND RATE OF SUICIDES IN AMERICA BY

- RECEIVING EDUCATION AND TRAINING SUICIDE PREVENTION THROUGHOUT THEIR PHARMACY CURRICULUM AND CLINICAL EXPERIENCES
 - THROUGH PRACTICE, THEY CAN BECOME CAPABLE AND COMFORTABLE WITH THE IDENTIFICATION OF PATIENTS AT RISK, OBTAINING FAMILY SUPPORT AND REFERRING THEM TO COMPETENT MENTAL HEALTH PROFESSIONALS.
 - COUNSELING DEPRESSED PATIENTS AND THEIR FAMILIES ABOUT PREVENTING SUICIDES. AS THE MOST ACCESSIBLE AND TRUSTED HEALTH PROFESSIONAL IN AMERICA THEY ARE IN A PARTICULARLY UNIQUE , KNOWLEDGEABLE AND VALUABLE POSITION TO INTERVENE WITH THOSE AT RISK.
 - PROPERLY TRAINED, PHARMACISTS CAN TEACH OTHER PROFESSIONALS AND THEIR COMMUNITIES ABOUT SUICIDALITY AND SUICIDE PREVENTION THROUGH A VARIETY OF PROGRAMS.
 - NEW SYSTEMS FOR MEDICATION THERAPY MANAGEMENT AND COMPENSATION SHOULD PAY PHARMACISTS FOR THIS IMPORTANT ROLE IN THE MENTAL HEALTH CARE OF PATIENTS AND FAMILIES.
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PHARMACISTS GENERALLY LACK EDUCATION AND TRAINING IN SUICIDALITY OR SUICIDE PREVENTION

- NO PHARMACISTS OUT OF HUNDREDS WE HAVE CONTACTED IN RECENT YEARS AND MONTHS HAVE HAD ANY FAMILIARITY OR TRAINING REGARD TO SUICIDE PREVENTION.
 - ONE JOURNAL ARTICLE RECOMMENDED PHARMACIST EDUCATION INCLUDE SUICIDE PREVENTION, BUT THIS WAS IN 1972. ONE OTHER PHARMACY JOURNAL ARTICLE WAS FOUND RELATED TO SUICIDALITY, ON THE SUBJECT OF A FOLLOW-UP PLAN FOR PATIENTS TAKING ANTIDEPRESSANTS BUT NOT SUICIDE PREVENTION.
 - WE KNOW OF NO NATIONAL AND ONLY ONE STATE PHARMACY ORGANIZATION – THE ILLIOIS PHARMACISTS ASSOCIATION (BY PPS©) - WHICH HAS OFFERED ANY C.E. PROGRAM ON THE SUBJECT OF SUICIDE PREVENTION
 - NO C.O.P.'s CATALOGS MENTION SUICIDALITY OR SUICIDE PREVENTION AS COURSE CONTENT
 - A REVIEW OF THE PROFESSIONAL CURRICULUM FOR SELECTED COURSES DETERMINED THAT NO COURSE INCLUDES LECTURES OR EXPERIENTIAL ASSIGNMENTS REGARDING THESE IMPORTANT SUBJECTS. SIU-E COLLEGE OF PHARMACY HAS INCLUDED SUICIDE PREVENTION IN TWO OF THEIR COURSES. STLCOP FACULTY IS NOW INCLUDING INSTRUCTION IN SUICIDE PREVENTION.
 - AS THE TOP 10 CAUSE OF DEATH IN THE U.S.A., SUICIDE IS THE ONE CAUSE WHICH CAN BE PREVENTED IN A CRISIS SITUATION WITH A SUCCESS RATE OF ABOUT 80 PERCENT. OTHER LOWER-RANKED DISEASES/CAUSES ARE PRESENTLY ADDRESSED IN MANY COLLEGE OF PHARMACY COURSES.
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PRIMARY CARE PHYSICIANS OFTEN DO NOT SCREEN OR FOLLOW-UP FOR DEPRESSION OR SUICIDAL SYMPTOMS

- ❑ AMONG OLDER ADULTS WHO COMPLETE SUICIDES, MORE THAN 70% OF THEM HAVE SEEN A PHYSICIAN WITHIN THE PAST MONTH.

 - ❑ A 2000 STUDY IN ADOLESCENT MEDICINE, REPORTS THAT ALMOST TWO-THIRDS OF PEDIATRICIANS DO NOT SCREEN FOR DEPRESSION OR SUICIDAL THOUGHTS AMONG THEIR PATIENTS.

 - ❑ A 2011 STUDY OF VIDEOTAPED PC ENCOUNTERS WITH GERIATRIC PATIENTS CONCLUDED THAT THE PHYSICIANS' RESPONSES TO SUICIDAL SYMPTOMS IS FREQUENTLY AVOIDED AND IS INADEQUATE. FAILURES INCLUDED:
 - ❑ AN ARGUMENTATIVE APPROACH
 - ❑ ENGAGING IN CHITCHAT
 - ❑ INSUFFICIENT PATTERN – NO PLAN, REFERRAL OR FOLLOW-UP DISCUSSION
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BACKGROUND OF SUICIDALITY

- ❑ STIGMAS IN OUR CULTURE PREVENT OPEN DISCUSSION OF THIS SUBJECT
 - ❑ OFTEN VIEWED AS A SENTENCE TO ETERNAL CONDEMNATION FOR THE VICTIM. MOST RELIGIONS ARE CHANGING
 - ❑ FAMILIES OF VICTIMS ARE SHUNNED AND DISPARAGED
 - ❑ TELEVISION AND MOVIES REINFORCE ANTIQUATED VIEWS OF MENTAL HEALTH, TREATMENTS AND SUICIDALITY
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SSRI'S AND SSNRI'S AS A CAUSE OF SUICIDES AND MURDERS

(KEEP IN MIND THAT THESE PATIENTS ARE ALREADY DEPRESSED AND MAY HAVE HAD PREVIOUS SUICIDAL/HARMFUL THOUGHTS)

THE GERMAN BGA (THEIR FDA) KNEW IN 1984 THAT ZOLOFT® WAS ASSOCIATED WITH A HIGHER RATE OF SUICIDE THAN PATIENTS ON OTHER ANTIDEPRESSANT MEDICINES. BY 1990, IT WAS WIDELY KNOWN THAT THESE DRUGS WERE IMPLICATED IN SUICIDALITY (Am.J.Psychiatry 1990;147:207-210)

- WIDE-SPREAD PRESS REPORTS HAVE IMPLICATED THESE DRUGS IN CASES OF MASS MURDERS AND MURDER-SUICIDES FOR MANY YEARS
 - COLUMBINE,CO., WHERE ONE OF THE TWO KILLERS WAS UNDER A DOCTOR'S CARE AND WAS TAKING A NOW-BANNED MEDICINE FOR DEPRESSION (LUVOX®)
 - THE YOUNG MAN IN CONNECTICUT WHO MURDERED HIS MOTHER, 20 KIDS AND 6 ADULTS IN 2012 AND SHOT HIMSELF IN SUICIDE
 - A WYOMING MAN WHO KILLED THREE OTHERS AND THEN HIMSELF, AND GLAXO SMITH-KLINE WAS HELD LIABLE FOR WRONGFUL DEATH
 - KATHERINE MURCH, OF GLENDALE,MO WHO MURDERED HER TWO CHILDREN, MICHAEL AND MARY CLAIR THEN TOOK HER OWN LIFE ON JULY 30, 2012
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THE HIGH RISK GROUPS

- ❑ ADULTS AGES 45 – 64 ACCOUNT FOR OVER 39% OF SUICIDES – THE HIGHEST RISK AND INCREASING IN RECENT YEARS
 - ❑ YOUNG PEOPLE – PRE-TEENS, TEENAGERS AND YOUNG ADULTS - HAVE THE HIGHEST NUMBER OF SUICIDE ATTEMPTS.
 - ❑ AMONG THOSE 15 TO 24, OVER 4,500 TOOK THEIR OWN LIVES IN 2010. BETWEEN 15 AND 44, THE NUMBER TOTALED OVER 17,000.
 - ❑ ATTEMPTS TO COMPLETIONS IN THIS GROUP AVERAGE OVER 10 TO 1, MEANING THAT OVER 170,000 YOUNG PEOPLE TRIED TO END THEIR LIVES IN THE YEAR 2010 ALONE.
 - ❑ IN RECENT YEARS, MIDDLE-AGED WHITE WOMEN'S RATE OF SUICIDE HAS INCREASED MORE THAN 4 TIMES THE RATE FOR ALL AGES/GENDER.
 - ❑ ESPECIALLY VULNERABLE TO SUICIDALITY AND SUICIDE ARE THOSE IN THESE GROUPS WHO ARE:
 - CLINICALLY DEPRESSED
 - ABUSE ALCOHOL OR DRUGS
 - HAVE ANXIETY DISORDER
 - SUFFER MANIC-DEPRESSIVE SYNDROME OR BI-POLAR DISEASE
 - OLDER PERSONS WITH SERIOUS AND CHRONIC DISEASES
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THE SLIDE TO SUICIDE

ADVERSE EVENT MOOD TRIGGER – ANY UPSETTING EVENT

Loss of Self-Esteem→

Loneliness and Isolation→

Frustration and Anger→

Prolonged Depression→

Helplessness→

Worthlessness→

CHRONIC DEPRESSIVE RESPONSE

SELF-DEPRECATATION

Burdensomeness → ABNORMAL BEHAVIORS

Hopelessness and

Suicidal Thoughts-

Ideation

SUICIDE (AND MURDERS?)

DEPRESSION TREATMENT OPTIONS/ALTERNATIVES

- ❑ ANTIDEPRESSANT MEDICATIONS PLUS TALK THERAPY AND FAMILY COUNSELING ARE THE MOST EFFECTIVE COMBINATION (10 TO 20 WEEKS COMMON FOR THERAPY SESSIONS)
 - ❑ ELECTROCONVULSIVE THERAPY (ECT)- ARE NO LONGER CONVULSIVE
 - ❑ NUTRITION – ALL GROUPS, BUT ESPECIALLY POST-PARTUM DEPRESSION IN MOMS
 - ❑ INTENTIONAL, FREQUENT EXERCISE – HEART RATE OVER 100 FOR 20" FOR MOST PATIENTS (KNOWN TO INCREASE SEROTONIN LEVELS) 3 TIMES OR MORE EACH WEEK.
 - ❑ HERBAL REMEDIES
 - ❑ TRANSCRANIAL MAGNETIC STIMULATION (FIRST USED IN 1985 – NOT YET FDA-APPROVED).
 - ❑ MEDITATION, YOGA, FOCUSED REFLECTION OR PRAYER TIME.
 - ❑ BEHAVIORAL MODIFICATION COUNSELING.
 - ❑ MUSIC, LIGHT OR LAUGHTER THERAPY.
 - ❑ OCCUPATIONAL THERAPY, ESPECIALLY SERVICE TO OTHERS.
 - ❑ DEEP BRAIN ELECTRICAL STIMULATION – ZONE 25 (EXPERIMENTAL).
 - ❑ I.V. KETAMINE (0.5 MG/KG) ONE-DOSE (NOT FDA-APPROVED BY 2013).
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ANTIDEPRESSANTS BY TYPE, GENERIC AND TRADE NAMES

SSRIs

Citalopram (Celexa®)
Escitalopram (Lexapro®)
Fluoxetine (Prozac®, Serafem®, Selfemra™)
Fluvoxamine (Luvox®, Luvox® CR)
Paroxetine (Paxil®, Paxil CR®, Pexeva®)
Sertraline (Zoloft®)

SSRIs-SNRIs

Duloxetine (Cymbalta®)
Desvenlafaxine (Pristiq®)
Venlafaxine (Effexor®, Effexor XR®)
Milnacipran (Savella®) – “off-label” for MDD

DOPAMINE RI-SSRI-SNRI

Bupropion (Aplenzin®, Budeprion XL, SR®,
Wellbutrin, Sr, XL®, Zyban®)

MAOIs

Isocarboxazid (Marplan®)
Phenelzine (Nardil®)
Selegiline (Emsam® - TDS)
Trancypromine (Parnate®)

TRICYCLIC ANTIDEPRESSANTS

Amitriptyline (Elavil®)
Amoxapine (Ascendin®)
Clomipramine (Anafranil®)
Desipramine (Norpramin®)
Doxepin (Sinequan®, Silenor®)
Imipramine (Tofranil®, Tofranil PM®)
Maprotiline (Ludiomil®)
Nortriptyline (Pamelor®)
Protriptyline (Vivactil®)
Trimipramine (Surmontil®)

ATYPICAL ADJUNCTIVES

Aripiprazole (Abilify)

SSRI - 5HT1-A AGONISTS

Viibryd (vilazodone)

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- **MANY OF THESE DRUGS HAVE OR WILL SOON LOSE THEIR PATENT PROTECTION, AND THE GENERIC VERSIONS NOW ACCOUNT FOR MANY MORE RX'S IN THE U.S. THAN PRESENTLY DO THE BRAND NAME PRODUCTS**

SIGNS OF SUICIDALITY – PRE-TEENS, TEENS AND YOUNG ADULTS

- ❑ DRUG & ALCOHOL USE/ABUSE
 - ❑ ISOLATION/ WITHDRAWAL FROM FAMILY, FRIENDS, ACTIVITIES
LONELINESS
 - ❑ EXCESSIVE RISK-TAKING, DOING DANGEROUS THINGS- SPEEDING, SKY-DIVING, CLIMBING, ETC.
 - ❑ DRAMATIC CHANGES IN EATING OR SLEEPING PATTERNS
 - ❑ GIVING “HINTS” SUCH AS “IT’S NO USE”, “NOTHING MATTERS”, “I WILL NOT SEE YOU AGAIN”, “I’M GOING TO HEAVEN”, ETC.
 - ❑ PREVIOUS SUICIDE OR HARMING ATTEMPTS TO SELF OR OTHERS
 - ❑ LOSS OF A SIGNIFICANT OTHER PERSON OR ROLE MODEL AND EXCESSIVE GRIEF ACTIONS
 - ❑ PERSISTENT BOREDOM, POOR CONCENTRATION, INABILITY TO SPEAK COGENTLY, OR A DECLINE IN SCHOOL PERFORMANCE
 - ❑ RUNNING AWAY, REBELLIOUS BEHAVIORS OR VIOLENT ACTIONS
 - ❑ GIVING AWAY VALUED POSSESSIONS TO PEERS
 - ❑ GETTING “AFFAIRS” IN ORDER, AS IN WRITING A WILL, CONTACTING EVERY FRIEND, CALLING OR VISITING EVERY EXTENDED FAMILY MEMBER
 - ❑ ATTEMPTING TO PURCHASE WEAPONS OR STOCKPILING DRUG SUPPLIES
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SIGNS OF SUICIDALITY – SENIORS

- ❑ OVER 3 MONTHS OF FUNCTIONAL IMPAIRMENT FROM DEPRESSION OR GRIEF
 - ❑ EXPRESSING HOPELESSNESS
 - ❑ MORBID PREOCCUPATIONS WITH ONE'S OWN DEATH OR WORTHLESSNESS
 - ❑ STATEMENTS ABOUT A LACK OF MEANING TO LIFE OR A WISH FOR AN EARLY DEATH
 - ❑ MENTION OF A SUICIDE PLAN WITH DETAILS ABOUT TIME, PLACE OR METHOD
 - ❑ SUDDEN WEIGHT LOSS WITH PERIODS OF STARVATION OR FOOD DEPRIVATION
 - ❑ PERSONAL OR FAMILY HISTORY OF SUICIDE ATTEMPTS
 - ❑ ALCOHOL OR DRUG OVERUSE
 - ❑ CHRONIC LONG-TERM ILLNESS OR TERMINAL ILLNESS
 - ❑ FAILURE TO COMPLY WITH LIFE-PRESERVING MEDICAL TREATMENT, E.G., INSULIN OR ORAL ANTI-DIABETIC MEDICATIONS, I.V. FLUID, ETC.
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WHEN FRIENDS/PHARMACISTS CAN OR SHOULD INTERVENE

- ❑ AARP REPORTS THAT 70 PERCENT OF OLDER ADULTS WHO COMMIT SUICIDE HAVE SEEN A DOCTOR WITHIN A MONTH
 - ❑ EXPERTS IN PREVENTION SAY THAT UP TO 80 PERCENT OF THOSE WHO TAKE THEIR OWN LIVES GIVE CLUES AHEAD OF TIME ABOUT THEIR INTENTIONS
 - ❑ CLINICALLY DEPRESSED PATIENTS WHO ARE NEWLY DIAGNOSED AND FIRST RECEIVING ANTIDEPRESSANTS
 - ❑ PATIENTS WHO ARE NOT RESPONDING WELL OR WHOSE PHYSICIAN IS CHANGING THEIR MEDICATIONS
 - ❑ THE FIRST FEW WEEKS WHEN THERE IS A NEW MEDICATION OR A CHANGED DOSE OR FORM OF AN EXISTING RX
 - ❑ WHEN HE/SHE HAS OBSERVED OR RELIABLY HEARD OF MORE THAN ONE OF THE WARNING SIGNS IN A PATIENT
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WHERE TO REFER PATIENTS AND FAMILIES -NATIONAL SUICIDE PREVENTION ORGANIZATIONS AND CRISIS HOTLINES

Information And Support Sources

- ❑ Center for Injury Research and Policy, National Institute of Mental Health, www.mentalhealth.sambsa.gov/suicideprevention/fiverws.asp
- ❑ “Why Live with Depression?” campaign, at www.depressionhelp.com
- ❑ “Frequently Asked Questions About Suicide”, National Institute of Mental Health Suicide Research Consortium, www.nimb.nih.gov/suicideprevention/suicidefaq.cfm and (301) 443-4536
- ❑ American Academy of Child & Adolescent Psychiatry at www.aacap.org/publicaitons
- ❑ National Center for Injury Prevention and Control at www.cdc.gov/ncipc
- ❑ American Foundation for Suicide Prevention at www.afsp.org
- ❑ American Association of Suicidology at www.aas.org

Crisis Hotline Telephone Numbers

- ❑ 24 hour National Hotline: 1-800-SUICIDE (1-800-784-2433)
 - ❑ National Suicide Prevention Hotline: **1-800-273-TALK (1-800-273-8255)**
 - ❑ Veterans Press 1 To Reach A Special Hotline Service Of the V.A.
 - ❑ TTY: 1-800-799-4TTY (1-800-799-4889)
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SOME SUGGESTIONS PHARMACISTS MAY MAKE TO SUICIDALITY PATIENTS

COPING WITH SUICIDAL FEELINGS:

- ❑ Tell your doctor, friend, family member or someone who may help about your feelings, which are very likely temporary and can be helped.
 - ❑ Get away from any means of harming yourself-remove dangerous objects from your home or car.
 - ❑ Avoid any abuse of drugs or alcohol.
 - ❑ Until feeling better, avoid doing things you may fail at or you find difficult.
 - ❑ Set "To Do" priorities and make a written schedule for each day and stick to it no matter what. As you finish each one, cross it off the list.
 - ❑ Schedule two 30-minute periods of activities you enjoy each day, and two 30-minute walks each day. Include meditation, prayer or quiet time.
 - ❑ Eat well-balanced meals (don't skip), get sleep as much as you need, and care for your physical health.
 - ❑ Spend at least 30 minutes a day in the sunlight – it helps your mood.
 - ❑ Make yourself talk with other people – reduce your social isolation – it will likely be extremely helpful to you.
 - ❑ *Without fail keep your doctors' appointments and take your medications exactly as prescribed*
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SOME SUGGESTIONS PHARMACISTS MAY MAKE TO DEPRESSED OR SUICIDAL PATIENTS' FAMILY & FRIENDS

IF YOU THINK SOMEONE MAY TAKE THEIR LIFE:

TAKE ANY THREATS OR STATEMENTS OF INTENT SERIOUSLY!

80 Percent of suicide victims give some warning to friends or family.

LISTEN PATIENTLY

- ❑ Ask what is troubling them, and be determined for them to talk about it
- ❑ If they are depressed, don't hesitate to ask if they are considering hurting themselves or even if they have a plan or method in their thoughts
- ❑ Don't try to argue them out of it, but let them know you care and that they are not alone. Remind them these feelings will go away soon as their depression is treated, and that there are solutions to even their problems.

GET PROFESSIONAL HELP AS QUICKLY AS POSSIBLE

- ❑ Proactively convince them to see their doctor or help them find a mental health professional or recognized treatment facility.

IN AN ACUTE EMERGENCY OR CRISIS (IMMEDIATE THREAT)

- ❑ Do not leave them alone, even for short periods of time, until qualified help is present.
- ❑ Take them to an emergency room at the nearest hospital or walk-in clinic at a psychiatric center, or to their doctor.
- ❑ If present, remove any drugs, firearms or sharp objects from the vicinity.
- ❑ As a final resource, **call your local emergency number** or one of the Suicide Crisis Hotline numbers

1 – 800 – 723 - TALK

HOW THE MISSOURI MENTAL HEALTH COMMISSION CAN HELP PPS© AT THIS TIME

- ❑ Include the PPS© SITE, pharmacistspreventing suicides.com on the DMH Web site, in the Suicide Prevention section.
 - ❑ Help the Governor of Missouri direct the Missouri Board of Pharmacy to adopt regulations to require Suicide Prevention C.E. hours for pharmacists to renew their licenses.
 - ❑ Support the passage of **H.B. 2244** into law
 - ❑ Help PPS© to persuade the Board of Pharmacy to include questions about Suicide Prevention on the State Board of Pharmacy examination to license pharmacists.
 - ❑ Help Missouri Schools of Pharmacy acquire funds and grants to provide suicide safety physical structure improvements and to expand the education of faculty and students in Suicide Prevention on college campuses throughout Missouri.
 - ❑ Assist PPS© to reorganize and fund a 501-3-C corporation.
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PHARMACISTSPREVENTINGSUICIDES.COM

PHARMACISTS, TECHNICIANS, OTHER HEALTH
PROFESSIONALS AND LAYMEN

SHOULD ACCESS THIS WEB SITE

TO ACCESS INFORMATION, SOURCES OF

EDUCATION, TRAINING ,RESOURCES AND DOCUMENTS

AVAILABLE FROM PPS© AT NO COST
